

Commentary on *Short-Term Psychodynamic Psychotherapy (STPP) for Obsessive-Compulsive Disorder (OCD): The Hybrid Case of “Serena”*

**The Ambiguity of Being Alive: Turning an Existential Lens
to the Case of “Serena”**

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ABSTRACT

Existential psychology and terror management theory suggest that death anxiety is a fundamental, transdiagnostic construct underpinning a great many psychological presentations, including Obsessive Compulsive Disorder (OCD). Alma Campiani’s (2025) pragmatic case study of “Serena” paints a nuanced and in-depth portrait of a Short Term Psychodynamic Psychotherapy (STPP) approach to OCD treatment, and represents a remarkable shift away from the prevailing behavioral and pharmacological methods that dominate the treatment of this disorder. While STPP recognizes the existential as one of many important factors to consider in treating OCD, Campiani acknowledged but did not emphasize this dimension of the work. This commentary represents an attempt to provide a deeper exploration of the existential factors at play in the development and maintenance of Serena’s OCD presentation, with a particular emphasis on Freud’s concept of dual forces of Eros, the life instinct, and Thanatos, the death instinct. An alternate approach to treatment rooted in Irvin Yalom’s (2008) existential psychology is described and applied to Campiani’s Serena.

Key words: Existential Psychology; Death Anxiety; Terror Management Theory; Obsessive Compulsive Disorder (OCD); Short-Term Psychodynamic Psychotherapy (STPP); Eros; Thanatos; Death Instinct; Death Drive; Freud; Yalom; Existential Psychotherapy; Fear of Death; Psychodynamic Treatment; Case Study

EXISTENTIAL PSYCHOLOGY, DEATH ANXIETY, AND OCD

Existential psychology and terror management theory have identified death anxiety as a transdiagnostic construct underpinning a great many psychological presentations (Iverach et al, 2014). Described by Sheldon Solomon (2015) as “the worm at the core,” our looming awareness of death touches all aspects of our lives—our motivations, our relationships, our behaviors, and

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our emotions. This awareness, however, lives most of its days relegated to our unconscious, as full conscious consideration of our mortality would make the day-to-day task of living nearly impossible. Death anxiety, like any content pushed from our consciousness through the use of defenses, is prone to recurring, sometimes in unexpected ways—in dreams, fantasies, free associations, or seemingly unrelated symptoms.

When considering the spectrum of difficulties patients bring to therapy, some presentations can be traced back to that “worm at the core” with ease. Specific phobias, for example, are often exaggerated manifestations of reasonable, adaptive fears. Avoiding spiders, heights, snakes, and blood, for example are generally good practices for staying alive from an evolutionary perspective, and one can see how these phobias are symbolic manifestations of the ultimate fear that underlies them—the fear of death. Similarly, some presentations of Obsessive Compulsive Disorder (OCD), such as the contamination-focused subtype, are also quite easily linked to fears of death. Obsessional rumination about cleanliness and compulsive actions such as handwashing have their roots in reasonable practices undertaken in an effort to stay alive.

CONCEPTUALIZING THE CASE OF SERENA IN TERMS OF THE DEATH INSTINCT

The OCD presentation portrayed in Alma Campiani’s beautifully written and brilliantly conceptualized case of Serena (Campiani, 2025), however, is not as clearcut. Serena’s obsessions circled around themes related to fear of self-harm with counterphobic testing behaviors to ensure the intactness of her self-preservation instincts. For example, Campiani described Serena’s “intrusive thoughts about driving into oncoming traffic and jumping off her balcony, [and] horrific images of her dead body, swollen from drowning, or battered from blunt force trauma... When shaving her legs, she thought about slicing her skin with the razor; when handling appliances, she thought about electrocuting herself and inducing cardiac arrest” (pp 160). When her anxiety was activated, Serena did not trust her own mind. The obsessional worry that she could lose control and harm herself suggests that both a fear of death and an attraction to/curiosity about it coexisted in Serena’s psyche, beyond the level of her conscious awareness.

Far from pathological, this dual fear of/attraction to death has been identified as a normative human experience since the dawn of modern psychological thought, and is described in detail in Freud’s writings on the concept of the Thanatos, the “death drive.” Freud (1923) described that there exists within all of us two opposing forces: Eros, the “life instinct,” which is the source of all things generative and connective (creativity, love, sex, etc.); and Thanatos, the “death instinct,” which is the seat of our inherent aggressive and destructive impulses, rooted in an unconscious desire to return to a state of nothingness/non-being. Freud viewed these drives as opposing but inextricably linked, with Eros’s push for growth and intimacy and Thanatos’s pull

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toward entropy and dissolution playing out on the intrapsychic, interpersonal, and even societal levels (Freud, 1930).

Many OCD presentations, including Serena's, can be conceptualized as a denial of the death instinct and desperate fight against it. For example, the inflated sense of responsibility and perfectionism often seen in those with OCD reveal the unconscious fantasy that one has the power to control death—the fantasy that if one lives a life that is perfect enough, it will somehow be enough to change the fate that awaits all of us. Variations on this phenomenon are apparent far beyond OCD presentations in everything from religious rituals with their promises of eternity, to the common "just right" phenomena that Campiani noted is often observed in children and includes bedtime routines, goodbye ceremonies, and superstitions that provide a sense of comfort and control in existential anxiety provoking situations such as separation from caregivers and bedtime (p. 142).

In the case of Serena, this disavowal of the death instinct manifests as her checking and testing compulsions centered around a desire to prove that she is in control of her body and her mind. However, these attempts to assert her control are never satisfactory, as true control on an existential level can never be achieved. No matter the lengths one goes to, no matter the tests and trials one concocts, no matter how intact one's self-preservation instincts are, it is impossible to ever achieve mastery over the ultimate and fundamentally uncontrollable fact that one day we will die, as will all of those that we love, and that we do not know when or how death will come for us.

For some, the true terror is not in acknowledging our inevitable deaths, but in the uncertainty around death's timing and methods. Perhaps counter-intuitively, the ego-dystonic self-harm ideation Serena exhibits can be viewed as a reaction to the intolerability of that not knowing. The only true control one has of this ultimate uncontrollable truth is to take matters into one's own hands. Very different from ego syntonic self-harm urges or true suicidal ideation, intrusive, ego-alien thoughts of harming oneself can be viewed as a normative, if not sometimes distressing fantasy, rooted in Thanatos. However, for many on the OCD spectrum such thoughts are too intolerable and frightening to acknowledge consciously, which leads to further denial, and increased subjective distress when the thoughts inevitably intrude once more.

SERENA'S CHILDHOOD TRAUMA AND THE SALIENCE OF DEATH ANXIETY

While managing the terror of our inevitable deaths is a universal undertaking, for some, its salience contributes to its intolerability. It seems likely that the immense trauma of Serena's early childhood is a relevant factor when considering her OCD presentation and her difficulty consciously confronting and acknowledging Thanatos. Consider Serena's early childhood experience of fleeing Cuba as a refugee. The journey to the United States was treacherous, a

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face-to-face confrontation with death at an age when Serena was certainly too young to comprehend the depth of that reality. It can be assumed that for her family to undertake such a perilous endeavor, the risk of remaining in Cuba must have been just as great. While her conscious memories from her migration experience may be few and far between, the impact of this time undoubtedly lives on inside Serena and in the interpersonal space of her family system.

Similarly, the period of time when Serena was separated from her father due to his incarceration as a political prisoner contributed to the existential heaviness of her early life. Her father's captivity suggested to young Serena that the world is an unsafe place. Experiences with persecution and injustice emphasize how little agency individuals, particularly those holding marginalized identities, have over their lives. At the same time, this experience highlighted for Serena the impermanence and unreliability of attachment figures. Fears of loss and separation from primary attachment objects scratch at the wound cut by death anxiety, and the terror of aloneness is the thread that binds them. In all of our real or imagined separations from those we love lives the reminder that one day a final and permanent separation will come to pass. These experiences were likely internalized by Serena at a young age, setting the stage for a future marked by desperate attempts to control her circumstances and deep ambivalence about interpersonal attachment.

An inability to tolerate ambiguity was modeled for Serena in her parents' response to their shared trauma in the form of a total disavowal of their Cuban roots after immigrating to the United States. While this may have been a viable psychological survival strategy, it taught Serena an approach to life that lacks nuance and demonstrates intolerance of ambivalence and ambiguity. Through this modeling, Serena learned to sequester away the sources of her pain, trauma, and anxiety and relegate them to the unconscious. Any sadness, grief, fear, or curiosity Serena may have felt about her Cuban origins and her traumatic early experiences were disavowed, and Serena followed her parents lead, hiding such thoughts and feelings from even herself. Her very natural existential anxieties and fears likewise could not be expressed, explored, validated, processed, or transformed.

As Serena grew older, a curiosity to understand her roots emerged. She developed a desire to approach her cultural wounds by exploring Latin American Studies in college. This process bears some similarity to the counterphobic approach towards Thanatos demonstrated in Serena's compulsive behaviors. However, it is also notably different in that it seems, by Serena's description at least, to be free from the pathology and pain associated with her later presentation. It is likely that moving towards the trauma of her cultural roots was not a primary OCD trigger because it was buffered by the intellectualization of the academic endeavor. By filtering her past through intellectualization—a defense prized by many with OCD tendencies, reinforced by American cultural values, and particularly emphasized in academia—the affect was stripped or reduced from the trauma enough that Serena could approach it safely and begin to tolerate some

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of her complex, ambiguous, and ambivalent feelings. This likely set the stage for the deeper emotional work that followed when Serena chose to begin therapy.

AN EXISTENTIAL APPROACH TO OCD

As Campiani outlined in her conceptualization, many of Serena's difficulties at the time she entered therapy existed in the interpersonal sphere. She demonstrated an inability to accept interpersonal ambivalence, and instead held herself and her relationships to an impossible standard of "all good" or "all bad." It was this denial of ambivalence that triggered the precipitating event leading Serena to treatment, a panic attack following her acceptance of her boyfriend Fernando's marriage proposal. Serena's conscious beliefs suggested that in order to accept Fernando's proposal, she must be certain about their relationship and free of ambivalence—an unrealistic, perfectionistic expectation. Yet in her unconscious existed doubt and conflict. The ambivalence Serena experienced in the face of the proposal was normative, natural, and emblematic of the Eros/Thanatos duality, but too much for her to bear. Instead of being accepted and explored, this conflict triggered panic and a surge in Serena's OCD symptoms.

The Short-Term Psychodynamic Psychotherapy model Campiani employed in her approach to Serena's treatment acknowledged the relevance of existential issues to the OCD presentation, and an introduction to the importance of these themes was provided in Campiani's description of the case. However, by her own admittance, there was not time to dive in to such topics fully, as the Core Conflictual Relationship Theme (CCRT) was the focus of this time-limited treatment.

Campiani did, however, identify two of the wishes from Serena's CCRT as particularly well-suited for an existential exploration: her ambivalence about freedom and control, and the "escape fantasy" provided by her intrusive obsessions about self-harm (pp. 209). Both of these can be seen as clear manifestations of the dissociated conflict between Serena's life and death instincts. It was impressive that Serena was able to dip her toes into an exploration of her own mortality through the imaginal exposure Campiani induced in Module 10 of treatment, and if time had permitted, this could have been an optimal entry point for a deeper exploration of existential themes. It is likely, as Campiani suggested, that due to the strength and automaticity of Serena's defenses processes it may have been difficult for Serena to engage with thoughts of her own mortality outside the realm of fantasy. Yet doing is the first step in confronting the terror of death outlined by existentially-oriented psychiatrist/psychotherapist Irvin Yalom (2008).

To embark on a journey into the existential depths, Yalom suggests that the therapist first needs to create a situation in which the client is able to accept and understand the existence of their death anxiety. It can be helpful to frame this phenomenon as universal and normative to minimize shame and stave off the automaticity of defenses. In the case of Serena,

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psychoeducation about the impact of her early traumatic experiences would likely have been helpful, as would a framing of her OCD symptoms through the lens of her desire to control that which feels chaotic and unsafe.

While some patients are ready and eager to accept death anxiety as a contributing factor to their difficulties at first pitch, for others this concept is a tougher sell. Invoking conversations about death in the therapy room or reflecting on triggers of psychopathology can be one way to hasten this process.

For example, Yalom has described that major life milestones often elicit the onset of existential distress, and this certainly seems to be accurate in the case of Serena. Her initial OCD symptoms emerged around the time she graduated from college, and her entry into treatment was precipitated by her accepting Fernando's proposal. Such milestones, like notable birthdays, weddings, or retirement, often mark the passage of years and can bring into sharper focus the division of life in terms of time that has passed and time that has yet to come. Within the containment of the therapeutic relationship, the therapist could draw Serena's attention to these milestones and their relevance as signposts marking the one-way journey towards inevitable death, nudging this awareness into consciousness. Yalom refers to experiences such as these, when the veil of denial is lifted and morality is acknowledged, as "awakening experiences."

After acknowledging the universality of death anxiety, one can then shed light on the defensive processes that seek to protect us from it. In Serena's case, the therapist could point out how reliance on intellectualization, reaction formation, undoing, splitting, and omnipotent control have buffered her from acknowledging the pain of mortality, but have also denied her opportunities to practice acceptance and mastery of it.

It may also be important at this stage to introduce Serena to the concept of Thanatos in an effort to normalize and depathologize the destructive and aggressive parts of her, which she has long attempted to deny. In this exploration of defenses, the therapist could also encourage Serena to see her symptoms as representing the cracks in her defensive structure. She need not fear her symptoms nor be as distressed by them if she is able to view them as messengers attempting to alert her to a deeper suffering that has not been acknowledged.

Once the presence of Thanatos is accepted and insight about defensive processes has been developed, one can begin to harness death anxiety as motivating force in the task of crafting an authentic and meaningful life. In Serena's case, addressing the cultural factors that contributed to her challenges embracing her authentic self would likely be an important part of this process.

Campianai refers to Leichsenrig and Steinert's (2017) view of the OCD personality as an "inhibited rebel, that is, as a personality structured around an internal conflict between autonomy and submissiveness, with "idiosyncratic rebelliousness masked by an obedient guise" (Campiani, p. XX). Viewed from this perspective, Serena's inner rebel seems even more inhibited than most.

Her inhibition and agreeableness functions as cultural capital which has kept her safe within her family and society at large. By moving toward a more honest and authentic way of being, Serena may risk consequences such as losing favor with family or in her relationship (a fear reflected in the CCRT outlined by Campiani). It is important to keep in mind, however, that the goal of exploring how to live life with more authenticity is not to force the patient to adopt a specific worldview, but rather to empower choice. Acknowledging what is authentic is not an imperative to embody it with permanence, but rather an invitation to experiment with a new depth of sincerity at times and in settings where it is safe to do so.

Yalom (2008) points out that acknowledging the looming specter of death and developing a more authentic approach to life has the power to reduce the frequency and severity of breakthrough symptoms such as panic, obsessions, and compulsions, but it does not change the fact of our human fate. At this stage in the process of unpacking the existential, it is common for clients to wonder "what now"? They have accepted the inevitability of death, but not yet decided how they want to live with that reality. Here, Yalom asks us to consider the ways in which we can emphasize the parts of us that live on beyond our physical time on this earth, a notion he terms "rippling"—a reference to the cascade of concentric circles that radiate outward from a single point where a stone is dropped into a pool of water.

Quite different from the egoistic attempts at immortality we see in those prone to erecting monuments of their likeness or plastering their names on ballcaps and t-shirts, rippling is a direct extension of Eros—creative, connective, and vital. It is a legacy that emphasizes feelings over products and impact over profit. Rippling can take many forms, both tangible and abstract: kindness that we show to others (which in turn inspires their kindness and other positive responses); artistic pursuits and creations; teaching a skill; sharing an idea; offering tenderness; or even writing a journal commentary about death anxiety.

In Serena's case, her work as an elementary school teacher provides an ideal setting to explore the impact of rippling. She acknowledges the power and influence inherent in her role as an educator, as evidenced by her fantasy that if she is imperfect in her attentiveness some terrible fate will befall the children in her charge. While this intrusive thought rooted in her unconscious death anxiety is far from reality, it contains within it a hint of truth—the truth that she matters. She matters to the children she teaches in all of the good, bad, and complicated ways the adults in her life mattered to her when she was young. Given Serena's history of childhood trauma, it is natural that her mind would default to considerations of the ways she could do harm to her students, but it would support her efforts to make her finite life more meaningful to consider instead the ways in which she influences her students positively with her warmth, her kindness, her supportive words, and the knowledge she bestows upon them. It is in them and those whose lives they touch that her impact spreads like the ripples across the surface of a lake.

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Leaning in to authentic connection is another important aspect of confronting the existential pain of being alive. But one cannot expect connection to fully ease the pain of our human condition. It is an existential truth that we are fundamentally alone even when in the company of others. We are alone in our minds, alone in our consciousness, and alone in our unique experience of the world. When Serena is confronted with her aloneness, physically or intrapsychically, she finds terror and mistrust, as Campiani (p. 178) points out by stating to the patient that “when you're alone, doubts creep in and drain your energy. Then it feels unsafe, to be in that state.” It is easy and natural to manufacture a merger fantasy as an antidote to this aloneness, but as true merger is impossible, the fantasy remains out of reach and the reality of human relationships are an inevitable disappointment.

But rather than living in the painful dichotomy of merger versus solitude, it is helpful to learn to appreciate the places where our aloneness and the aloneness of the other can touch, and where we can exist in the space between fully alone and fully consumed. Campiani wisely calls upon Winnicott (1958) and his seminal paper “The Capacity to Be Alone,” to understand the predicament in which Serena finds herself, where physical aloneness is feared and the presence of others triggers withdrawal. With Winnicott as a compass, Campiani describes how the therapeutic relationship can be used to challenge this intolerance of aloneness, and how the therapist can act as the proxy for a “good enough” mother. By containing and reflecting a shared reality for Serena, Campiani models an ability to tolerate a full range of emotions without decompensation, and she demonstrates that Serena’s ego-dystonic destructive thoughts are natural, normal, and nothing to fear.

While an existentially-informed approach to therapy has no finite resolution—just as there is no escaping the ultimate resolution of the human condition—the ongoing focus is on embracing a full life and making meaning. It encourages an acceptance of the full range of human experience—Eros *and* Thanatos—and an acknowledgment of our agency and the limits thereof. While she did not approach Serena’s case from a classically existential perspective, Campiani nonetheless encouraged this meaning-making process in Serena by supporting her development of insight, increasing her depth of affect, helping her clarify her feelings about important relationships in her life, and using the therapy as an opportunity to form an honest, sincere interpersonal connection.

EXISTENTIAL INTERVENTIONS IN ACTION

While the case of Serena is complex and multifaceted, the profound development that occurred in her ability to tolerate the existential reality of Eros and Thanatos is clear. Although Campiani’s interventions were described and framed through the lens of STPP and the CCRT, their existential significance is undeniable. By reflecting on the development of how Serena

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viewed and described her relationship with Fernando over the course of treatment, one can see clearly the unfolding of this remarkable growth process.

In the beginning, it was accepting Fernando’s marriage proposal that sparked immense internal conflict in Serena and prompted her to seek treatment. Accepting the proposal was a move towards closeness with Fernando, the most stable attachment figure in her adult life. Yet this step intensified her largely unconscious doubts, and she found the things that she once loved about him, such as his “*machismo* charm” became the very things she that were most bothersome to her (Campiani, 2025, p. 164). Rather than acknowledge this ambivalence and approach it with curiosity, Serena experienced such severe panic that she ended up in the emergency room, and a cascade of compensatory efforts to control the uncontrollable in the form of worsening OCD symptoms began.

When Serena was eventually able to express her feelings about Fernando with more depth and honesty, it was not their engagement she discussed, but rather their decision to move in together. Serena began by explaining her vague “bad feeling” about this choice, but Campiani (p. 190) through her patience and gentle inquiry, encouraged Serena to deepen her experience, and she went on to describe the circumstances around their moving in together in more detail. The narrative that emerged revealed a lack of consent, and a valid anger and ambivalence that existed beneath Serena’s immediate defensive denial. In this exploration, Campiani pushed Serena to hold a nuanced position and challenged Serena’s belief that loving someone meant you could not be angry with them. With this, Campiani indirectly challenged the Eros/Thanatos split in Serena’s mind, and demonstrated that one can love and hate simultaneously—in fact one always does, because one emotion cannot exist without the other. Any belief to the contrary is a product of the illusion that splitting Eros and Thanatos provides us.

An additional insight into Serena’s existential process can be seen in her description of her dream about Fernando’s proposal (p. 198). The dream began with Fernando kneeling down with a ring in his hand, and ended with Fernando falling ill and ending up in the hospital. This dream highlights the significance of vulnerability—a state that reflects the reality of our existential fragility like no other. Early in treatment Serena feared and avoided her own vulnerability and was attracted to Fernando’s *machismo*. Yet if we interpret Serena’s dream through the lens of a wish, she may have been expressing her longing for a partner who can be vulnerable and join her in a recognition of the inherent (and beautiful) vulnerability of being alive.

In the end, Serena chose to end her engagement with Fernando, but not to end the relationship entirely. This demonstrated remarkable progress in her ability to tolerate ambiguity and ambivalence, and to exist alongside both Eros and Thanatos. It is fitting that the emergence of this choice coincided with the end of Campiani’s work with Serena, as the sincerity and depth

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cultivated within the therapeutic relationship undoubtedly contributed to the courage and agency Serena mustered in order to assert her decision to call off the engagement.

The relationship between patient and therapist is unique for many reasons, not the least of these being the fact that it is a relationship predicated on impermanence. It is a connection that forms with the assumption that it will not last forever, especially in the case of time-limited treatments such as the model Campiani employed with Serena. And thus, by allowing herself to form a genuine, trusting connection with her therapist, Serena confronted existential reality head on and deepened her ability to tolerate loss. Serena learned that in order to truly give of one's self in a relational sense, one must be open to the inevitable experience of grief, because the truth of relationships is that they all eventually come to an end.

To acknowledge and accept our existential fate is to acknowledge and accept the inherent ambiguity of being alive. Prior to entering therapy, Serena lived her life in black and white. She was either actively approaching death (through her self-harm fantasies) or denying/avoiding it. Yet, the entire human endeavor can be conceptualized as an exercise in tolerating and learning to live within the grey areas. We are simultaneously living and dying. We contain Eros and Thanatos. There is a desire to create and a desire to destroy, to connect and to isolate. We have no control over the inevitable death that comes for all of us, but we do have choices with regards to where we place our emphasis while alive.

Complementing positive clinical reports about the power of existential therapy to address individual suffering, it should be noted that a meta-analysis of randomized controlled trials of existential psychotherapy provides positive evidence that they are effective (Vos, Craig, & Cooper, 2015).

Through Campiani's thorough, well-written, and brilliantly conceptualized case, we see clearly the relevance of these existential concepts to the presentation of OCD, and it has truly been an honor to be involved in the process of reflecting and expanding on the importance of an existential approach to treatment.

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