Addressing Death Anxiety in Treatment-Resistant Major Depressive Disorder with Comorbid Anxiety: A Case Report Integrating Cognitive Behaviour Therapy and Existential Psychotherapy

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Introduction

Major Depressive Disorder (MDD) is a leading cause of disability worldwide and is characterized by persistent low mood, loss of interest, cognitive impairment, feelings of worthlessness, and recurrent thoughts of death (APA, 2022; WHO, 2023). Although antidepressant medication and Electroconvulsive Therapy (ECT) are effective treatments for severe depression, approximately one-third of individuals fail to achieve adequate remission, resulting in treatment-resistant depression (TRD) (Rush et al., 2006; McIntyre et al., 2023). These cases often involve unresolved psychological and existential factors that require psychotherapeutic intervention.

Cognitive Behaviour Therapy (CBT) is a well-established treatment for depression that targets maladaptive thoughts, dysfunctional beliefs, and behavioural avoidance (Beck, 1979; Cuijpers et al., 2023). However, following traumatic bereavement, particularly the death of a child, some individuals experience persistent grief, hopelessness, and death anxiety that extend beyond cognitive distortions alone (Neimeyer, 2019). Death anxiety, characterized by distress related to mortality and meaning, has been associated with increased depression and reduced psychological well-being (Iverach et al., 2014; Menzies et al., 2018).

Existential psychotherapy provides a framework for addressing concerns related to death, meaninglessness, isolation, and personal responsibility (Yalom, 1980). By encouraging acceptance of mortality and reconstruction of meaning, it complements CBT in addressing deeper sources of psychological distress. Integrating these approaches may therefore be particularly beneficial for individuals with treatment-resistant depression following traumatic bereavement.

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This case report describes the assessment and treatment of a 57-year-old woman with treatment-resistant MDD and comorbid anxiety following the accidental death of her only child. It illustrates how integrating CBT with existential psychotherapy reduced depressive symptoms, addressed death anxiety, and supported meaning reconstruction and psychological recovery.

Case Presentation

The client was a 57-year-old married woman referred for psychological intervention due to persistent depression and anxiety following the accidental death of her only child. She experienced prolonged sadness, loss of interest, social withdrawal, excessive guilt, hopelessness, sleep disturbances, recurrent thoughts of death, and severe death anxiety. Her fear extended beyond mortality to concerns about separation from her deceased child and loss of meaning in life. Despite receiving antidepressant medication and multiple sessions of Electroconvulsive Therapy (ECT) over two years, her symptoms persisted. At the commencement of therapy, she demonstrated behavioural withdrawal, grief-related rumination, avoidance of bereavement-related reminders, and difficulty finding purpose in life. Clinical formulation indicated that treatment-resistant depressive symptoms were maintained by the interaction of unresolved grief, maladaptive cognitions, anxiety, and existential distress, with death anxiety identified as a central maintaining factor.

Methodology

Design and Assessment

A single-case report design was used to evaluate the effectiveness of an integrative psychological intervention for treatment-resistant Major Depressive Disorder (MDD) with comorbid anxiety following traumatic bereavement. Ethical principles, including informed consent, confidentiality, and protection of the client's identity, were maintained throughout the study.

A comprehensive psychological assessment was conducted using clinical interviews, mental status examination, and evaluation of grief experiences, cognitive patterns, behavioural functioning, coping strategies, and existential concerns. Symptom severity was assessed using the Depression Anxiety Stress Scales–21 (DASS-21), a validated measure of depression, anxiety, and stress that has demonstrated reliability within the Sri Lankan context (Aththidiye, 2012). The DASS-21 was administered before and after treatment to evaluate therapeutic outcomes. Baseline assessment indicated severe levels of both depression and anxiety, reflecting significant psychological distress associated with unresolved grief and death anxiety.

Therapeutic Intervention

An integrative intervention combining Cognitive Behaviour Therapy (CBT), existential psychotherapy, and box breathing was implemented to reduce depressive and anxiety symptoms while addressing unresolved grief, maladaptive cognitions, and death anxiety.

Cognitive Behaviour Therapy

Treatment began with psychoeducation on depression, anxiety, grief, and the relationship between thoughts, emotions, and behaviours. The client was helped to understand how behavioural avoidance and negative thinking maintained psychological distress and that grief reactions following the loss of a child were understandable. CBT techniques were then used to identify and challenge automatic thoughts related to guilt, hopelessness, helplessness, and death. Cognitive restructuring targeted distortions such as catastrophizing, self-blame, and all-or-nothing thinking. For example, the belief that "my life has no purpose after my child's death" was gradually reframed to recognize that a meaningful life could continue while maintaining an emotional connection with her child. Behavioural activation was also introduced to reduce withdrawal and encourage participation in meaningful daily and social activities.

Existential Psychotherapy

Existential psychotherapy addressed concerns related to mortality, meaninglessness, and acceptance of loss. Therapy encouraged the client to acknowledge death as a universal aspect of life rather than avoiding death-related thoughts. Sessions focused on reconstructing meaning by exploring how her relationship with her deceased child could continue through memories, personal values, and purposeful actions. This process supported movement from hopelessness toward acceptance, personal responsibility, and renewed purpose.

Box Breathing

Box breathing was introduced as an anxiety-management technique to regulate physiological arousal associated with intrusive thoughts and death anxiety. The client was encouraged to practise the technique regularly and during periods of heightened emotional distress. Over time, she reported improved emotional regulation and a greater ability to tolerate distressing thoughts without becoming overwhelmed.

Results

Following the intervention, the client demonstrated clinically meaningful improvement in depressive symptoms, anxiety, emotional regulation, and daily functioning. Post-treatment assessment using the Depression Anxiety Stress Scales–21 (DASS-21) indicated that depression decreased from the severe to the moderate range, while anxiety decreased from the severe to the mild range. Clinically, the client reported reduced death anxiety, greater acceptance of her bereavement, decreased avoidance behaviours, and improved participation in daily activities. She also demonstrated an increased ability to discuss mortality without overwhelming distress and developed a renewed sense of meaning and purpose while maintaining an emotional connection with her deceased child.

Discussion

This case demonstrates the value of integrating Cognitive Behaviour Therapy (CBT) and existential psychotherapy in the treatment of treatment-resistant Major Depressive Disorder (MDD) with comorbid anxiety following traumatic bereavement. Despite prolonged pharmacological treatment and Electroconvulsive Therapy (ECT), the client's symptoms persisted, suggesting that unresolved psychological and existential concerns contributed to the maintenance of her distress. Consistent with previous research, death anxiety emerged as a central maintaining factor underlying persistent depressive symptoms.

CBT effectively reduced maladaptive thoughts, self-blame, hopelessness, and behavioural withdrawal through cognitive restructuring and behavioural activation. However, symptom improvement alone was insufficient to address deeper concerns regarding mortality, loss, and meaning. Existential psychotherapy complemented CBT by encouraging acceptance of death, reconstruction of personal meaning, and renewed engagement with life despite bereavement. This integration enabled the client to move from overwhelming grief and hopelessness toward greater psychological acceptance and resilience.

The inclusion of box breathing further supported treatment by improving emotional regulation and reducing physiological arousal associated with anxiety and intrusive death-related thoughts. Together, these interventions addressed cognitive, emotional, behavioural, and existential dimensions of the client's psychological distress. This case also highlights the relevance of culturally sensitive approaches to psychotherapy. The themes of acceptance, impermanence, and meaning explored during existential therapy were consistent with Buddhist perspectives on loss and mortality, supporting the client's adaptation to bereavement. Although findings from a single case cannot be generalized, this report suggests that integrating CBT with existential psychotherapy may enhance

outcomes for individuals with treatment-resistant depression whose symptoms are maintained by unresolved grief and death anxiety. Further research is needed to evaluate this integrative approach in larger clinical populations.

Keywords - Major Depressive Disorder, Treatment-Resistant Depression, Cognitive Behaviour Therapy, Existential Psychotherapy, Death Anxiety, Bereavement, Case Report

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