

A Control-Mastery Case Formulation of a Successful Treatment for Major Depression

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Control-mastery theory provides a rich case formulation method that is case-specific, empirical, and flexible. This flexibility allows both maximum case-specificity for the client as well as maximum individuality for therapeutic style. An overview of the theory, supporting evidence, and method of case formulation is followed by a detailed case illustration from a long-term intensive treatment that demonstrates the formulation method in practice.

Examples of therapist interventions show how the case formulation was interpreted by this particular therapeutic style, although other styles could also successfully implement the same formulation.

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- case formulation • control-mastery theory • depression • guilt • plan
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Fifteen years ago, while searching for a clinical theory that would both help me organize the information that clients presented in therapy and also help them to get better, I found control-mastery theory, which has proven to be a powerfully productive tool for psychotherapy. Control-mastery theory originated with Weiss (1986, 1993) and was further empirically studied by Weiss, Sampson, and the San Francisco (formerly Mount Zion) Psychotherapy Research Group (1986). Weiss's approach provides a rich case formulation method that is case-specific, flexible, and highly empirical when applied either in direct clinical treatment or in formal research. Whereas this formulation method yields a case-specific perspective of the client, it also allows therapists to develop their own personal style adapted to particular clients. In this article I briefly outline the theoretical foundations and supporting research evidence, overview the method of case formulation, present a case formulation of a client I treated using this method, and finally present examples of interventions I made using this formulation.

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THE CONTROL-MASTERY MODEL

Weiss (1986, 1993, 1994) assumes that a person's most powerful motivation from birth is to adapt to the reality and morality of their interpersonal world. This adaptation is accomplished by a constant seeking of reliable knowledge (beliefs) about the self in relation to important others. These beliefs begin at birth and are largely inferred from actual experience with parents and siblings. When these beliefs are maladaptive, Weiss calls them *pathogenic* because they generate psychopathology. Pathogenic beliefs impede the person's emotional development, adversely affect self-esteem, and interfere with the pursuit of normal, desirable goals. Pathogenic beliefs warn people that pursuit of such goals will endanger them, others, or both. To avoid these dangers, the individual may renounce important goals by developing inhibitions and symptoms of psychopathology. In brief, Weiss's theory proposes that psychopathology stems from unconscious pathogenic beliefs of danger to the self and/or others if the individual pursues certain important developmental goals.

Pathogenic beliefs can be powerful. They are acquired at a time when children must endow their parents with great authority due to early dependency needs that require them to bond with their caregivers at any cost. Furthermore, these beliefs are acquired when a young mind has severely limited abilities to make sense of reality and when childhood egocentricity, lack of knowledge of causality, and lack of human relating experience can easily combine to make the child take personal responsibility or blame for whatever they, or significant others, experience.

Pathogenic beliefs about reality produce pathogenic beliefs about morality: Children assume that the ways they are treated (*reality*) are the ways they *should* be treated (*morality*). If, for example, parents show lack of concern about a child, yet demand that the child constantly take care of them, that child may infer a duty to give but not receive in life. If a parent denies problems, a child may infer that seeing the truth is dangerous, disloyal, and "bad." If a child perceives a parent as depressed, needy, or fragile, the child may infer his or her own responsibility for the parent's unhappiness. Such a child might believe that he or she is bad and go to great lengths to cheer up the parent, sacrifice personal goals, or even become like the parent as an ultimate sacrifice in an effort to expiate himself or herself and help the parent. Or a child might act self-destructively if the child inferred that a parent wished this (Sampson, 1992).

Weiss assumes persons suffering from pathogenic beliefs are highly motivated to disprove them and work in an orderly way to change these beliefs in therapy. The individual enters therapy with a "plan," which is a flexible strategy for testing out these beliefs in relation to the therapist in the hope of disproving them and acquiring insight into them. By "testing," the client carries out trial actions with the therapist in the hope of having a corrective experience, namely, that the therapist will not react to them as the beliefs predict. As the therapist reacts to these tests in ways that disprove the beliefs, the client gradually feels safer and less constrained by the beliefs. Further understanding of how these beliefs derived from personal history and how they operate in the present helps free the client to continue development.

Results of formal research studies on recorded and transcribed psychotherapies support the concept that client progress is associated with disconfirming pathogenic beliefs. Research on psychoanalysis has been presented elsewhere (Weiss, 1990, 1993; Weiss et al., 1986). Studies of brief therapies have shown a positive

correlation between therapist interventions that disconfirm pathogenic beliefs and clients' progress (Broitman, 1985; Davilla, 1992; Fretter, 1984; Fretter, Bucci, Broitman, Silberschatz, & Curtis, 1994; Kelly, 1989; Linsner, 1987; Norville, 1989; Silberschatz & Curtis, 1993; Silberschatz, Fretter, & Curtis, 1986).

THE CONTROL-MASTERY APPROACH TO CASE FORMULATION

From the first contact with the client, the therapist continually focuses on understanding the client's goals and what pathogenic beliefs are blocking the achievement of those goals. The simple elegance of Weiss's clinical theory allows the therapist to develop a rich and individually tailored formulation for each client. The therapist uses all knowledge available including (a) the client's own formulation of the presenting problem and goals; (b) the historic interpersonal scenarios ("traumas") that seem to block the attainment of the goals; (c) the therapist's affective responses to the client; and (d) the client's reactions to the therapist's approach and interventions. After the therapist seeks an initial understanding of what pathogenic beliefs were likely inferred from the client's interpersonal history and how these beliefs might fit with the presenting problem, the therapist watches to see how the client might test those beliefs in the context of their therapeutic relationship. The therapist then attempts to disprove those beliefs while observing how the client responds to such interventions. The continual focus on observation of the client's responses to the therapist's interventions makes the clinical formulation process highly empirical. This empirical process of theory building by the therapist continues throughout treatment as the client reveals more pathogenic beliefs as the therapist learns how to disconfirm them.

In the following case illustration, I present the client's background and presenting problem in detail to demonstrate the case formulation process in practice.

CASE ILLUSTRATION

The psychotherapy treatment described here was conducted as part of an investigation of long-term, psychodynamic therapies for major depressive disorders carried out by the Berkeley Psychotherapy Research Project at the University of California at Berkeley (Jones, Ghannam, Nigg, & Dyer, 1993). The client, Kathy, was diagnosed as having a major depressive disorder after an extensive assessment process including several intake interviews by an independent evaluator as well as a battery of self-report measures. Kathy received intensive, semiweekly psychodynamic therapy for 2.5 years (208 sessions). Each session was videotaped. Patient and therapist completed assessment measures every 16 sessions, and a more complete evaluation was conducted by an independent evaluator every 6 months and at 6-month and 1-year follow-ups. Jones et al. (1993) noted that by all indices of patient change, the treatment was very successful. At termination, Kathy no longer met criteria for either major or minor depressive disorder, and she maintained these gains at 6-month and 1-year follow-ups.

Presenting Problem

Kathy was in her mid-30s and worked from her home as a freelance secretary when treatment began. She had three children aged 14, 12, and 10 from a marriage

that had ended in divorce about 8 years prior to beginning treatment. Her ex-husband lived in another state. She and her children were living with a man with whom she had been romantically involved for 4 years. This was a good relationship for both Kathy and the children. The couple planned to marry sometime during the year treatment began.

Her depression began 3 months earlier when her oldest son left to live with his father. Kathy felt "devastated" by intense feelings of sadness and loss, along with debilitating physical symptoms of depression. She also experienced an intense "vulnerability" and her emotions felt "totally out of control." Although Kathy disliked the feelings of loss and the physical symptoms of depression, she valued highly this state of vulnerability. Curiously, the depression brought with it this state of vulnerability that allowed her to feel alive and connected to people in ways previously unavailable to her. Previously, she was closed off from feelings, hidden, cautious, and guarded with others. During depression, however, she somehow gained access to her feelings and allowed herself to express them. Kathy made it clear that what she wanted from therapy was to be able to feel alive and open to feelings, without the accompanying debilitating depression. Currently she could only feel one of two possible states: guarded, efficient, and functional or alive, vulnerable, and unable to function. During her son's move, she returned to "everyday functioning" and dealt with the underlying issues "by not thinking about them."

Six years previously, Kathy had experienced the first debilitating depression of her life following the second of two abortions within a period of about a year. Prior to that time she had always been "stable and emotionally balanced." The depression hit suddenly and dramatically with debilitating physical symptoms that sent her to a psychiatrist who diagnosed her as severely depressed. Anti-depressants cleared up the physical symptoms, but verbal therapy did not help much.

An interesting sequence of events led up to the first debilitating depression. Recently divorced, a single mother, and working full-time as a secretary, Kathy had felt relieved to be free of an unhappy marriage and was involved with a new man whom she enjoyed. Although she had tolerated birth control pills well during her marriage, she discontinued them after separating from her husband. She claimed that she was concerned that they "might be bad" for her health. She became pregnant in this new relationship due to a failed diaphragm, and a "battle" began inside her. She had always had strong feelings about abortions: She believed in the fetus as a living being, a "lost soul," and she also believed in every woman's right to choose for herself. There was no way, however, Kathy could afford to have another child, either emotionally or financially. After the abortion, she ended the relationship with the man, stating that his "lenient attitudes" toward abortion made her conclude that he was not right for her.

Soon she began a 4-month long, passionate romance with a man-about-town businessman who was fabulously exciting and put her "in the limelight." He treated her as an intellectual equal and described her as the smartest partner he had ever had. She felt recognized, prized, and special. They had fabulous times together. Then one wonderfully romantic weekend she got pregnant again: the second failed diaphragm pregnancy. "If I were superstitious I would have believed I was being punished, because I got pregnant that fabulous weekend." It was "unforgivable" to get pregnant twice and to have two abortions: "The first time was bad enough; the second time was the breaking point." She ended the relationship,

never telling the man about the pregnancy because she “feared he would be permissive of abortion rather than seeing it as the killing of an individual.” Every Mother’s Day since that time has been a “trauma” for Kathy: “Abortion is the antithesis of mothering.” Soon her debilitating depression began.

One of the most dramatic changes the depression brought was in Kathy’s feelings about mothering. Although previously she had always been intensely “fulfilled” by her children and her mothering, she suddenly felt intensely “empty” with her children. She felt resentful of what she referred to as the “surviving children.” It was so hard to mother them. As in her current depression, although she disliked feeling emotionally out of control, she also cherished feeling uncharacteristically alive. She became exceptionally animated and outgoing in her social and work worlds.

I didn’t feel *depressed*. I felt *crazy*. My hands would shake; I lost weight; my emotions felt out of control; I cried all the time. But I also played, had fun, and flirted with all these people. I felt very special. Then I would return home and feel lonely and miserable with the children. And I felt so guilty: Here I had these three beautiful children I had always felt so fulfilled by and I wished I could be somewhere else.

Eventually, Kathy dealt with that depression the way she was dealing with the current depression: She became functional and efficient. An external crisis developed as her ex-husband deteriorated into substance abuse. As he became irrational and threatening toward Kathy and the children, Kathy decided she had to move herself and the children out of the state. They have lived here 5 years now.

Background

Kathy was born into a family with a 9-year-old brother, Dan, who was her mother’s son from a previous marriage. Kathy’s parents’ marriage was difficult and full of conflict. Kathy’s mother was passive, insecure, and dependent due to suffering criticism and rejection by her own mother, Kathy’s maternal grandmother, who was harshly “domineering.” Kathy’s father was also domineering; his own father had deserted his mother when he was 2 years old, and his mother had died when he was 16. Kathy’s father was staunchly independent and looked down upon any sign of human dependency or even normal human need. Further marital conflict derived from the fact that Kathy’s father and maternal grandmother competed with each other to dominate and control Kathy’s mother.

Kathy’s first 2 years of life, however, were relatively “abundant and full of love” as the nuclear family lived near her mother’s large, extended family. Kathy’s father’s business, however, required them to move frequently to maximize his career. These moves away from the extended family increased the marital conflict. Father’s verbal attacks of berating criticism for mother’s social needs coupled with mother’s passive compliance and increasing feelings of inadequacy troubled Kathy. As time went on, father criticized mother for being different from him and for not having her own opinions, at the same time lavishing praise on Kathy for being his “soulmate,” looking like him, and being strong and opinionated like he was. She was the only real human connection he allowed himself since his traumatic early losses, and he used this to fight with Kathy’s mother. Kathy watched in horror as mother deflated and collapsed into further feelings of inadequacy. As she grew older, Kathy felt disturbed by her observation that her attention from, and

closeness to, father caused mother great harm and injury. She felt she was “robbing mother of her husband.”

But mother had Dan. In fact, Kathy saw the family as “balanced” *because* mother had Dan. These balanced alliances were crucial to Kathy’s sense of fairness to mother and allowed Kathy closeness with father. Kathy required that closeness because mother was bothered by her needs and often chased her away.

Kathy adored and idealized her older brother. She liked to think of him as her protector, although he laughed at her when she told him this. Although Dan “loved and tolerated” his little sister, he often teased and taunted her cruelly.

Kathy was 6 years old when father uprooted them once again for a move that proved devastating for everyone. None of them could adjust. Tension increased as father competed with Dan and humiliated him in front of his teenage friends. Dan soon found “he could get back at father” by relentlessly teasing and taunting his little sister; Kathy felt betrayed and so hurt that she sometimes wished Dan would just disappear. Father also began to show signs of competition with Kathy, getting upset if she beat him at a game. When she brought home a grade, he told her how much better he did in school when he was her age. Kathy felt disturbed, and noticed that now even father seemed threatened by her doing well.

Kathy was lonely and unable to get any attention. Dan soon insisted on moving back to Texas to live with some relatives. The parents fought viciously over Dan until one day they agreed to let him move to Texas. Although Kathy was confused by this, she thought it would be better for everyone if he left. Early one morning as she slept, he came to say goodbye to her. Kathy thought to herself: “Good. Leave me alone. Maybe I can get some attention here soon.” That was the last time Kathy ever saw Dan.

Five months later, Dan died in a swimming accident. Kathy’s family and life would never be the same. Somehow, father was blamed for the death of Dan, especially by Kathy’s maternal grandmother. The traumatic scene at the funeral was unforgettable. The entire family was literally hysterical and viciously attacked each other. Grandmother almost physically attacked father and did try to throw herself into the grave as her dear grandson was buried. Kathy, however, was completely ignored. She was almost excluded from the funeral, but she begged and finally was allowed to attend. No one ever talked to Kathy, who was now 7 years old, about any of this trauma. She was left completely alone to make sense of all that had happened. She was deeply confused. Why were they all blaming father? It made no sense. The night after the funeral, Kathy recalled the last time she had seen her brother and how she had wished he would disappear so she could finally get some attention. She remembered how he had teased her until she had wished him dead. Kathy believed that she “must have had something terrible to do with Dan’s death,” but here they were attacking father so viciously. Surely, she must not talk to anyone about her thoughts.

By this time, Kathy was convinced that she was a powerfully evil person who harmed others whenever she got something for herself. Kathy began to think about death a lot. One day, 2 months after the funeral, Kathy became “fascinated” at hearing about a little girl who died falling off a cliff. A few days later, as she swam in a swimming pool, she suddenly found herself drowning. Fortunately, someone pulled her out and resuscitated her. She felt humiliated, ran off, and never spoke about the incident to her mother. She was not sure what she feared most: that mother would be upset about the incident or about Kathy’s “survival.”

After Dan’s death, mother withdrew from all feeling. She “functioned and did

the everyday things, but she was empty inside." Her feelings were dead. Although she had never been close to Kathy, now she was totally unavailable, and never recovered. In fact, the entire family never recovered. There were no more family celebrations of any kind ever again.

The next 6 years were some of the worst of Kathy's life. She became "invisible." No one was available to her. Mother was gone: "She died inside. Mother resented me and my father for surviving. There was always a tinge of punishment, maybe just in withholding." But father disappeared too. He started drinking heavily and dove into work, rarely spending any time at all with Kathy. Kathy could get no attention at all, no matter how hard she tried. Desperately, Kathy tried to rejuvenate mother and get her to mother Kathy, but she got no response. Kathy felt grimly alone and learned to be totally self-sufficient.

The family moved again when Kathy was 13 and her life completely turned around for 2 years. Mother was doing better, was involved in some community activities, and was a bit less detached. Kathy "somehow decided to just move ahead" with her own life. And it was like "blossoming," her life became a dream come true:

Suddenly every dream I ever had and every hope I ever had came true. I caught on academically and became very successful, but more importantly to me is that I had social acceptance for the first time. It was a dramatic change. I moved from "unnoticeable" to "chosen" class favorite, Valentine Miss, Homecoming Princess. I got to be the special one all the time.

Those previous 6 years she was "invisible," now she was "chosen." Though she was a star in her own life, her parents were totally unaware of these achievements. They never asked her about her life. She also kept herself hidden, because she had come to see that getting attention and doing well were threatening to her parents.

Near the end of the 2nd blossoming year, Kathy fell deliriously in love for the very first time. Then, abruptly and shockingly, her father sent her away to boarding school in another state and she was ripped away from her dream-come-true world. Kathy was heartbroken and devastated. Although father claimed the change was for educational purposes, Kathy knew that father was jealous of her intense relationship with her first love and that he had intended to stop it. He also sold all the equipment of the various sports games they used to play together. Kathy spent 1 miserable year in boarding school and her father refused even to allow her visits home for the holidays, leaving her completely alone when the other students returned home.

To Kathy, this banishment was clearly a punishment for her "disloyalty" to her relationship with her father. For that year, Kathy remained once again socially isolated and invisible, although she continued to do well academically. At the end of the year, however, father still refused to let her return home. Kathy now believed she must have hurt her father badly for him to retaliate so severely. He insisted she either finish her last year at boarding school or graduate early and begin college. Kathy chose to graduate early and go to college away from home.

In college, Kathy once again experienced blossoming. She felt alive and found success academically, politically, and socially. She did not, however, allow herself this for long. The summer after her freshman year, longing for her large family, which had come to such an abrupt halt after her brother died, Kathy married Dave. She finished college and gave birth to three children over the next 6 years.

By this time her marriage was growing unrewarding. Kathy's husband was competitive and envious of her accomplishments in sports and work. Kathy, though, "would have continued that way forever" because she felt so fulfilled by her children. Her husband, however, filed for divorce. Kathy and the children moved out and she found herself very relieved.

Kathy's husband did not fare well on his own. He quit his job and began drinking heavily. Kathy, in the meantime, was going through her period of dating, abortions, and depression. Soon, in response to Dave's aggressive behavior toward her and the children, Kathy decided to move away.

The Control-Mastery Case Formulation

Traumatic early life events, together with inadequate parenting, fortified for Kathy a deep sense of her own internal "badness" and evil power to hurt others, and forced her to develop an intricate system of penance, which was her only method of coping with overwhelming guilt. Kathy's normal developmental need of feeling prized and special was severely thwarted early in life by deep beliefs that achieving recognition and attention seriously harmed, and sometimes destroyed, the people she loved. With too little adequate parenting to challenge these ideas, her childhood mind continued to interpret events of her life in terms of her destructive power to hurt others. In the first 7 years of her life, she built an understanding of herself and her effect on others on a foundation of faulty interpretations of her causal role in others' suffering. This conviction of her evil power fostered in her a deep unconscious guilt toward the people she believed she was harming.

Kathy's beliefs in her destructive powers to harm others when receiving attention were seeded from birth into a conflictual family environment. Being prized by her father, who at the same time rejected and demeaned her mother, gave Kathy the distinct impression that she was "robbing mother" of her husband. Her young child's mind was incapable of understanding the ways she was being used by her parents in their tense marriage. Instead, it looked to Kathy like mother's weakness was a direct result of Kathy's strength.

As Kathy developed more conviction of her harming her mother by stealing father, her growing sense of unconscious guilt triggered the beginnings of a penance system to manage this guilt. This system was founded on the one factor that allowed Kathy to bask in the needed love and attention of her father: a balance system, which existed "because mother had Dan." Life in the family seemed fair to Kathy and she was able to continue her emotional growth in the sunshine of her father's adoration as long as mother had Dan.

By the time Kathy was a little older, however, her observations of father's competitiveness with her fed her growing belief in her power to harm those she loved when she did well. Now her achievements appeared to hurt not only mother, but father as well. Soon this destructive power extended to her brother.

During the tense period when Dan requested to move back to Texas while Kathy was sadly neglected by both parents as well as taunted and teased by her brother, it was only natural that Kathy wished her brother would disappear so that maybe she could get some attention. The tragic death of her brother shortly thereafter solidified for Kathy her deep belief in the connection between getting attention and the destruction of her loved ones in the wake of her achievements.

The death of her brother, furthermore, devastated Kathy's penance system, which became heavily unbalanced without Dan. Kathy now came to believe that

she had not only stolen father, but also somehow was responsible for killing Dan and thereby further injuring her mother irreparably. The entire extended family fell apart and never recovered, which contributed further to her ideas of her harm to others. Kathy's sense of badness and destructive power increased to intolerable proportions. Now that the balance system was broken, Kathy desperately needed to elaborate her penance system in an effort to manage her overwhelming guilt.

Shortly after the funeral, Kathy's implicit penance system developed the concept of "trading places" with those she had harmed in order to pay penance to them. In an effort to balance the overwhelming guilt she suffered, Kathy attempted to trade places with Dan. Unaware, at a conscious level, of the disturbing motivations overwhelming her, Kathy was surprised to find herself in the swimming accident that occurred shortly after she had become fascinated with the death of another little girl. It was as if Kathy tried to disappear, as she had wished Dan would disappear.

Although, fortunately, Kathy failed in her attempts to trade places with Dan and disappear in the physical world, she did succeed in disappearing at other levels of existence. At this point, Kathy's penance system developed further intricacies in order to accommodate her overwhelming guilt. She divided or split her sense of self: She hid the *alive* self she had been for the first 6 years of her life, and allowed out only an *invisible* self who had no feelings and achieved little worthy of notice. She functioned in everyday matters and neither caused trouble nor attempted to achieve. In fact, this invisible self resembled greatly how Kathy viewed mother forever after Dan's death. Mother functioned everyday, but had no feelings. Mother "died inside" and was completely unavailable emotionally.

For 6 long and lonely years immediately following Dan's death, Kathy became her invisible self, thereby trading places with both her mother and Dan to punish herself for destroying both of them. At the end of that sentence, Kathy's system of penance allowed her a 2-year period of blossoming at a time when mother, not coincidentally, was doing better than she had in years. As long as Kathy's achievements were kept secret from both mother and father, Kathy's penance system viewed life as balanced and Kathy could come alive and thrive.

Although it was easy to keep most of her successes secret from her self-absorbed parents, falling in love for the first time proved impossible to keep secret. Father's abrupt and severe banishment of Kathy, after learning of this intense love in her life, further proved to Kathy her destructive power to harm others with her riches in life. Kathy was stunned at the extent of father's reaction and at the fact that their relationship never recovered. Kathy's year spent in isolation at boarding school feeling truly invisible served as penance for her crime in her now complicated guilt management system. Having served her time, Kathy was once again allowed to be alive for a short period when she attended college away from home.

This second blossoming time, which was allowed for only 1 year, was interrupted when Kathy married. The man she married turned out to be remarkably similar to her father in terms of competitiveness, vindictiveness, and alcoholism. Kathy's penance system allowed her now to feel fulfillment and connection with her children, but only as long as she remained in a miserable marriage.

When Kathy was freed after her husband filed for divorce, her penance system was thrown totally off balance. Suddenly relieved of her miserable marriage, she oddly decided to stop the birth control pill, although there was no medical need to do so. Her pleasure in living with a new man along with her children was abruptly ruined by a failed-diaphragm pregnancy and subsequent abortion. Kathy's self-

punitive attitudes with regard to the abortion further demonstrated a penance system trying to balance things once again with severe punishments.

Her unbalanced penance system, in search of a foolproof method of punishment, allowed Kathy to continue using the diaphragm after the first abortion, only to punish her all the more severely for the unforgivable crime of a second abortion. Shortly after the second abortion, Kathy suffered the first major depression of her life. Kathy's crime had been to be alive, attractive, intelligent, and feel connected to a man in ways mother could never achieve. Her punishment was to trade places with mother by "killing" her own children, both through the abortions and through her inability to mother what she referred to as her "surviving children," as well as to make "Mother's Day never the same again" for herself. A comprehensive attack on her mothering role was the price Kathy's penance system required of her in order for her to deserve the attention she received. She was not allowed both attention from men and good mothering: She had to sacrifice one or the other to balance her debt to her mother.

Kathy's second major depression of her life struck just before she presented herself for treatment. It was triggered by her son's move to live with his father, but it also occurred in the context of her being once again in a wonderful relationship with a man she planned to marry that year. That marriage threatened, once again, Kathy's penance system. She was not allowed to have a healthy relationship with a man and to be a good mother at the same time. Her son's move retriggered the contradictory feelings of her previous depression: debilitating physiological symptoms in conjunction with the vulnerable feeling of being alive, plus the inability to mother. The penance system was beginning to get unbalanced, and aiming to punish Kathy in various ways if she was to proceed with the good things in her life.

Kathy dealt with the second depression as she had with the first, by returning to her hidden state of being functional. Kathy's penance system hid her alive self from the day of Dan's death in an effort to make up to her mother and Dan for the destruction she had caused. Subsequent to that time, her alive self was allowed out only after long sentences in isolation and only then for short periods of time. By the time of her two major depressions, Kathy's intricate system of penance allowed her to be alive only when concomitantly suffering a mental illness. Kathy sought therapy to reclaim the right to her alive self without requiring depression.

Kathy's overall goals for treatment were to recapture her right to be prized, special, deserving of attention; to grow, achieve, accomplish, and shine; to feel alive, visible, appreciated by others, connected with others, vitally connected with her children as well as her soon-to-be husband; and to have the right to focus attention on her own life and fully develop all her capacities. Kathy's attainment of these goals was blocked by an intricate penance system trying to accommodate overwhelming guilt caused by a deep pathogenic belief that the achievement of recognition and attention for herself caused pain, suffering, and destruction for those she loved.

How the Formulation Relates to Treatment Interventions

In the first 16 sessions, Kathy worked hard to disconfirm her belief that she was undeserving of focusing on her goal to grow, feel alive, recognized, prized, and "in the spotlight." I helped Kathy accomplish this task in varied ways, centered

around both explicitly recognizing the importance of the goal and keeping it in focus throughout the treatment. Kathy continually “forgot” this goal and would ask me to keep track of it for her. I responded by sometimes summarizing Kathy’s goals, sometimes questioning her difficulty focusing on herself, and sometimes pointing out how she sacrificed her own goals due to fears of hurting others.

In the first session, as Kathy described her presenting problem and background, she also mentioned one of her depression symptoms was crying. I explored the details, noting to Kathy that the crying seemed to occur when she viewed scenes of high achievement such as when watching the Olympics. Kathy started the next session by saying, “I allowed myself the indulgence to think about what triggered my crying and I found it to be happy, joyous times that somehow mark a person’s specialness, and I linked it to my earlier life in that I probably felt that way about my own life at some point.” I responded by saying, “You wanted your parents to be able to share your joy, achievements, and specialness growing up.” Kathy further developed this theme by describing three periods of her life when she felt “in the sunshine,” none of which was recognized by her parents. These three periods of aliveness were (a) in adolescence, (b) her 1st year at college, and (c) the “crazy time” after the abortions.

Subsequent sessions focused on her inability to feel entitled to recapture this aliveness. Sometimes Kathy put herself down with references to her “self-indulgence”; I steadily challenged these ideas by consistently presenting contrary evidence. Kathy then explored how she destroyed her ex-husband by being so much more competent than he was. Patiently, I challenged her by questioning, for example, why she viewed the problem as stemming from *her* competence rather than from *his* envy and need to blame others for his own inadequacies. Kathy demonstrated relief from such interventions and soon realized “I need to be more generous with myself.”

Realizations of her need to be more generous with herself, however, were often followed by feelings of unworthiness and fears of humiliation for what Kathy saw as her boasting: “People watching the videotape of this project will think I’m tooting my own horn.” I replied: “On the contrary, they will see what difficulty you have tooting your own horn and they will wonder why. Maybe your parents were not comfortable or were upset when you did so.” This intervention led to important work, and Kathy revealed the extreme difficulties of both parents in recognizing her achievements. During the 4th session, Kathy began to outline some of the achievements she had made during her adolescent period. Over the next 10 sessions, however, Kathy revealed the power of her conviction that she might harm someone with her achievements when she tested to see if I might be threatened. During this sequence, I observed that Kathy hid her achievements and required that I discover her talents, as well as fight for Kathy’s right to nurture them.

Two strong interventions helped challenge Kathy’s belief that I might be threatened. Kathy had been talking about a lifetime interest in writing when, a few sessions later, she made slight reference to a book of short stories she had written. At the end of the session, I made the first of these interventions and asked Kathy for a copy so I could read them. Although Kathy claimed the stories were nothing special, I saw this as an opportunity to recognize a hidden achievement.

I was deeply moved by Kathy’s stories, which gave me a disturbing sense of the sacrifices involved in Kathy’s fear of harming others with her achievements. Two sessions later, when Kathy once again forgot her goals, I questioned why she had

lost track of them. Kathy argued, quite aggressively, that she had changed her mind about her need to be more generous with herself: She decided that she was too generous with herself and that she did not deserve any more in her life. Calmly and strongly, I made the second intervention by disagreeing with Kathy, using evidence to demonstrate the significance of Kathy's problem with self-generosity. I told Kathy how impressive the stories were in communicating her outstanding talent as a writer, storyteller, and communicator of intense emotion, especially in the face of her claim not to have talent, skills, or creativity. I demonstrated how Kathy's fears of her talents harming people were so severe that she required me not only to find her hidden achievements, but also to argue ferociously for the cultivation of those achievements.

As Kathy developed some conviction that maybe I was not threatened and that Kathy did need to cultivate more generosity with herself, Kathy elaborated on many of the awards she had only briefly outlined 10 sessions earlier. When I pointed out with further amazement how much Kathy had hidden from me earlier, Kathy admitted how fearful she had been that I might view her as boastful, like her parents had, and retaliate or else feel uncomfortable in some way as they had.

This long, initial piece of work culminated in Kathy solidifying her original decision to pursue her goal of recapturing the special times, and also resulted in her announcing a decision to seek work outside the home and to enroll in a drama class. The drama class was to help her learn to be more comfortable in the spotlight. Kathy began the next hour revealing a dream of the previous night where she delivered the baby she had aborted in the second relationship. In the dream she was happy because the baby was alive and all her family was around. Her thoughts immediately turned to how, for the first time, a year ago, she had a vivid memory of her brother on the last day she saw him before he died. It was a memory of remorse, in which she remembered their conversation and her thoughts of wishing he would disappear so she could get some attention. I noted how clearly Kathy's mind associated getting attention, wishing brother would disappear, and the abortion.

A few sessions later, on the anniversary of her second abortion, she revealed for the first time one of her most devastating symptoms, which was a ruminating worry. Daily, Kathy imagined, in great detail, the loss of one of her children, followed by the fantasy of how she would comfort the remaining surviving children. Then she changed which child died and which survived, the circumstances, and repeated the process. I asked when the symptom first appeared. Kathy replied: "As soon as James was born I realized what mother had experienced and that if that happened to me I could understand what happened to mother and why she had refused to recover." I told Kathy that she was practicing trading places with mother in sympathy, and that the purpose of such mental torture was to punish herself continually because she felt responsible for mother's loss. Kathy was visibly relieved to hear this interpretation, which helped free her from this devastating symptom, which decreased markedly over the next several months.

Kathy next wondered why so many people she had known had died. She thought it was more than the average person knew. I observed that Kathy was demonstrating right there in the session her powerful belief in her destructive power. Kathy followed this line of thought by talking about her own swimming accident just after Dan died. As she described the incident, she became aware that maybe she had been trying to kill herself or disappear the way she had wished Dan would disappear. The memory of this experience was filled with powerful affect,

and began to convince Kathy that she did feel powerfully responsible for Dan's death.

At this point in the treatment, I began to suggest that Kathy's abortions might have been a way to punish herself for harming mother, Dan, and even Dave. Kathy began to examine why she wished her friends would be punitive and not lenient toward her about the abortions. She began to see how her strong reactions to her abortions served as severe punishments and how they forever changed the way she felt about herself as a mother.

I took an active stance with regard to the mothering issues Kathy presented in order to demonstrate Kathy's right to have had better mothering herself, as well as to show her she had the right to be a better mother than her mother had been without fearing hurting mother. At an early point in the treatment, her son, James, had returned to live at home following a disastrous attempt to live with his father. James's father's alcoholism had increased to the point that he was unable to care for his son adequately, and he blamed Kathy for all his failures. James returned home feeling severely depressed, rejected, and angry at Kathy. As Kathy described the situation, I noted a total absence of any advocacy on Kathy's part for her own position. I then encouraged Kathy to stand up for herself. I showed Kathy how her irrational feelings of destructive power were distorting her ability to protect herself and her son from alcoholic blame and denial. Kathy then spoke of feeling paralyzed and incapable, even of comforting her son. When Kathy said, "I've been as bad a mother to James as my mother was to me," I showed Kathy that she was acting like her mother in order to make her mother's inadequate mothering look better. I then explicitly directed her: "You must comfort James, no matter how angry he is at you." I role-played with Kathy ways to do this with her depressed adolescent son. I demonstrated how, for the well-being of her son, she must be a better mother to her son than her mother was to her. Kathy followed these suggestions with great success and made excellent progress in comforting James over the next months.

Somewhat later, Kathy needed to learn the limits of how far she had to go in helping James. Kathy's ex-husband, in a distraught frame of mind, frequently phoned to talk to his children, complaining what a mess his life was. James took these phone contacts badly, as he felt excessively responsible for his father's misery. Depressed and withdrawn, he began to have serious school problems. I took an active stance again, teaching Kathy how to take appropriate levels of responsibility without overstepping those levels.

During one particular period, James remained severely depressed and refused all Kathy's efforts to revive him. Kathy then became severely depressed herself. I noted how this situation was similar to Kathy's mother's depression after Dan died and mother rejected Kathy's attempts to revive her. I told Kathy that if James "refused to recover," Kathy was at first to attempt to comfort him, but if he persisted, she was to demonstrate to him that she could both love him and still maintain a separate mood from him. She was to teach James that she could tolerate his pain without feeling overwhelming responsibility for it: "Try to reach James and if he refuses, let him be. Go ahead and be happy with the rest of the family."

At first Kathy claimed that such action felt mean and cruel. I then explained that James needed to learn to be able to go on with his own life despite his father's alcoholism, and that he could learn that best if Kathy did that with him. Kathy then began to remember vividly her own trauma after Dan died, when her entire extended family fell apart and never recovered. At this point, Kathy was con-

vinced of the importance of teaching James to go on with his life. She proceeded with great success with James. Within a year of these interventions, Kathy was able to maintain consistently good mothering. James, who showed excellent progress by improving academically and socially, later told his mother how much he appreciated her steady love and support, which had enabled him to face his father's alcoholism.

CONCLUSIONS

I have illustrated the control-mastery method of case formulation, which provided a highly case-specific perspective on what goals Kathy sought in treatment and what pathogenic beliefs blocked the attainment of these goals. The intervention examples demonstrated my own particular style of disproving those beliefs. A different therapist treating the same client could use the same formulation to disconfirm the same pathogenic beliefs utilizing a different unique style. Due to its flexibility, control-mastery theory allowed maximum case specificity for the client as well as maximum individuality for my own therapeutic style, thereby allowing the client-therapist relationship to bring about a successful treatment of a severely depressed client.

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