Case report / *Olgu sunumu*

Traumatic grief presented with self-injury and suicide attempt: a case report

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ABSTRACT

Traumatic grief is described as the sum of symptoms and reactions occured following the sudden and terrific loss of a loved one in who experienced this loss and accepted as a diagnosis distinct from normal grief as well as other psychiatric disorders such as anxiety disorders, major depression and post-traumatic stress disorder. Herein, a 25 year old female case which was hospitalized because of serious self-injurious behavior and suicide attempt, diagnosed as traumatic grief and treated with pharmacotherapy along with hypnotherapy is described and in the context of this case, diagnostic and therapeutic approaches to traumatic grief are discussed. ***(Anatolian Journal of Psychiatry 2014; 15(Suppl.1):S21-S24)***

Key words: *Traumatic grief, suicide, self-injury*

Kendine zarar verme davranışı ve intihar girişimi ile başvuran travmatik yas: Olgu sunumu

ÖZET

Travmatik yas sevilen birinin ani ve şiddet içeren bir şekilde ölümü sonrasında, kaybı yaşayan kişide ortaya çıkan belirti ve tepkilerin toplamı olarak tanımlanır ve normal yasın yanısıra anksiyete bozuklukları, major depresyon ve travma sonrası stress bozukluğu gibi diğer psikiyatrik bozukluklardan ayrı bir tanı olarak kabul edilir. Bu yazıda ciddi kendine zarar verme davranışı ve intihar girişimi nedeniyle hastaneye yatırılan, travmatik yas tanısı koyulan ve hipnoterapi eşliğinde farmakoterapi ile tedavi edilen 25 yaşında bir kadın olgu sunulmuş ve bu olgu bağlamında travmatik yasa tanısal ve terapötik yaklaşımlar tartışılmıştır. ***(Anadolu Psikiyatri Derg 2014; 15(Ek sayı.1):S21-S24)***

Anahtar sözcükler: *Travmatik yas, intihar, kendine zarar verme*

INTRODUCTION

Grief is a natural reaction following the loss of a loved one.[1] Different diagnostic terms such as pathologic grief,[2] complicated grief[3] and traumatic grief[4] have been used to describe variations from normal grief and complications that arise in the course of grieving.

Traumatic grief is described as the sum of symptoms and reactions occured following the sudden and terrific loss of a loved one in who experienced this loss.[1] Diagnostic criteria for traumatic grief are proposed by Jacobs et al.[5]

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as a disorder distinct from depression and anxiety (Table 1).

Table 1. Proposed criteria for traumatic grief[5]

Criterion A

1. The person has experienced the death of a significant other
2. The response involves intrusive, distressing preoccupation with the deceased person (e.g. yearning, longing, or searching).

Criterion B

In response to the death, the following symptom(s) is/are marked and persistent:

1. Frequent efforts to avoid reminders of the deceased (e.g. thoughts, feelings, activities, people, places)
2. Purposelessness or feelings of futility about the future
3. Subjective sense of numbness, detachment, or absence of emotional responsiveness
4. Feeling stunned, dazed, or shocked
5. Difficulty acknowledging the death (e.g. disbelief)
6. Feeling that life is empty or meaningless
7. Difficulty imagining a fulfilling life without the deceased
8. Feeling that part of oneself has died
9. Shattered worldview (e.g. lost sense of security, trust, or control)
10. Assumes symptoms or harmful behaviors of, or related to, the deceased person
11. Excessive irritability, bitterness, or anger related to the death

Criterion C

The duration of the disturbance (symptoms listed) is at least 2 months

Criterion D

The disturbance causes clinically significant impairment in social, occupational, or other areas of functioning

According to Jacobs et al.[5] bereaved people might develop traumatic grief via two pathways: First one is due to experiencing a loss from a suddent, violent, horrific death, as in the case of natural disasters, accidents, and criminal violence, causing an attachment disturbance in bereaved persons without preexisting vulnerability. Second one stems from a death of a significant other for bereaved persons who have vulnerability in their attachment styles.

Herein this case report we aimed to present a patient which was diagnosed as traumatic grief.

CASE REPORT

Twenty-five year old female, married with five children, housewife, is living in a village in eastern part of Turkey with her family. She was hospitalized because of serious self injurious behavior and suicide attempt. There was no previous history of psychiatric disorder until she witnessed the death of her brother (she described as the 'closest' person to her) by drowning approximately 6 months ago (before her psychiatric admission). She witnessed him drowning in the river, jumped in the water to save him, was unable to do so and then she saw his body removed from the water by police officers. After these traumatic event symptoms like preoccupation about her brother, experiencing the vision of her brother, visiting his grave continously, sleep disturbance and nightmares, screaming, fainting, inability to stay at home, inability to recognize her family, amnesia, mutism, and serious impairment in social and other areas of functioning appeared. She said 'I always see my brother in front of me, I imagine him, I think about him all the time. I am affraid. When I think about him I remember that I don't want to live anymore.' She was trying to throttle herself and she was cutting herself with sharp objects. She admitted to another hospital where venlafaxine 75 and 150 mg/day (stopped because of the side effects), citalopram 20 and 40 mg/day, and olanzapin 5, 10 and 15 mg/day were prescribed. Her symptoms continued and two months ago she attempted suicide by drug intake. One week before hospitalization, she inserted needles in her antecubital regions and undergone an orthopedic operation (Figure 1).

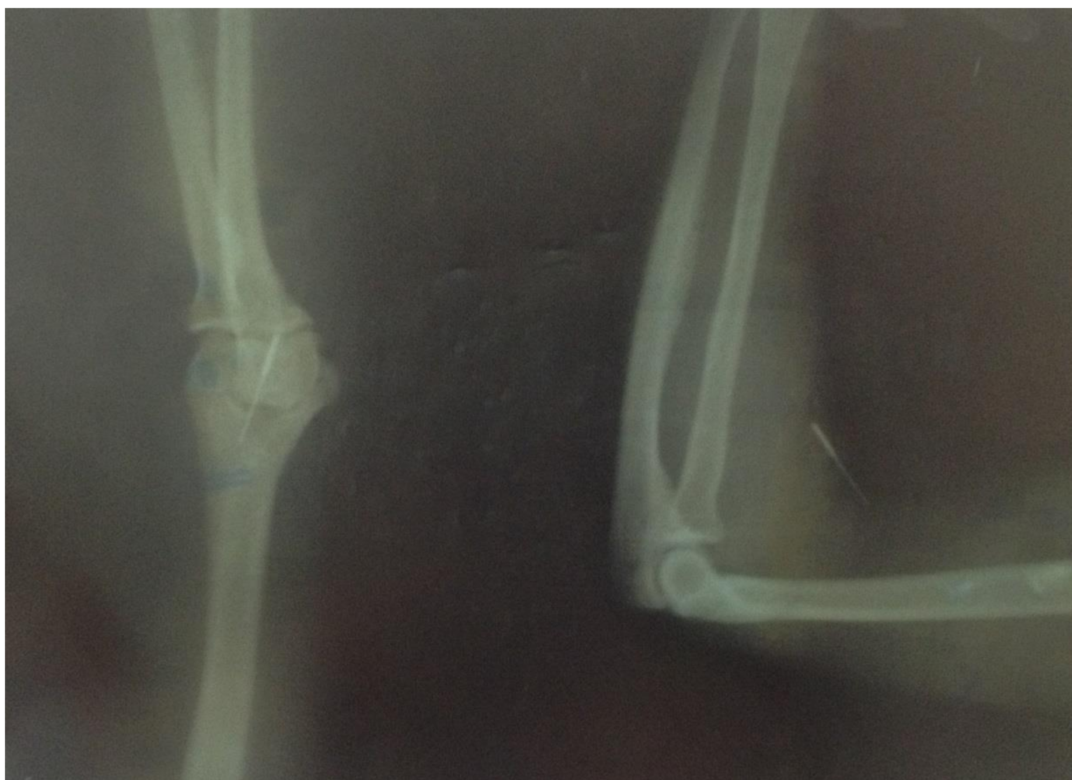

Figure 1. Inserted needle in the right antecubital region

During her hospitalization in our clinic comprehensive laboratory and neuroradiological examinations were made and normal results were obtained. In detailed history taking, the traumatic event, relationship with the diseased, stressor factors, current relationships and social support systems were evaluated and symptoms of traumatic grief were described. Family interview was made. She was treated with fluoxetine 20 mg/day and risperidone 1 mg/day. In hypnotherapy sessions (three sessions were made) we worked on remembering amnestic periods and reexperiencing traumatic event, then we continued with therapy sessions focusing on traumatic event and patient's feelings and thoughts. The patient demonstrated significant improvement in symptoms and discharged with the same treatment and referred to the outpatient clinic.

DISCUSSION

In order to determine the treatment approach, it is essential to identify the problem. Traumatic grief is accepted as a diagnosis distinct from normal grief as well as other psychiatric disorders such as anxiety disorders, major depression, adjustment disorder and post-traumatic stress disorder,[3,5-8] and must be distinguished from them. Traumatic grief was found to be a risk factor for physical and mental disorders, increased alcohol and tobacco consumption and enduring functional impairment[5,8,9,11] and also associated with suicidality[11] as in our case, therefore it must be evaluated and treated effectively.

Treatment approaches in traumatic grief are counseling, psychotherapy, pharmacotherapy and their combination.[1] The goals of traumatic grief treatment are reducing the intensity of grief, facilitating the ability to enjoy memories of the diseased, and supporting reengagement in daily activities and relationships with others.[12] In our patient, pharmacotherapy accompanied by hypnotherapy was applied and resulted in significant improvement.

There is no need for treatment in some grief cases; follow up to evaluate development of traumatic grief might be useful in risky patients. Either personal vulnerability, reflected for example in a maladaptive attachment style, or

the traumatic circumstances of a death may increase risk for the disorder.[5] Therefore a detailed history taking including previous psychiatric disorders, psychological trauma (present and past), stressor factors as well as support systems is essential and also family interview might be helpful.

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