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Case Report

Peri-Loss Dissociation and Psychotic like symptoms in a female patient: a rare presentation

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ABSTRACT

Bereavement is a severe stressor that typically incites painful and debilitating symptoms of acute grief that commonly progress to restoration of a satisfactory, if changed, life. Complicated Grief is a bereavement specific syndrome characterized by traumatic and separation distress lasting over 6 months. A little is known about the role of dissociative experience during or immediately after the loss of loved one in Complicated Grief. Peri-Loss Dissociation may be useful in identifying individuals at risk for Complicated Grief and its relationship with treatment outcomes for different treatment approaches.

Keywords: Bereavement, Complicated Grief, Peri-Loss Dissociation

INTRODUCTION

Bereavement, grief and mourning are terms that apply to psychological reactions of those who survive a significant loss. Grief is the subjective feeling precipitated by the death of a loved one.[1] Death of a loved one is often a highly painful and disruptive experience. Normally, grief does not need clinical intervention, however, sometimes acute grief can gain a foothold and become a chronic debilitating condition called complicated grief. Dissociation at the time of loss or Peri-Loss Dissociation may influence development and recovery from Complicated Grief.[2] Dissociation is defined as "a disruption in the usually integrated functions of consciousness, memory, identity or perception".[3] The term dissociation comprises an array of responses, including alterations in the experience of time and place, a sense of detachment from oneself, and perceptual or memory distortions.[2] Complicated Grief is associated with clinically significant distress and impairment including impairment in work and social functioning, sleep disturbance, disruption in daily activities, suicidal thinking and behavior, and impairment in relationship functioning.[2] Risk factors include – female sex, history of mood disorder, low perceived social support, insecure attachment style, increased stress, positive care giving experience with the deceased, cognitions during bereavement and pessimistic temperament.[2]

CASE HISTORY

A 17-year-old unmarried female was brought to psychiatry out-patient department of our institute by maternal uncle and cousin brother with complaints of episodes of falling down and going unconscious for 1-2 minutes for 20 days. Such episodes occurred 5-10 times a day. She was also having complaints of not able to identify maternal uncle and aunt, and calling them by different names. On detailed evaluation, it was found that her father passed away 25 days back by sudden cardiac arrest without any known illness prior to it. As per the history given by relatives, she did not cry after her father's death due to his sudden unexpected demise. Being the eldest of six siblings, she was more attached with father. No any significant past, medical or family history of psychiatric illness was present. She was calm, composed, well-adjusted socially and introvert by nature prior to her symptoms. On very first interview, patient was found to talk very less and replied just by facial gestures with intermittent eye contact. She was in a state of complete denial over the death of her father and replied that he went for his work and would be returning soon. She was given tablet Aripiprazole 7.5 mg once a day, tablet

Clonazepam 1 mg in 3 divided doses and tablet Flupenthixol 0.5 mg + Melitracen 10 mg twice a day for 10 days.
During follow up, she was working on suggestion and had poor self-care. She usually sat aloof in a room and did not spontaneously interact with family members. Tab Olanzapine 5 mg at bedtime was added on, with which she significantly improved after 10 days in her presenting complaints. She cried at home during this period and her process of mourning was complete and she accepted her father's loss. After that, minor stressful situations keep coming in her family due to which there is waxing and waning course in her symptoms and hence she is continued on regular short term follow up with supportive workup.

DISCUSSION

Complicated Grief is a syndrome of psychological distress that develops in response to an aversive life event. Compared to normal grief, Complicated Grief is associated with prolonged distress and disability, negative health outcomes and at times suicidal tendency.[2] A very few studies have investigated the association between Peri-Loss Dissociation and Complicated Grief symptom severity and treatment outcomes. Peri-Loss Dissociation appears to index an immediate cognitive response to a major stressor. Greater Peri-Loss Dissociation was associated with greater symptom severity in individuals with Complicated Grief and was only marginally associated with increased treatment response in a study by Eric Bui et.al.[2] Peri-Loss Dissociation accounted for 15% of variance in baseline symptoms of Complicated Grief. A study by Boelen PA et al[4] suggests that Peri-Loss Dissociation may impair processes that aid in recovery from elevated levels of post-loss distress, or be the marker of underlying emotional processing difficulty that may predispose to Complicated Grief. Successful mourning requires that the permanence of the loved one's death be recognized and its consequences evaluated.[5,6] Peri-Loss Dissociation may prevent bereaved individuals from processing information related to the loss and, consequently, from accepting the finality of loss.
In our case, we found that the patient presented early during the course of her illness and maintained regular follow-up. Building proper rapport with patient and relatives was essential for monitoring her symptoms prospectively, whether she develops Complicated Grief symptoms, which is essential for better treatment outcome and early remission.

CONCLUSION

Acute grief is a normal response to loss with symptoms that should not be pathologized. Although refraining from unwarranted diagnosis is important in evaluating a bereaved person, the need for treatment must also be considered. About 10% of bereaved people develop Complicated Grief, a condition with a unique constellation of symptoms, unique risk factors and course of illness that requires a specific targeted treatment. The presence of Peri-Loss Dissociation might be an important feature of Complicated Grief, either alone or as a marker of emotional processing difficulties, and predictive of better outcome with various treatment approaches for which further prospective studies are warranted.

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