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WHEN TIME DOESN'T HEAL: A CASE REPORT ON THE USE OF TRAUMA PROCESSING THERAPY FOR PROLONGED GRIEF DISORDER MISDIAGNOSED AS DYSTHYMIA

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CASE REPORT **OPEN ACCESS**

ABSTRACT

Introduction: Prolonged grief disorder (PGD) can be mistakenly diagnosed as other mood disorders, leading to ineffective treatment approaches. Traditional interventions, including antidepressants and general psychotherapy, may not adequately address the underlying trauma associated with loss. The aim of this paper was to demonstrate the effectiveness of Trauma Processing Therapy (TPT) in treating prolonged grief disorder that was initially misdiagnosed as dysthymia.
Methods: A case study of a 30-year-old male with persistent depression symptoms following his father's death 24 years prior. Initially diagnosed with dysthymia and treated unsuccessfully with escitalopram and cognitive-behavioral therapy, the patient was later diagnosed with PGD. Treatment involved a single session of Trauma Processing Therapy, incorporating memory reconsolidation, ego state therapy, and hypnoanalysis techniques.
Results: Following one session of TPT intervention, the patient showed significant improvement, with Prolonged Grief Inventory scores decreasing from 54 to 11 and Beck Depression Inventory scores reducing from 61 to 10. The patient demonstrated improved emotional regulation, increased ability to engage in meaningful activities, and better acceptance of the loss. Follow-up assessments at 3 and 6 months showed maintained improvements.
Discuss: Trauma Processing Therapy enabled the client to safely confront and integrate the emotional memories surrounding his father's death, resulting in a substantial and enduring reduction in grief symptoms.
Conclusion: Trauma Processing Therapy proves effective in treating prolonged grief disorder by addressing unprocessed trauma through memory reconsolidation, leading to significant and sustained improvement in grief symptoms and overall functioning.

Keywords: Prolonged grief disorder, trauma processing therapy, memory reconsolidation, ego state, dysthymia..

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INTRODUCTION

Bereavement is a common experience, yet, for many individuals, profound grief endures, causing significant distress and impairment, perhaps qualifying as a separate mental disorder.[1] Prolonged grief disorder is defined by primary symptoms include yearning for and fixation on the deceased, accompanied by emotional turmoil and considerable functional impairment that endure for over six months following the loss of a significant other.[2] The diagnosis of extended mourning disorder can be difficult, as it may be erroneously classified as other mood disorders, such as dysthymia.[3]

In this case report, we present the case of a patient who was initially diagnosed with dysthymia but was later found to be suffering from prolonged grief disorder.

Extended sorrow may be an intensely stressful experience for persons attempting to manage the loss of a significant partner. The profound and enduring emotions of sadness, yearning, and psychological turmoil linked to chronic grief disorder can substantially affect an individual's general well-being and daily functioning.

Trauma processing therapy, a specific method addressing the traumatic elements of loss-related memories, resulted in substantial enhancement of the patient's symptoms and general functioning. Trauma Processing Therapy is a new therapeutic

approach that synthesizes elements from Memory Reconsolidation, Ego State Therapy, and Hypnoanalysis. TPT seeks to confront the traumatic elements of grief and loss by promoting the reconsolidation and integration of maladaptive emotional memories linked to the bereavement experience.

This case study aims to illustrate the efficacy of Trauma Processing Therapy in treating chronic mourning disorder unresponsive to traditional therapeutic methods, including antidepressants and general psychotherapy.

METHOD

Case Presentation

Patient Identity and History

The patient, a 30-year-old male, exhibited enduring depression symptoms, comprising low mood, anhedonia, fatigue, a sense of purposelessness, and impaired focus. He stated that these symptoms occurred shortly after the unforeseen demise of his father from illness 24 years prior. The patient was initially diagnosed with dysthymia and treated with selective serotonin reuptake inhibitors; nonetheless, his symptoms had not appreciably improved over the years. The patient was prescribed escitalopram 10mg daily and participated in cognitive-behavioral treatment, although he did not observe any substantial enhancement in his symptoms. All research procedure has been declared ethical by ethics committees in the Medicine Faculty, University of Brawijaya (Ethical clearance No.135/EC/KEPK/07/2020).

Reevaluation and Prolonged Grief Disorder Diagnosis

The patient was evaluated for prolonged grief disorder utilizing standardized diagnostic criteria during a reassessment. The patient's enduring sadness, characterized by profound longing and fixation on his father's demise, along with considerable functional impairment in daily activities, fulfilled the criteria for extended mourning disorder. Prolonged Grief - The score of 54 significantly exceeds the diagnostic threshold of 30, while the BDI - II score of 61 indicates severe depression.

The patient said that he had never adequately processed the devastating elements of his father's death, resulting in grief that had become a persistent and overwhelming presence in his life.

Therapeutic Approach: Trauma Processing Therapy

Core Principles of Trauma Processing Therapy (TPT)

Trauma Processing Therapy utilizes a memory reconsolidation method to help patients alter their emotional reactions to grief-related experiences. This method entails retrieving and reprocessing the emotional memories linked to the traumatic loss, aiming to promote the integration and change of maladaptive emotional reactions. Memory reconsolidation is a neuroscientific concept indicating that memories may be altered upon retrieval.[5,6] This method enables the modification or alteration of existing memories, opposing the conventional perspective of memory as a static construct. Upon retrieval, a memory becomes temporarily unstable or labile, allowing it to be reconsolidated into a new, more adaptive form.

The mechanism can be summarized as follows:

1. Retrieval: When a memory is retrieved, the neural pathways encoding the memory are reactivated, making the memory temporarily malleable, rather than simply replaying it like a video.
2. Destabilization: The act of retrieval makes the memory trace unstable, which is crucial for allowing modifications.
3. Modification/Consolidation: During this labile period, new information or experiences can be incorporated into the existing memory, altering its content or emotional associations. This updated memory is then reconsolidated, meaning it is stored again in its modified form.[7-9]

In the context of prolonged grief, traumatic memories associated with the loss are frequently recalled involuntarily, eliciting profound sadness, longing, or avoidance behaviors. Conventional therapy may alleviate symptoms but frequently do not directly alter the emotional essence of these memories.[10,11] This process has considerable ramifications for therapy, especially in instances of trauma or extended grieving. Memory reconsolidation provides a therapeutic opportunity to modify the emotional intensity of a memory, so diminishing its influence on the individual's current experience.

Therapy, via memory reconsolidation, transcends basic emotional control in extended mourning by facilitating the elimination of uncomfortable emotional reactions associated with grief-related memories. This indicates that, instead of merely managing or enduring grief, the emotional anguish linked to loss can be profoundly altered at the brain level. The objective is not for the client to erase their loved one or the associated memories, but to emancipate these memories from the debilitating anguish that has ensnared them in prolonged grief. By altering the emotional intensity of these recollections, the client can recall their loss without being overwhelmed by anguish, facilitating a more adaptable and serene assimilation of their past into their current existence.[12,13]

The therapy incorporates Ego State Therapy and Hypnoanalysis to address the dissociative or fragmented components of the patient's mourning experience. In numerous instances of extended sorrow, certain aspects of the self stay emotionally anchored in the past, unable to reconcile with the loss, while other aspects strive to progress. This internal conflict may present as chronic emotional turmoil, evasion, or unresolved attachment to the deceased.

Ego State Therapy assists in recognizing and engaging dissociated components, promoting communication and integration within the individual. From a hypnoanalysis standpoint, the therapist can identify situations where the client must address unresolved issues, unexpressed emotions, or unfulfilled desires. By resolving these unresolved issues, the client is relieved of the load of enduring pain.

The incorporation of these strategies within the memory reconsolidation framework offers a thorough method to assist patients in alleviating the debilitating impacts of protracted grieving and restoring a sense of completeness and progress in their lives.

Therapy Procedure

The first step in the therapy process involves assessing the patient's overall functioning and establishing a foundation of emotional stability and regulation. Therapists must conduct a comprehensive evaluation to confirm the diagnosis of prolonged grief disorder and rule out any other co-occurring

mental health conditions. This includes establishing safety through grounding and emotional regulation techniques.

1. Comprehensive evaluation of grief symptoms, trauma history, and current functioning.[14,15]
2. Psycho-education on grief, trauma, and the therapy approach
3. Establishment of safety, stabilization, and emotional regulation skills.[15]

Once the patient has developed a basic capacity for emotional management, the core work of trauma processing can begin.

The core of the trauma processing therapy involves accessing and reprocessing the grief-related memories through the use of Ego State Therapy and Hypnoanalysis. This approach helps the patient connect with the different parts or "ego states" of themselves that are still trapped in the painful emotions associated with the loss.

Trauma Processing Therapy utilizes Ego State Therapy to:

1. Identify and engage the different ego states that hold unresolved grief inside the memories of loss, addressing the memories and the ego state one by one.
2. Helping the client to fulfill the needs of all conflicting parts, especially the grieving part.
3. Integrate these parts into a cohesive self-identity in present moment, reducing internal distress and emotional fragmentation.

Utilizing hypnoanalysis, the therapist can investigate unresolved trauma or unmet needs that may be influencing the patient's prolonged grief experience. By engaging with these grief-related memories during the reconsolidation window, the therapist can facilitate the patient's ego state within the memories, directing them to alter the uncomfortable emotional associations.

Through memory reconsolidation, the patient can integrate and relearn thoughts, actions, and emotional responses associated with the loss. This allows people to progress and reintegrate into their lives, reinstating significant relationships and a sense of completeness that had been disrupted by the tragedy of their loved one's demise.

Considering the optimal one-hour interval for memory reconsolidation, the therapist becomes more actively involved during this period. They assist the client in recognizing and actualizing some aspect of oneself that has been confined within the recollections of loss. The distinction between ego state therapy and TPT lies in the necessity for therapists to implement direct interventions to alter the emotional valence of bereavement memories, rather than merely promoting discourse among ego states.

Table 1. The Trauma Processing Therapy Procedure

Phase 1	Stabilization, Collecting Traumatic Memories, Rapport, Psychoeducation
Phase 2	Willingness to Process
Phase 3	Processing Traumatic Memories
Phase 4	Uninterrupted Cycle

Once all the distressing traumatic memories related to the grief process have been identified, the client is asked to select them one by one, starting with the most disturbing.The second stage, after selecting the memory, involves guiding the client to recognize whether any part of themselves resists processing the memory. This resistance may stem from fears such as losing the memory altogether, believing that grief is the only way to stay connected to their loved one, or struggling to imagine life without grief. If doubts or fears arise about processing the grief, these resistant parts must be acknowledged and negotiated before moving forward with memory processing. Addressing these concerns ensures that all parts of the self are aligned in allowing healing to take place.

During the third phase, the client is guided to bring the memory into focus as vividly as possible and recognize the part of themselves that is grieving within it. The next step involves exploring what this grieving part needs in order to heal.

Through active imagination, the client engages with this part and works to fulfill its unmet needs. After addressing and meeting these needs, the client is encouraged to take deep breaths to help regulate their body and integrate the emotional shifts that have occurred. In contrast to hypnosis that utilizes a trance state, the client remains conscious and engaged throughout the Trauma Processing Therapy process.

Once all the needs of all the conflicting and painful parts have been acknowledged and fulfilled, the client is guided to revisit the traumatic memory of their grief. If the mental image of the memory has become less vivid and no longer carries emotional pain—indicated by a Subjective Units of Distress (SUD) score of 0—it signifies that the memory processing has been successfully completedIn the final phase, called the uninterrupted cycle, the therapist guides the grieving part of the client's self back to the present moment. Toward the end of the process, the client is encouraged to view this grieving part with compassion or neutrality. If the client still feels pity or frustration, perceiving the part as weak or burdensome, it indicates that certain ego state needs remain unresolved and must be addressed before full integration can take place.

Course of Treatment

As an adult, client struggled with a persistent sense of aimlessness and lack of direction. Throughout his childhood, his father had always been there to guide and teach him, but now, with his father gone, client felt lost. He also felt unprotected and without a role model, making it difficult for him to step into his own role as a father. Even positive memories—such as playing with his father or being taught math—became painful reminders of his loss. Additionally, traumatic memories, particularly his last moments seeing his father suffer a heart attack in the hospital, remained deeply distressing.

In therapy, client was guided through memory processing by revisiting each grief-related memory one by one. He was asked to focus on each memory and identify the part of himself that was still grieving in that moment. Through active imagination,

client engaged with these younger versions of himself, recognizing their unmet needs and fulfilling them.

For example, when revisiting the traumatic memory of seeing his father die in the hospital, client initially saw the scene very vividly, with a Subjective Units of Distress (SUD) score of 10. He recalled feeling confused, scared, helpless, and lost. In therapy, he was guided to reconnect with his younger self, acknowledging these overwhelming emotions and responding to his younger self's needs. His adult self comforted his younger self, provided reassurance, and imagined receiving a final message from his father, affirming that he was still protected even in his father's absence. client also came to recognize that he still had a role model—his own adult self—who could now provide the guidance he once sought from his father.

Through this process, client was able to repair the rupture in his attachment caused by the loss and reestablish a meaningful connection with his deceased parent. The therapist targeted the healing of the attachment rupture stemming from the loss, which is distinct from solely utilizing cognitive processes. This approach aimed to facilitate healing from within the attachment system.

With each step of this process, client was instructed to take deep breaths, allowing his body to regulate and release the arousal linked to the memory. As the needs of his younger self were all met, client was asked to look at the memory again. This time, the image of the memory had changed—it became distant, blurry, and fragmented—and his SUD score dropped to 0.

client then proceeded to work through other painful grief-related memories, one by one, until no distressing memories remained. Through this process, he was no longer burdened by unresolved grief, allowing him to integrate his father's memory without emotional suffering and regain a sense of direction in his life.

RESULT

After completing single session of trauma processing therapy, the patient reported a significant reduction in her grief-related symptoms and an improved ability to manage her emotions surrounding her father's death. She was able to recall memories of her father with less emotional distress and could envision a future without him with a greater sense of acceptance and meaning.[16]

Some key outcomes and improvements included:

1. Decreased Prolonged Grief Inventory score from 54 to 11. Clinical improvements in the patient can be see.
2. Reduced Beck Depression Inventory score from 61 to 10, Significant reduction in pathological grief symptoms.
3. Increased ability to engage in meaningful activities and relationships
4. Increased ability to accept the loss.
5. Recalling the cherished memories of his father's love and teachings during his lifetime brought the client a sense of joy.

This case demonstrates the effectiveness of trauma processing therapy in treating a complex presentation of prolonged grief disorder that had been misdiagnosed as dysthymia. By addressing the unprocessed trauma associated with the loss, the patient was able to grieve fully, integrate the death of his father, and regain a sense of purpose and connection in his life.

Follow up assessments at 3 and 6 months continued to show maintained improvements, indicating the lasting benefits of this integrative therapy approach. Through memory reconsolidation, the client can sustain improvements effortlessly, as the distressing memory has been fully processed and stored in long-term memory without its original emotional charge. This ensures that the healing is lasting, without the need for continuous effort to regulate or suppress the emotional response.

While more research is needed, this case highlights the potential of trauma-informed, memory-focused interventions in treating complicated grief.

DISCUSS

Prolonged Grief Disorder and dysthymia can present with similar symptoms, such as persistent low mood, lack of interest, and functional impairment, which can lead to misdiagnosis.[17] Dysthymia is a form of chronic depression, while PGD is characterized by an acute grief response that becomes stuck and fails to resolve over time.[18]

PGD may be mistaken for dysthymia when the grief symptoms do not resolve after the typical grieving period of 6-12 months. However, the two conditions have distinct etiologies and treatment approaches.

Dysthymia is typically treated with long-term antidepressant medication and supportive psychotherapy, while PGD requires targeted interventions to process the traumatic grief response and integrate the loss.[19]

The existing literature supports the effectiveness of memory-focused, emotion-centered interventions for PGD. Conventional treatments like antidepressants and cognitive-behavioral therapy are commonly used for mood disorders but often fail to provide adequate relief for individuals with Prolonged Grief Disorder. This is due to several factors:

PGD is rooted in the inability to integrate the loss into the individual's self-narrative. Standard CBT techniques, which focus on cognitive restructuring and behavioral activation, may not effectively address the deep-seated attachment trauma underlying PGD.[17,20]

Antidepressants target neurochemical imbalances but do not modify maladaptive emotional memories. Since PGD involves distressing grief memories that persist over time, a treatment approach targeting memory reconsolidation is necessary. Many individuals with PGD suppress or avoid fully experiencing grief-related emotions. Conventional therapy approaches may not effectively engage these suppressed emotions, leaving the core trauma unresolved.[21]

In this case, Trauma Processing Therapy enabled the client to safely confront and integrate the emotional memories surrounding his father's death, resulting in a substantial and enduring reduction in grief symptoms. This underscores the significance of a therapeutic approach that addresses unresolved grief through memory reconsolidation as an effective treatment for prolonged grief disorder. Moreover, this case emphasizes the limitations of conventional treatments that primarily focus on the symptoms of depression or anxiety,

neglecting the core grief-related memories and unresolved attachment issues.

The success of TPT in this case suggests that memory reconsolidation could be a pivotal mechanism in resolving PGD. However, further research is necessary to examine TPT on a broader population scale to determine if these findings can be generalized.

CONCLUSION

Prolonged Grief Disorder is distinct from chronic depression and requires a tailored therapeutic approach. This case demonstrates the effectiveness of a trauma-informed, emotion-focused intervention in treating PGD that had been misdiagnosed as dysthymia.

Trauma Processing Therapy has been shown to be an effective intervention in cases of PGD that are resistant to conventional treatment. By directly addressing the unprocessed grief response and facilitating memory reconsolidation, this approach can lead to significant and lasting improvements in grief symptoms and overall functioning.

Memory reconsolidation-based approaches, which target the underlying unresolved grief and attachment trauma, are crucial for effectively resolving prolonged grief. While further research is needed, this case highlights the potential of trauma-informed, emotion-centered interventions in the treatment of this debilitating condition.

Conflict of Interest:
The author declares that there is no potential conflict of interest regarding the research, authorship, or publication of this article. The findings and conclusions presented in this paper are based solely on the author's clinical experience and the available literature, without any influence from external parties.

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