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Case Report

Establishing the level of mental suffering as a phase of therapy of an acute psychogenic reaction

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Abstract:

The psychogenic cause of the disorder is acute suffering, which suddenly arose in connection with the illegal behavior of her closest friend, who refused to return a significant amount of borrowed funds, which the patient needed for her future life, on which she was counting on, within the period specified in the contract. The traumatic event is complicated by accompanying adverse circumstances, which include the loss of work and means of livelihood in combination with the loss of a husband during pregnancy, birth and child care. As a result, the patient experienced deep mental suffering. Psychotherapeutic rehabilitation and correction of mental states should be aimed at eliminating psychotraumatic factors established during the examination, which include nervous (mental) shock, damage to health, prolonged stress, disruption of life plans in social, intimate and household spheres. It requires a reduction in the intensity of mental functioning and mental suffering, which causes a pronounced asthenic state, depressed mood and poor well-being.

Keywords: acute suffering; traumatic event; psychotherapeutic rehabilitation and correction; tension of mental functioning; depressed mood; poor health

Introduction

An acute physiological and psychological response to stress in youth with a clinically high risk of developing psychosis is highlighted in a study by E.E. Carol, R.L. Spencer and V.A. Mittal[1]. Researchers note that psychotic disorders are extremely debilitating, chronic, and costly illnesses, but there is now a drive to identify reliable markers that allow early detection and treatment, which can then significantly improve the disorder's long-term progression and outcomes. E. Gussmann, S. Lucae, P. Falkai, F. Padberg, S. Egli, and J. Kopf-Beck [2] are developing mechanisms of therapy for acute psychiatric patients with psychotic symptoms based on intervention mapping. To guide intervention development, these researchers used intervention mapping (IM) and a six-step framework for developing evidence-based health interventions. Establishing intractable psychiatric distress in the context of medical assistance in dying in the Netherlands is highlighted in a qualitative study by Sisco M.P. van Veen, Andrea M. Ruissen, Aartjan T.F. Beekman, Natalie Evans and Guy A.M. Widdershoven [3]. Important treatment challenges included assessing the quality of past treatment, determining when treatment limits have been reached, and managing “treatment fatigue”. Based on the results of this study, our establishment of the level of emotional distress as a phase of therapy for an acute psychogenic reaction involved the avoidance of previous treatment methods that did not achieve the desired effect.

The first-line management of psychogenic non-epileptic seizures (PNES) in adults in the emergency, presented by Dènahin Hinnoutondji Toffa, Laurence Poirier & Dang Khoa Nguyen [4], reveals the dangers of diagnostic error in the first phase of therapy. Distinguishing non-epileptic events, especially psychogenic non-epileptic seizures (PNES), from epileptic seizures (ES) constitutes a diagnostic challenge. Misdiagnoses are frequent, especially when video-EEG recording, the gold-standard for PNES confirmation, cannot be completed. The issue is further complicated in cases of combined PNES with ES. In emergency units, a misdiagnosis can lead to extreme antiepileptic drug escalade, unnecessary resuscitation measures (intubation, catheterization, etc.), as well as needless biologic and imaging investigations. Outside of the acute window, an incorrect diagnosis can lead to prolonged hospitalization or increase of unhelpful antiepileptic drug therapy. Early recognition is thus desirable to initiate adequate treatment and improve prognosis[4].

Cornaggia CM, Piscitelli D, Beghi E, Diotti S, Magaudda A, Mazzucchelli M, Perin C, Peroni F, Erba G, Beghi M. [5] вказують на основні відмінності in the semantic expressions used by patients

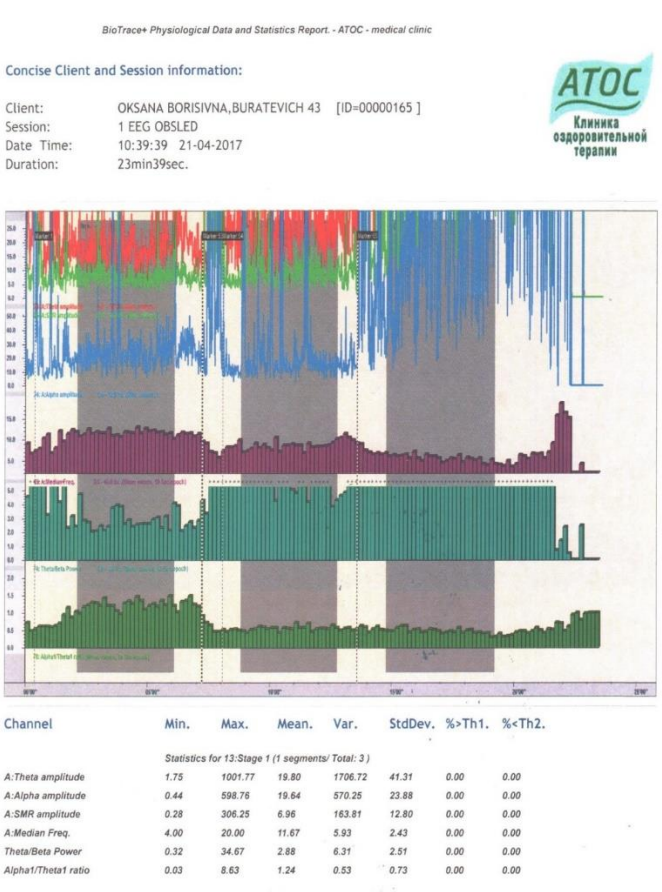
with psychogenic non-epileptic seizures (PNES) and epileptic seizures (ES). In reference to the body as a phenomenological entity, in ES the concept of the body-object prevails while in PNES the body, with all its life attributes, predominates. In description of seizures and in similitudes and metaphors used, ES patients focus on the description of the attack, trying to close the "gap" with a big effort, while patients with PNES concentrate on the context and on the presence of bystanders. Patients with PNES are unable to describe their own attack, since this it is not at the core of their distress, but rather the manifestation of something else, which is hiding the extreme anguish associated with experiences of the past that cannot be revealed (expressed). In the case of ES, instead, the ability to talk and the willingness to elaborate on the emotions become useful tools for facing the disease, an entity perhaps unsurmountable but at least manageable, to the benefit of everyone. In general, we can say that the experience of a disease (real or symbolic) deserves constant attention because it gives us the opportunity not only to probe the depth of the emotional experiences but also the psychic structure of the individual in front of us. A cure would not be a cure without considering such fundamental elements. It would become a sterile exercise of prescribing medications without paying attention to the person, which is the best way of preserving dignity in a state of illness [5]. Thus, the differential diagnosis of the main forms of acute psychogenic conditions has its established ways of distinguishing and at the same time requires further study.

Case Report

A 43-year-old patient with a reduced vital functioning at the time of the examination, depressed mood, which was noted by the subject herself, and well-being, decreased blood pressure 98/65, pulse 68, sought help from the Clinic for Active Therapy of Special Conditions. The psychogenic reason for the visit was the patient described the acute suffering that suddenly arose in connection with the illegal behavior of her closest friend, who refused to return a significant amount of borrowed funds, which the patient needed for her future life, on which she was counting on, within the period specified in the contract. The traumatic event is complicated by accompanying adverse circumstances, which include the loss of work and means of livelihood in combination with the loss of a husband during pregnancy, birth and child care. As a result, the patient experienced deep mental suffering.

Discussion

The results of the conducted psychological research, the basis of which are objective psychophysiological indicators recorded by the "NEXUS - 10" Mark-II device manufactured by the Kingdom of the Netherlands), are presented in multiparametric table 1 Multiparameter table 1



BioTrace+ Physiological Data and Statistics Report. - ATOC - medical clinic

Concise Client and Session information:

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Session: 1 EEG OBSLED
Date Time: 10:39:39 21-04-2017
Duration: 23min39sec.

ATOC Клиника оздоровительной терапии

Channel	Min.	Max.	Mean.	Var.	StdDev.	%>Th1.	%<Th2.
Statistics for 13:Stage 1 (1 segments/ Total: 3)							
A:Theta amplitude	1.75	1001.77	19.80	1706.72	41.31	0.00	0.00
A:Alpha amplitude	0.44	598.76	19.64	570.25	23.88	0.00	0.00
A:SMR amplitude	0.28	306.25	6.96	163.81	12.80	0.00	0.00
A:Median Freq.	4.00	20.00	11.67	5.93	2.43	0.00	0.00
Theta/Beta Power	0.32	34.67	2.88	6.31	2.51	0.00	0.00
Alpha1/Theta1 ratio	0.03	8.63	1.24	0.53	0.73	0.00	0.00

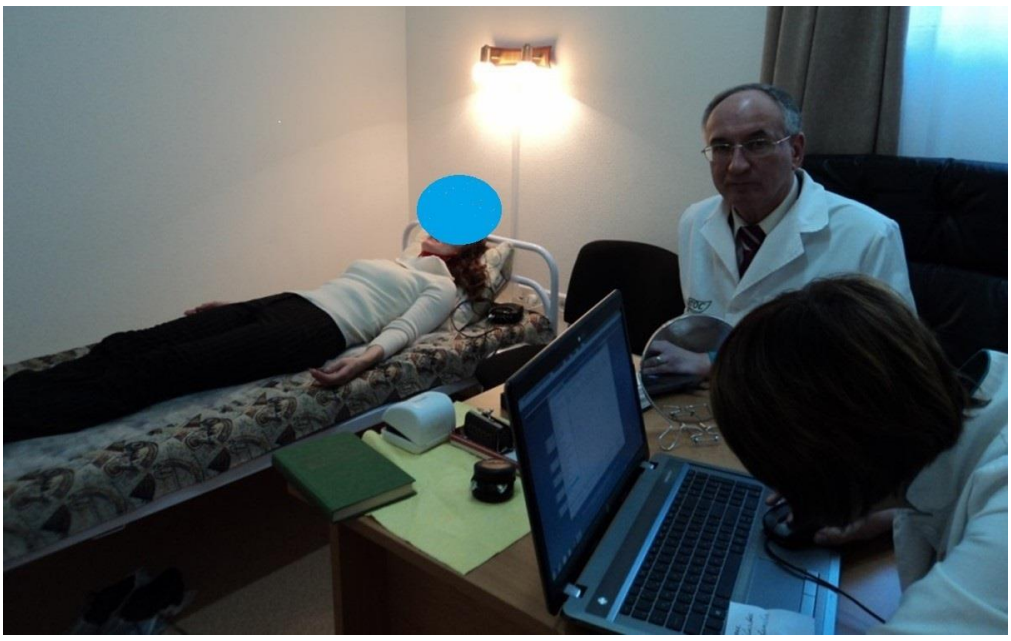
BioTrace+ Physiological Data and Statistics Report. - ATOC - medical clinic

Channel	Min.	Max.	Mean.	Var.	StdDev.	%>Th1.	%<Th2.
	Statistics for 14:Stage 2 (1 segments/ Total: 3)						
A:Theta amplitude	1.70	1939.78	45.46	14001.75	118.33	0.00	0.00
A:Alpha amplitude	0.39	1047.22	21.76	4092.02	63.97	0.00	0.00
A:SMR amplitude	0.28	617.64	13.24	1564.90	39.56	0.00	0.00
A:Median Freq.	3.00	27.00	8.44	9.85	3.14	0.00	0.00
Theta/Beta Power	0.34	77.36	6.94	46.33	6.81	0.00	0.00
Alpha1/Theta1 ratio	0.03	4.03	0.56	0.15	0.38	0.00	0.00
	Statistics for 15:Stage 3 (1 segments/ Total: 3)						
A:Theta amplitude	9.40	35861.44	468.16	2959400.87	1720.29	0.00	0.00
A:Alpha amplitude	1.70	36598.90	180.95	1002106.82	1001.05	0.00	0.00
A:SMR amplitude	1.26	23601.02	105.33	527004.71	725.95	0.00	0.00
A:Median Freq.	2.00	21.00	5.58	4.01	2.00	0.00	0.00
Theta/Beta Power	0.93	1387.95	30.05	7689.18	87.69	0.00	0.00
Alpha1/Theta1 ratio	0.02	3.30	0.49	0.11	0.33	0.00	0.00

From the multiparametric table 1, recorded by the NEXUS-10 device ("NEXUS-10" Mark-II, manufactured by the Kingdom of the Netherlands), the results of 3 reproduced mental states, sequentially caused by operative psychotherapeutic intervention, can be seen:

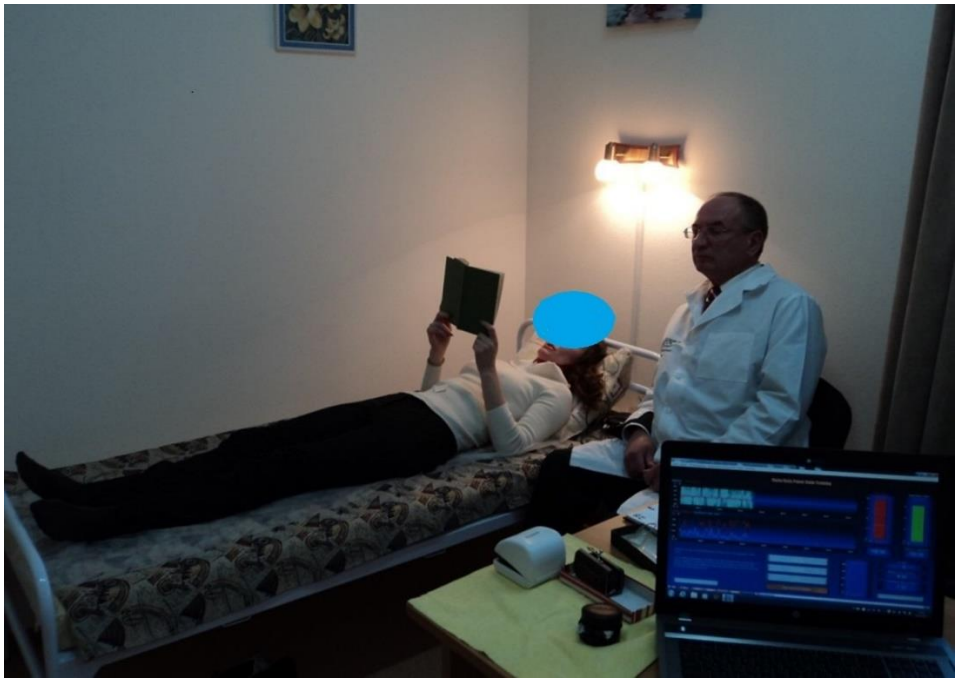
1. The usual mental state of rest of the patient in a lying position without performing intellectual and emotional-volitional actions, recorded in photo 1.

Photo 1



2. The habitual mental state of performing intellectual and emotional-volitional actions. The patient reported that the most familiar and attractive daily activity for her is reading independently selected works of art. The patient was offered fiction to read, one of which she chose on her own. The reading of a prose fiction text chosen by the patient according to her own preferences is recorded in photo 2.

Photo 2



3. Psychotherapeutic intervention: reproduction of the event of acute suffering, which suddenly arose in connection with the illegal behavior of her closest friend, who refused to return a significant amount of borrowed funds, which the patient needed for her future life, on which she was very much counting, within the period specified in the contract, recorded in photo 3.

Photo 3

The results of the dynamics of the patient's mental states during the psychotherapeutic intervention are presented in Tables 1-3.

Channel	The value of statistical indicators:				
	minimal	the maximum	average	variability	standard deviation
1	2	3	4	5	6
Theta amplitude	1.75	1001.77	19.80	1706.72	41.31
Alpha amplitude	0.44	598.76	19.64	570.25	23.88

SMR amplitude	0.28	306.25	6.96	163.81	12.80
Median Freq.	4.00	20.00	11.67	5.93	2.43
Theta/Beta Power) – a marker of the ability to concentrate	0.32	34.67	2.88	6.31	2.51
Alpha1/Theta1 ratio	0,03	8,63	1,24	0,53	0,73

Table 1: The usual mental state of rest of the patient in the supine position without performance intellectual and emotional-volitional actions

As evidenced by the data presented in Table 1, the variability indicators of Theta and Alpha rhythm are 1706.72 and 570.25, respectively, which indicates excessive internal tension, inability to relax, transition to an intermediate state between alertness and sleep, which slows down in the range Alpha rhythm of brain waves from 8 to 13 and Theta rhythm from 4 to 8 Hz, while the average value of the detected indicators exceeds these norms. The obtained data objectively confirm the subjectively declared reduced vital functioning at the time of the examination, the depressed mood noted by the patient, and well-being, which was also confirmed by the blood pressure tonometry of 98/65 with a heart rate of 68.

Channel	The value of statistical indicators:				
	minimal	the maximum	average	variability	standard deviation
1	2	3	4	5	6
Theta amplitude	1.70	1939.78	45.46	14001.75	118.33
Alpha amplitude	0.39	1047.22	21.76	4092.02	63.97
SMR amplitude	0.28	617.64	13.24	1564.90	39.56
Median Freq.	3.00	27.00	8.44	9.85	3.14
Theta/Beta Power) – a marker of the ability to concentrate	0.34	77.36	4.94	46.33	6.81
Alpha1/Theta1 ratio	0,03	4,03	0,56	0,15	0,38

Table 2: The habitual mental state of performing intellectual and emotional-volitional actions from independent reading of prose fiction texts chosen by the patient according to her own preferences

A comparison of the data presented in Tables 1 – 2 objectively indicates excessive internal tension, the inability to relax, which exhausted the functioning of the patient's body for a long period of time, associated with suffering (moral damage) in the conditions of a situation of long waiting for debt repayment. The value of the obtained results of the variability of the statistical indicators of the study according to both tables 1 - 2 is a basic indicator of life functioning in the patient's usual mental states, not related to the event of acute suffering, which suddenly arose in connection with the illegal behavior of her closest friend, who refused within the period specified in the contract, to return a significant amount of borrowed funds, necessary for the patient's further life, on which she was counting a lot. According to the examination channels, these indicators have the following average values:

Theta amplitude: 1706.72+14001.75=15708.47:2=**7854.24**;

Alpha amplitude: 570.25+4092.02=4662.27:2=**2331.13;**

SMR amplitude: 163.81+ 1564.90 =1728.71:2=**864.36;**

Median Freq: 5.93+9.85=15.78:2=**7.89**;

Theta/Beta Power – a marker of the ability to concentrate:

6.31+46.33=52.64:2=**26.32**;

Alpha1/Theta1 ratio: 0,53+0,15=0,68:2=**0,34**.

Evidence of the validity of the obtained data is the detected increase in the variability of the statistical indicators of the marker of the ability to concentrate attention during reading compared to the state of silent rest by 7.34 times, predominant brain frequency by 1.7 times, sensorimotor rhythm by 9.6 times, Alpha rhythm by 7.2 times, Theta- rhythm by 8.2 times. In general, the obtained data reflect the usual mental functioning within the everyday mental states of performing intellectual and emotional-volitional actions and the patient's mental state of rest, necessary for rest. The total coefficient of variability of the patient's mental functioning as the sum of the research indicators for all 6 channels is 1847.38 statistical units. The general coefficient obtained in this way makes it possible to compare with the corresponding generalized data the mental state of the patient's reproduction of the event of acute suffering, which suddenly arose in connection with the illegal behavior of her closest friend, who refused to return a significant amount of borrowed funds needed by the patient within the period specified in the contract for the future life, which she was counting on a lot. These data are presented in Table 3.

Table 3

The patient's reproduction of the event of acute suffering, which suddenly arose in connection with the illegal behavior of her closest friend, who refused to return a significant amount of borrowed funds, which the patient needed for her future life, on which she was very much counting on, within the period specified in the contract

Channel	The value of statistical indicators:				
	minimal	the maximum	average	variability	standard deviation
1	2	3	4	5	6
Theta amplitude	9.40	35861.44	468.16	2959400.87	1720.29
Alpha amplitude	1.70	36598.90	180.95	1002106.82	1001.05
SMR amplitude	1.26	23601.02	105.33	527004.71	725.95
Median Freq.	2.00	21.00	5.58	4.01	2.00
Theta/Beta Power) – a marker of the ability to concentrate	0.93	1387.95	30.05	7689.18	87.69
Alpha1/Theta1 ratio	0,02	3,30	0,49	0,11	0,33

Summarizing the objective data presented in Table 3 about the mental state of the patient's reproduction of the event of acute suffering, which suddenly arose in connection with the illegal behavior of her closest friend, who refused to return a significant amount of borrowed funds, which the patient needed for later life, on which she greatly counted, made it possible to determine the total coefficient of variability of mental functioning as the sum of the research indicators for all 6 channels, which, according to the given table, amounts to 749367.62 statistical units, which exceeds the usual mental functioning within the limits of everyday mental states of intellectual and emotional-volitional performance actions and the patient's mental state of rest necessary for rest in 405.64 times.

Nervous (mental) shock

As a result of the actions of the closest friend, aimed at not repaying the debt by terminating contacts with the patient, the latter suffered mental suffering caused by a severe mental state of frustration (failure to achieve what was expected), inversely proportional to the previous psychological state of friendly trust in the defendant. Frustration or disappointment in her friend began to develop in the patient immediately after committing the act of borrowing and was expressed in painful doubts and feelings of loss, which were confirmed in the actions of the lost friend.

The actions of the closest friend, aimed at non-repayment of the debt, were unexpected for the patient, which caused her acute mental suffering.

It's bad for your health

The closest friend's actions resulted in damage to the patient's health, caused by excessive internal tension, the inability to relax, which exhaustingly affects the functioning of the body for a long period of time, associated with suffering (moral damage) in the conditions of a situation of long waiting for the return of the debt, which ended frustration An objectively recorded excess of the patient's usual mental functioning within the daily mental states of performing intellectual and emotional-volitional actions and the patient's mental state of rest by 405.64 times. This objectively confirms the subjectively declared reduced vital functioning at the time of the examination, the depressed mood noted by the patient, and well-being, which was also confirmed by blood pressure tonometry.

Prolonged stress exposure

The emotional suffering that the patient experienced in connection with the behavior of her closest friend towards her has a prolonged psychotraumatic effect, which continuously develops along the lines of a typical Parfen reaction or a situation of uncertainty, which affects the nervous system the most. The intense stressful impact of the situation created by her closest friend on the patient, which has been prolonged until now, has the following main reasons for her mental suffering:

1. The patient's constant awareness of the psychological loss of her ex-girlfriend, complicated by the awareness of the insidious deception of her own expectations and hopes for the continuation of friendly relations:

2. The psychotraumatic behavior of the closest friend, who stopped contact with the patient after receiving a loan from her, caused her moral humiliation as a person without money who does not deserve any attention in the future.

3. The patient's long-term mental suffering is associated with a generalized feeling of helplessness in the absence of the borrowed amount of money in difficult life circumstances, in case of which this money was accumulated: loss of work and means of livelihood in combination with the loss of a husband during pregnancy, birth and child care.

Disruption of life plans in the social, intimate and household spheres spheres

As a result of the actions of the closest friend, the patient's life plans were disrupted, and she lost the means to support her main business activity and, as a result, the means for her own existence. In order to provide the means for her existence, the patient was forced to rely on her husband, which led to her loss of her own financial independence and thus a violation of equality in relations with him, which led to mental suffering caused by being in the humiliating position of a woman dependent on her husband's financial support . The lack of financial resources affected these relationships, which, in combination with the contradictions of the spouses in the perception of pregnancy, led to their divorce, and also caused mental suffering to the patient during the period of gestation, childbirth and the necessary household support for the life of the born child in the absence of the necessary funds. transferred by her as a loan to her closest friend.

Conclusion and Recommendation

The results of the psychological examination and operative psychotherapeutic intervention indicate the infliction of significant moral damage on the patient, which requires legal compensation. In response to the patient's question about the possible amount of monetary compensation for the suffering caused to her (moral damage), the fact of suffering related to her forced unemployment, loss of relationships, which she values and experiences more than the loss of money, should be taken into account. In this individual case, on the basis of the conducted psychological examination, we consider it our duty to note that the mental state of the patient in the context of events related to the situation of non-payment of debt would not have acquired the character of extremely psychologically expressed mental suffering with an excess of 405.64 times the usual mental functioning, if the patient's social (friendly) obligations were not completely violated. Compensation for the moral suffering

caused to the patient should include the cost of psychotherapeutic, medical and rehabilitation measures necessary to return to optimal life functioning. Psychotherapeutic rehabilitation and correction of mental states should be aimed at eliminating psychotraumatic factors established during the examination, which include nervous (mental) shock, damage to health, prolonged stress, disruption of life plans in social, intimate and household spheres. It requires a reduction in the intensity of mental functioning and mental suffering, which causes a pronounced asthenic state, depressed mood and poor well-being.

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