CASE STUDY

Posttraumatic Stress Disorder (PTSD) after Heart Transplant:

The Influence of Earlier Loss Experiences on Posttransplant Flashbacks*

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The incidence of posttraumatic stress disorder (PTSD) after heart transplant is about 17%, making it an important psychosocial complication. This case study discusses the relationship between early traumatizing experiences of loss and the lead symptoms of PTSD (e.g., flashbacks, nightmares). It is demonstrated how the encoding of a traumatic experience into existing representations leads not only to a reactivation of an earlier trauma, but may constitute a protective function in the processing of a PTSD.

INTRODUCTION

The way in which an organ transplant is experienced and dealt with depends considerably upon the recipient's individual psychic disposition, life history, and quality of relationships (1-3). The relationship with the organ donor has a special and unique quality that is capable of influencing the psychic state of the recipient. But the ideas that the patient may have concerning the transplanted organ may also be conceived as a symbolic representation of the donor. These psychic occurrences are frequently independent of whether the donor is real [as with a living donor], or imaginary [as with the donation from a dead person] (2). They depend on the introjection and projection mechanisms that shape the relationship of

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the self to the "external reality" and the "internal objects" as described in object relationship theory (4, 5).

In the following case study, the connection between an earlier traumatic bereavement and the psychical working out of the transplant in the form of flashbacks, dreams, and specific affects will be investigated. The particularity of the present case is that the ideas and affects are not related directly to the transplant, but to the death and manner of death of the donor, which were completely unknown to the patient. We shall discuss these psychic occurrences in relation to a loss experience in the patient's life history, and show how the encoding of a traumatic experience into existing representations leads not only to a reactivation of an earlier trauma, but may constitute a protective function in the processing of a posttraumatic stress disorder (PTSD).

Before a heart transplant is performed at the University Hospital in Zurich, a psychiatric evaluation is carried out by a consultation-liaison psychiatrist on the potential recipient. Throughout the whole period before and during the transplant, supportive counseling, as well as crisis and psychotherapeutic interventions, are available. In the case of our patient, an individual psychiatric evaluation was carried out, as well as a joint discussion including the family members. A week after the transplant, the consulting psychiatrist (L.G.) was called in, because the patient was then reporting current anxiety states. The following therapy consisted of eight 50-minute sessions extending over a total of ten weeks. The last two of these took place when the patient was hospitalized for a biopsy control in the transplant center.

CASE STUDY

A heart transplant was carried out on the patient, Mrs. S., to relieve a serious cardiac insufficiency following a dilative cardiomyopathy. At that time, she was 54 years old, in a second marriage, and had three grown-up children. She had been employed as an executive clerk until the seriousness of the illness precluded further professional activity. She had suffered from depression several times between the ages of 30 and 36. The divorce from her first husband and the death of her mother had led to two inpatient psychiatric treatments. Since then, she had been in outpatient psychiatric therapy and been taking citalopram and zolpidem as required. In her second marriage, as had been the case in her first, there were sometimes violent conflicts.

A week after the heart transplant, Mrs. S. spoke of a "film" that appeared as soon as she closed her eyes or heard the characteristic

squeaking from a tramline in the vicinity of the hospital. In the film, she saw how the donor of her heart, a young man, had met his death. It concerned a road accident, and the car had a British license plate. Mrs. S. also saw the victim's family–his wife and his two children, as well as the cemetery where the donor was buried. She was absolutely certain that her new heart had been donated by this man. During the "film" she was regularly seized with a vague, agonizing fear. At night, she also dreamt repeatedly of a funeral. Conversely, she asserted that she was very happy to possess a new heart. She often lay awake at nights and felt the powerful heartbeats right up to her throat. At the same time, the thought worried her that the new heart could be taken from her and transplanted to another younger patient who was waiting for a transplant.

In the described session below (the seventh in a series of eight following the transplant) that occurred during a rehospitalization of the patient on account of a biopsy control, the connection between the fantasies pictured by the "film" and the patient's biography became clearer. After the visit to the hospital of her youngest son, the states of anxiety again appeared. In taking leave of her son, Mrs S. had embraced him with a passion that was inexplicable to her, and in the following night she dreamt of the donor's grave. Concerning this dream, she observed that as a child of about eight years she had frequently run out of the house at night. At that time her father had been killed at his job working in the construction of a road tunnel. She could not grasp that her father was suddenly dead and for weeks on end searched for him in her native village. When Mrs. S. spoke about her father, the consulting psychiatrist referred to the connection between the "film" and her father's accidental death. She wept and said that she had never recovered from his death. She associated the memories of the cemetery in which her father lay buried with the funeral of the donor, and experienced a feeling of anxiety and forlornness that resembled the anxieties that accompanied the "film."

Very distressed, she stated that she could never be alone, and for that reason perhaps had embraced her son so passionately. We now understood this scene as an expression of her fear of loss that had accompanied her since childhood.

A few days later, Mrs. S. was transferred back to the rehabilitation center. The "film" and the "burial dreams" retreated noticeably into the background. Later on, she once more resumed psychiatric treatment in her home area. Admittedly, the conflicts with her husband continued, but she felt well and appreciably more full of life than before the heart transplant.

DISCUSSION

Earlier Loss Experiences

During the eight sessions of psychotherapy, it became clear that the "film" and the dreams about the donor's death concerned the representation of a former loss. The patient's associations related to the anxiety that appeared after her son's visit indicated the connection between the "film" and her biography. In the patient's fantasy, her father killed in the accident took on the appearance of the donor. The "film" became a "re-enactment of the trauma" (6) that Mrs. S. had experienced with the loss of her father. She projected fantasies and recollections on to the donor, that were not solely grounded in current life events but in internalized relationship experiences (1, 2). Only when this connection became clearer during psychotherapy, did the shock experienced by the eight-year-old girl and her despair even decades after the death of her father become clearly detectable. Insofar as these feelings had now been brought into association with the present anxieties and fantasies, these could be treated through psychotherapy and dispersed.

Flashbacks in a Posttraumatic Stress Disorder?

The various psychic symptoms that arise after heart transplant (states of anxiety, flashbacks, recurring dreams, intensified sleep disturbances) permit the diagnosis of a post-traumatic stress disorder according to the DSM-IV. The incidence of PTSD after heart transplant is about 17.0% (7). With Mrs. S., there were also some typical risk factors of a PTSD occurring after transplant: the previous history of psychiatric illness, female gender and a relatively poor social support (8), factors that basically have a predictive value for the development of a PTSD (9).

The flashbacks in the present case study were without question of a special nature, in that they were not directly related to the transplant, but to the circumstances surrounding the death of the donor. The question arises whether such fantasies can be understood as flashbacks. In connection with the problem of "recurring recollections" T. Power and M. Dalgleish (10) have described a model for dream-related information processing. According to this, such trauma-related information "is highly incompatible with the individuals' schematic models of themselves, the world and others." This incompatibility means that: 1. the trauma-related material threatens the person's sense of self and reality; 2. it is consequently "poorly integrated into existing representations at encoding"; and 3. may lead to intrusive experiences. The fantasies expressed by the patient, however, were already partly encoded in her current representations, in

that she already knew the situation of the object loss. They not only expressed a reactivation of the traumatic effects and ideas that had been brought about by the early loss of her father, but also served as a means of overcoming the fears of death that had arisen in connection with the transplant. Since these fears were projected onto the donor and mixed with recollections concerning the loss of the father, the "film" helped to integrate the current transplant experience into the personal (self-world-objects) model. Already in 1986, F.M. Mai had observed that not only defense mechanisms, such as denial, but especially symptoms of a post-traumatic stress disorder can contribute to psychical stability after an organ transplant (12). The prerequisite for this link between the representations of the earlier trauma and present experience, however, was that the patient's psychical defense had neither succeeded in breaking the chain of associations nor in denying the fantasies relating to the donor. The "film" appeared, therefore, as a hybrid between an overwhelming and threatening intrusion in terms of a flashback, and a dissociative memory fragment in narrative form that contributed to the psychical handling of the transplant.

On the basis of the described clinical example, we examined how earlier traumas in life history can influence coping with an organ transplant, both in the shaping of conceptions about the donor and in the reoccurrence of traumatic affects that can be summarized under the syndrome of a PTSD. The duration of the eight sessions of psychotherapy is an indication of both the limits and possibilities of psychotherapeutic interventions in consultation-liaison psychiatry. In consequence, since the psychotherapy was limited in time, it did not permit a further consolidation of the described psychodynamic connections, and the processing of further psychical conflicts, such as those related to guilt feelings, remained open. As the patient denied immediate severe stress through the transplant, it cannot be said whether this denial resulted from a defense mechanism, or whether the patient felt the death of the donor to be exceptionally stressful.

In the weeks following the transplant, however, the psychotherapeutic intervention permitted an extensive resolution of the PTSD. Above all, we think that the interpretation that revealed the connection between the earlier loss experience and the current nightmares and flashbacks contributed to a psychical integration of the stressful transplant experience.

We hope that we have not only illustrated the work of psychotherapeutic care for an organ-transplant patient, but have also indicated, in the form of an exploratory case history, research prospects concerning the influence of conscious and unconscious relational aspects of the psychical

condition following a transplant, the quality of social support, and the lasting compliance stability.

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