CC BY 4.0
Attribution 4.0 International

Neprorađeno žalovanje, kumulativna trauma i razvoj PTSP-a u adolescentnoj dobi: prikaz slučaja

/ Unresolved Grief, Cumulative Trauma, and the Development of PTSD in Adolescence: A Case Report

Karla Aleksandra Župa[1], Nina Rančić[1], Anđela Kovačević[1], Neda Pleić[1], Ivona Karlušić[1], Trpimir Glavina[1,2]

[1]Klinički bolnički centar Split, Spinčićeva 1, 21000 Split, Hrvatska; [2]Katedra za psihijatriju, Medicinski fakultet, Sveučilište u Splitu, Šoltanska 2, 21000 Split, Hrvatska

/ [1]University Hospital of Split, Spinčićeva 1, 21000 Split, Croatia; [2]Department of Psychiatry, School of Medicine, University of Split, Šoltanska 2, 21000 Split, Croatia

ADRESA ZA KORESPONDENCIJU / *CORRESPONDENCE ADDRESS*:
aleksandra.zupa7@gmail.com

KLJUČNE RIJEČI / *KEYWORDS*:
žalovanje / *grief*
trauma / *trauma*
PTSP / *PTSD*
adolescent / *adolescent*

TO LINK TO THIS ARTICLE: https://doi.org/10.24869/spsih.2026.314

Posttraumatski stresni poremećaj (PTSP) u djece i adolescenata može se očitovati razvojno specifično i često atipičnom kliničkom slikom u odnosu na odraslu dob. Metaanalitički podatci pokazuju da se PTSP razvije u približno jedne petine traumatizirane djece i adolescenata, osobito nakon interpersonalne i ponavljane izloženosti traumatskim događajima. Cilj je rada prikazati razvojno različite manifestacije psihotraume u adolescentice kod koje se puna klinička slika PTSP-a razvila na podlozi kumulativne traumatizacije te višestrukih neprorađenih žalovanja nakon uzastopnih gubitaka u obitelji. Prikazuje se slučaj sedamnaestogodišnje pacijentice urednih perinatalnih podataka i psihomotoričkog razvoja, koja odrasta u cje-

Posttraumatic stress disorder (PTSD) in children and adolescents can present in a developmentally specific way, often with a clinical picture that is atypical compared with adulthood. Meta-analytic data show that PTSD develops in approximately one-fifth of traumatized children and adolescents, especially after interpersonal and repeated exposure to traumatic events. The aim of this paper is to present developmentally different manifestations of psychotrauma in a female adolescent in whom the full clinical picture of PTSD developed on the basis of cumulative traumatization and multiple unresolved grief reactions after successive losses in the family. We present the case of a seventeen-year-old patient with unremarkable perinatal history and psychomotor development, growing up in an intact seven-member family bur-

lovitoj sedmeročlanoj obitelji opterećenoj dugogodišnjim očevim alkoholizmom. U dobi od deset godina svjedočila je iznenadnoj smrti bliskog člana obitelji, nakon čega razvija somatske simptome u obliku bolova u trbuhu, mučnine i povraćanja, uz izražen osjećaj krivnje, bespomoćnosti i djelomičnu amneziju vezanu uz traumatični događaj. Nekoliko godina kasnije, nakon novoga tragičnog gubitka u bližoj obitelji, dolazi do intenziviranja tegoba u obliku migrenoznih glavobolja, anksioznosti, smetnji usnivanja i paničnih napadaja. Četiri mjeseca potom pacijentica doživljava još jedan tragičan gubitak unutar šire obitelji, nakon čega dolazi do retraumatizacije i razvoja pune kliničke slike PTSP-a s intruzivnim sjećanjima, noćnim morama, psihofiziološkom pobuđenošću, autonomnim simptomima pri podsjetnicima na traumu, psihomotoričkim nemirom, smetnjama koncentracije, zaboravljivošću i perzistentnim osjećajem krivnje. Pacijentica je upućena na psihijatrijski pregled tek nekoliko mjeseci nakon posljednjega tragičnog događaja zbog učestalih paničnih napadaja i nesanice. Prikazani slučaj ilustrira kako se posljedice traume tijekom razvoja mogu manifestirati od somatizacijskih smetnji u djetinjstvu do pune simptomatologije PTSP-a u adolescenciji. Kumulativni učinak višestrukih gubitaka, retraumatizacija i neprorađeno žalovanje vjerojatno su pridonijeli progresiji simptomatologije, što naglašava važnost ranog prepoznavanja razvojno specifičnih manifestacija traume i pravodobnog liječenja.

dened by her father's long-standing alcoholism. At the age of ten, she witnessed the sudden death of a close family member, after which she developed somatic symptoms in the form of abdominal pain, nausea, and vomiting, accompanied by a pronounced sense of guilt and helplessness and partial amnesia related to the traumatic event. Several years later, after another tragic loss in the immediate family, her difficulties intensified in the form of migraine headaches, anxiety, difficulty falling asleep, and panic attacks. Four months thereafter, the patient experienced yet another tragic loss within the extended family, leading to retraumatization and the development of the full clinical picture of PTSD with intrusive memories, nightmares, psychophysiological arousal, autonomic symptoms when reminded of the trauma, psychomotor agitation, concentration difficulties, forgetfulness, and a persistent sense of guilt. The patient was referred for psychiatric evaluation only several months after the last tragic event, due to frequent panic attacks and insomnia. The presented case illustrates how the consequences of trauma during development can manifest from somatization symptoms in childhood to the full symptomatology of PTSD in adolescence. The cumulative effect of multiple losses, retraumatization, and unresolved grief likely contributed to the progression of symptoms, underscoring the importance of early recognition of developmentally specific manifestations of trauma and timely treatment.