

Fetal Trauma Syndrome by Torture

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Summary

New clinical description for cases of children of "disappeared" [1] captive born to mothers under torture, harassment and abuse, as a special form of distress transmitted by the mother. These children had somehow the horror of torture-as state terrorism from their mothers after delivery being separated from them, and delivered by his captors to infertile couples, which generally hide their possible tort origin, especially from 1976 to 1982 period the last military dictatorship in Argentina, legally characterized. Discussed possible inclusion in the existing categories of ICD-10 WHO, making a comparison of possible diagnoses pictures descriptors: as the (F43.1, and F62.0), concluding on the need to apply to new presentation semiological pathognomonic the Persistent Personality Disorders, from within a situation of extreme stress of the mother, recognizable clinical ideosincretic the child, derived from an original uniqueness pathogenesis. This syndrome has Funcionários its singular specificity appear as identifier notoriously high sensitivity to detect children who, unaware of their history fetal spent in concentration camps of illegal detentions, whose mothers finished killed after torture. The likely impact of the violent situation in their appropriation, which would determine a new concept of "alienated identity", or "stolen personality" (psycho-legal concepts) related to the awareness that parents have their origin in tort is also suggested, that could have affected his upbringing and early education, very different from the usual way adoptions from another source. They have been added to this new confirmatory cases obtained from a current age group of 32-39 years. It has started a campaign of self-detection through the international spread of a self-administered questionnaire. At present the Association of G.a.m.a has-been recovered granddaughter No. 117.

Keywords: New persistent personality disorder; Fetal torture

Introduction

Diagnostic Originality: This is a new clinical description presented in persistent personality changes in people who had undergone in her pregnancy uterine conditions of extreme stress limits by her mother under torture, humiliation, abuse and other cruel and inhuman [2]. Unique historical background: The UN has criminalized forced disappearance as a crime against humanity, along with the misappropriation of children, which has allowed the current Argentine democratic state, reviewing the initial trials of the heads of the military together and expanded action the rest of those involved in these gross violations of human rights. This tort actions of the terrorist state was declared in the self-called Statute of the National Reorganization Process, inspired by the National Security Doctrine, adopted by several countries in the southern cone of Latin America. Within the repertoire of Mundus operandi of this terrorist state, it is not only illegally detained persons to torture, but the murdered and their bodies were buried, or are thrown into lakes and seas. Furthermore, in the case of children born in captivity of their mothers in illegal detention centers, they are delivered to known by the captors, with the aim that they were educated sterile families by parents that clear "saved ideas demon of stateless communism". These issues now repeatedly tested in these current trials with more than enough evidence and documents, overflowing the history of other countries in the world, making the Argentine case of torture, very hard match unique historical background. Therefore, it is estimated that there are probably still some 300 cases of children who do not know their real origin, now adults 32 to 39, in another global estimate of 30,000 missing adults.

Problem

Only it is advisable to propose a new clinic nomination, if the available categories in the International Classification of Diseases (ICD-10) WHO operational tool to establish mental and behavioral disorders, not included in their clinical descriptors, and guidelines for diagnostic classification. On the contrary, not be like a traditional box

or included in another taxonomy, convenience is justified by the need for a differential diagnosis, with a propaedeutic and specific treatment, and much more if we also have an etiological hypotheses. We believe prudent to recognize that, if what we are proposing have sufficient scientific evidence, this clinic would be perhaps in a category based on a detection method or auto-recognition of people who even today do not know their true origin and passage by a concentration camp.

Initial Guesses and Hypotheses

The initial complaint [3], have reflected about the impropriety of this syndrome refer promptly descriptors (F43.1) of ICD-10, as if it were a simple PTSD [4] to then perform a thorough comparison with descriptors (F62.0), persistent personality disorder after catastrophic experience (kidnapping, captivity and eminent murder) of said classifier [5]. In this last comparison, we detect significant differences, in our view justify the distinction within that category as a subclass, or the formulation of a separate class because it would primarily fetal trauma and extreme characteristics [6]. We passed the detail of these descriptors Trauma Syndrome Fetal Torture, namely:

(a) circumstantial, with downright paranoid and persecutory Delusions ideas. (Repetitive Dreams flash back guy with strong impressions in unfamiliar settings)

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(b) Feelings of belonging to another world that does not fit the surroundings. (Suspicion or concerns about family story told by relatives)

(c) stages of bipolarity, hypomania and recurrent depressions and Cyclothymia. Autopunitivas delatantes behaviors, unmotivated accidents with their own children to be confused with child abuse or neglect.

(d) generalized anxiety disorders, in some cases clearly social phobic. Undifferentiated somatoform disorders. (Avoidance of intense emotional contacts, periodic leakage or loneliness)

(e) Occasional episodes of depersonalization, and transient ego collapse. (With regional recovery, usually without the need for specialized treatment)

In the original work, also we had detailed differential diagnoses logically possible to elucidate each feature associable statement. We have now added in parentheses similar or related traits, respondents appeared in new cases.

Patients and Methods

Casuistry: being the author Researcher / Lecturer with Category III, as Project Director authorized by the Ministry of Science and Technology of the UNC, was designated by the Care Program and Former Political - prisoners victims of violence, in the National Clinical Hospital, from 2012 to the present. Therefore, it has been treated in outpatient and ward, over 100 adult patients (age range of 60-80 years), with a total of more than 1,500 hours of psychotherapy applied to disorders Persistent Personality and added, aggravated by many pathologies various torture received. It should be clarified that what was done was put into effect along with a team of professionals from various chairs and specialties such as Orthopedics, Gynecology and Pediatrics, Neurology, Semiotics, School of Medical Sciences of the UNC. This has helped him gain a broad sweep of the effects of torture, and an exceptional record of possible correlations between psychic and somatic pathology. This job position, in turn, allowed him to make contact with several children of prisoners and missing, increasing the possibility of interview, to evaluate clinically and investigate to what extent met personality profile related to the proposed syndrome. Of the eleven initial cases until 2005, you could add at least nine more, interviewed directly, with no less than three of the positive descriptors STFT. The method used is psychological semi-structured clinical interviews, in which after the free account of their ailments, proceed to question the patient about descriptors statements [7-9]. Interestingly, we interviewed two children whose mothers were detained and then released, there are conceived in captivity under torture. In both cases, existing personality traits of these individuals (one female and one male), objetivom a match of four of the five referred descriptors. Epistemic validity: this work originated in 2001 when a marriage consulting me by certain discomforts of his adopted daughter, who found no resolution despite multiple psychotherapeutic and psychopharmacological treatments. After the initial interview with this young man of 24, I was unable to establish a presumptive diagnosis. In that state of some concern I slept that night. As others have reported for similar situations, the dream came to help me, and when I woke up it became clear that I had already recorded very similar symptoms observed in other missing children conceived in captivity. Returning to interview, he confessed that in college he had suggested what might be his origin, but failed to clarify anything her parents, since they are distressed and crying I decided bespoke quote them and ask how she

got her daughter to them. There they expressed that as they could not seed after several years, connected with a military doctor of the ESMA, who in exchange for a sum of money presented them in the courtyard of a church, through a person covered by a veil, to baby a few days old, which registered as his daughter, moving to another province. From here struck me, I kept reflecting on several similar cases, reviewing the inventory of prevailing psychological symptoms, then it appeared possible regular clinical pattern, and I decided to make a detailed study, constituting a formal device clinical research, and making comparisons with the tables described in the ICD-10, already cited. Then in 2005, after establishing this configuration STFT, we have anticipated until now, the status of children appropriate in six cases in which then it was known that they were delivered by people connected with the military at the time of the dictatorship. Only one of them was able to establish genetic compatibility with genetic material Bank INADI. The remaining samples hope that donors provide families of missing genetic counterpart. Importantly, although the number of cases studied may seem very limited, the results appear very suggestive, and may even think that this proposed syndrome come to constitute a heuristic method to identify missing children through eg to questionnaire self-detection. We have made this attempt with still poor results for a proper evaluation.

Discussion and Conclusions

We recognize that the results of this study appear to be limited to the need for our country to solve a historical problem concerning the identification of subjects who were illegally appropriated their parents, and they need to know their true family of origin to enable them to reconstruct a family identity that have been stolen or

alienated. However, there can no longer be considered that, in this particular, these cases confirm once more, as primary records exist in the fetus of maternal torture, which then appear in adult life of these subjects, sometimes as flash back in repetitive dreams, and other symptoms that are configured as prototypical way, as described in the STFT. Still further, it is very likely that the emotional education of these subjects since childhood, has been impregnated by parents who hide their tort origin, transmitting them contradictory feelings that taxed his adult personality, which only eased by knowing their true origin and finally his original family.

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