

War's Shocking Events

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EDITORIAL

M. was in war for 3 years, in direct combat and, coming back at home, is subjected to such a devastating stress to get different levels of amnesia. Psychogenic amnesia, or dissociative amnesia, is a memory disorder characterized by sudden retrograde autobiographical memory loss, said to occur for a period of time ranging from hours to years. More recently, "dissociative amnesia" has been defined as a dissociative disorder characterized by retrospectively reported memory gaps. These gaps involve an inability to recall personal information, usually of traumatic or stressful nature.

M. is profoundly unable to remember personal information about himself, with lack of conscious self-knowledge which affects even simple self-knowledge, such as who he is. He is suffering psychogenic amnesia, distinguished from organic amnesia in that it is supposed to result from a non organic cause; no structural brain damage or brain lesion should be evident but some form of psychological stress should precipitate the amnesia.

He's getting a retrograde amnesia, the inability to retrieve stored memories leading up to the onset of amnesia, with absence of anterograde amnesia (the inability to form new long term memories). He is obstructed from access to episodic memory.

M. is less severely affected by other memory processes than retrograde autobiographical memory, which is taken as the hallmark of psychogenic amnesia. Doctors who visit M. are debating because the wide variability of memory impairment among cases of psychogenic amnesia raises questions about its true neuropsychological criteria, as despite intense study of a wide range of cases there is little consensus of which memory deficits are specific to psychogenic amnesia.

Psychogenic amnesia, for M., seem to be 'situation-specific', referring to memory loss for a particular incident. M. is one of soldiers returning from combat, under such stressors. Doctors say that neurological aetiology of psychogenic amnesia is controversial and also in cases of organic amnesia, where there is lesion or structural damage to the brain and this is a frequent case in wars!, caution must still be taken in defining the origin, as only damage to areas of the brain crucial to memory processing might result in memory impairment.

Doctors fail to find in M. an organic cause, so diagnosing a psychological amnesia. Psychological triggers such as emotional stress are common in everyday life, yet pure retrograde amnesia is considered very rare, while it is so frequent in very strongly stressing situation as in war combat with traumatic experiences.

M. is put on other exams, because the potential for organic damage to fall below threshold of being identified does not necessarily mean it is not present, and it is highly likely that both psychological factors and organic cause exist in pure retrograde amnesia.

M. undertake imaging techniques such as Magnetic Nuclear Resonance, Positron Emissions Tomography and Elettro-encefalo-gram, in accordance with clinical data. M. is driven to a psychology department as main, probably not short, therapy.

Doctors hope that M. will be able to talk about what had occurred to him, so trying to go out of this bad experience.