A Summarized Report
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MARGARET MAHLER 37TH ANNUAL SYMPOSIUM

RESILIENCE: TRAUMA, ADAPTATION AND GROWTH

Presenters: Boris Cyrulnik, MD
Henri Parens, MD
Steven Southwick, MD

Discussants: Melvin Singer, MD
Barbara Shapiro, MD
Susan C. Adelman, PhD

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Dr. Cyrulnik's presentation was titled "Children in War and Their Resilience". He noted that in the past only soldiers were in war but nowadays war is mainly directed against children. With advancing technology asymmetric wars involve children as soldiers, terrorism targets or victims of genocide.

Resilience may be evaluated on three levels. First: internal resources acquired during development before the trauma, as imprinted in biological memory. Second: External resources provided via parents, extended family, school and the community. Third: the meaning attributed to the event.

Internal working models build the way the child sees the trauma later, based on the quality of early relationships. Words, gestures and even mimicry can serve as wrappings for such meanings which may hinder or help the recovery. Insecure attachment may be transmitted to the child by a frightened-frightening parent and impede resilience. External models in the form of parents, family and culture create meaning in narratives they generate in telling us what happened. The manner in which an event is wrapped in a cultural myth can result in pride or shame. Parental love, faith and a coherent narrative that can be reviewed and criticized communally, create a sense of strength and belonging. After the trauma we are able to rework the meaning we attribute to the event. Our narrative identity and the memory of what happened are interwoven with stories by our relatives, our cultural myths, collective memory, testimonies, stereotypes and prejudices. Our narrative identity changes as we witness or recreate, write, probe or stage these accounts, take political actions or form cultural associations.

Recognizing Cyrulnik's notion of external models in mobilizing resiliency, Dr. Singer discussed the extent of work needed with the internal models in restoring the capacity for hope and re-establishment of libidinal connections. With repression conscious re-experiencing of the trauma surfaces in images, play and dreams and declarative memory is present. In dissociation only nonverbal body memory is stored. Children at age two may play out the excitement in age appropriate destructive fantasies. The same event may result in terror, castration anxiety, fear of death and guilt secondary to retaliation fantasies in an oedipal child. Trauma may lead to ego strengths that help with future trauma. These children may become heroic rescuers or dedicated members of "the healing professions."

In "A SELF-STUDY OF RESILIENCE - HEALING FROM THE HOLOCAUST', Dr. Parens noted that recovery in this context results from the same factors as trauma in general. Germezy's study of resilience as far back as 50 years ago, proposed three broad categories of variables. 1) personality and disposition of the child; 2) a supportive environment and family; and 3) a social support system that encourages the child's coping efforts by inculcating positive values. Other elements recognized subsequently include empathy, altruism and sublimation, cognitive, social and self regulation skills, a positive self view and the motivation to be effective in the environment. Hauser et al consider relatedness, agency and reflective-ness as central elements. Southwick et al emphasize the interplay of biology and experience as well as

optimism, flexibility, spirituality and positive emotions. We need to add a time dimension reflecting the state of the experience before, during and after the trauma. Pre-trauma parameters include self, i.e. ego and superego functions, defenses and patterns of activity, in addition to object relations and community support. Trans-trauma parameters include the nature of the trauma, its meaning, intensity and duration as well as self, object relations and community support. Post-trauma elements include self, operation of sublime defenses, family connections, mourning and reconstitution along with community support, whether cultivated or maintained.

Chance has its own unfathomable rules and challenges in shaping the outcome. Dr. Parens' poignant account of his own survival demonstrated his theoretical observations.

Dr. Shapiro regarded Parens' personal story a gift from which we can learn deeply about resilience and healing. In this narrative we are witnessing resiliency in a child with considerable personal strength and laudable attributes, well loved by many, capable of attachment, loyalty, gratitude, grief, creativity and sublimation. Resilience is a life long process as reflected in this narrative. Having survived the holocaust, Parens dedicated his life and profession to healing emotional pain working as a child analyst and prominent teacher conducting pioneering research focused on children and mothers.

In "Adapting to Stress: Lessons from the Resilient", Dr. Southwick noted that although stress response is life saving it can become more damaging than the stress itself. After stress animals can turn off stress response but humans can't. Worry and rumination can activate the stress response. Damage is more likely when the stress is unremitting or the response is either insufficient or cannot be shut off. When manageable, stress can enhance competence and growth. When overwhelming, it can result in burnout, PTSD and other psychiatric and physical disorders. Adrenalin and noradrenalin consolidate long term memory of the danger which will be remembered better than neutral stimuli. Increase in neurotransmitters (e.g. catecholamines) generate greater magnitude of response and sensitization to a particular stimulus. Associated neutral stimuli then become capable of provoking fear response rapidly and permanently. States of mind can become an important clue in activating the memory. Traumatic memory may be implicit or explicit and when combined with fear conditioning and sensitization, causes hypervigilance and repetition compulsion.

Hippocampus directs storage of new and contextual learning and is susceptible to damage by stress hormones. This damage impairs inhibition of stress response and cortisol release which further damages the hippocampus. Chronic adaptations include avoidance, self medication and changes in character.

Mediating factors to be noted include genetic (e.g. serotonin transport gene), developmental (e.g. inoculation vs. sensitization), hormone regulation, neuro-circuitry and conditionability and psychosocial. Stress early in life can cause long term changes that affect brain maturation and alter future appraisal and response to danger.

Dr. Adelman viewed neurobiological approach of understanding emotions and trauma coupled with the personal contributions of decades of analytic practice as tow hands reaching for the same unifying origins that Freud first envisioned in his view of instincts based in biology. We embrace our patients' solutions and strengths as the best they could do at the time and engage their cortex as actively as possible while using medication to forestall hippocampus damage.