

## CHILDHOOD RESILIENCE

***Hidden From the Holocaust: Stories of Resilient Children Who Survived and Thrived***, by Kerry Bluglass. Westport, Conn., Praeger Publishers, 2003, 288 pp., \$49.95.

This narrative of 12 Jewish boys and girls who survived genocide in Poland, Belgium, Holland, and France, many because of the dedication of non-Jews, is precious. The atrocities committed by the Nazis need repeated retelling to remind us of the ferocity and, alas, the banality of human cruelty fueled by racism and self-interest. When inflicted on children, they carry special pathos. This book is also a testament to the courage of non-Jews who risked (and sometimes lost) their own lives and those of their children to save others. The 12 hidden children, interviewed by author Kerry Bluglass as adults, not only survived but went on to live full, productive lives. Their outcome challenges the common belief that childhood trauma inevitably leads to pathology—even intergenerational pathology. Without doubt, some will be tempted to cast the survivors' commonplace difficulties in the context of their childhood trauma, but problems such as a tendency toward perfectionism or marital discord are hardly unusual or indexes of pathology. What enabled these children to thrive rather than become scarred, dysfunctional citizens? *Hidden From the Holocaust*, written by a psychiatrist, aims to elucidate what contributed to the children's resilience. The author is cautious in her warning that the term "resilience," which suggests unexpected positive outcomes in the face of severe, even life-threatening, adversity, does not imply that its absence indicates weakness or lack of fortitude.

For psychiatry, understanding how children weather such hardship without obvious damage has important implications, because the hope is that it will foster the development of protective measures in at-risk populations. The author advances several possible psychological explanations. One is that the trauma had less impact than it might have had because it occurred during latency. This notion is weakened by the description given of a child as young as 3 and the omission of testimonials from hidden adolescents. Happily, many adolescents also fared well. Another point is the positive contribution of the bonding between hidden children and their rescuers. But how about the boy locked in solitary confinement for 2 years? How about the young Polish girl cruelly exploited, humiliated, and abused?

The positive impact of adaptive defense mechanisms, as described by George Vaillant (1) (altruism, humor, suppression, and sublimation), is given prominence. Fine, but how were the hidden children able to develop these desirable psychological adaptations? Would we be able to predict, on the basis of these concepts, which children would do well and which would not? Unlikely. The explanations advanced are generalities that are not based on systematic prospective observations and are less than convincing. As a result, the book contributes little to our understanding of what mechanisms account for the children's favorable outcome. Perhaps that is inevitable. It is futile, on the basis of a handful of retrospective

reports, to attempt to identify individual protective factors. At the same time, although sad memories recur, children's capacity to surmount fear, loss, sorrow, and other brutal circumstances may be more common than some are willing to consider.

## Reference

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***Resilience and Vulnerability: Adaptation in the Context of Childhood Adversities***, edited by Suniya S. Luthar. New York, Cambridge University Press, 2003, 574 pp., \$90.00; \$32.99 (paper).

The resilience paradigm is by no means without pitfalls, and the greatest among these is the potential to foster perspectives that blame the victim. The very term "resilience" is construed by many to represent a personal trait that allows some at-risk youth to succeed in life, with the corollary, of course, that those who do poorly are personally responsible for their problems. (p. 513)

There is nothing particularly controversial about the statement that health is more than the mere absence of disease. Positive adaptation, overall well-being, and functional competence are all elements woven into our understanding of what it means to be healthy. This clarity of terms, however, has not necessarily translated smoothly into the arena of psychology. The elements underlying physical fortitude and homeostasis have been easier to identify and understand than those pertaining to mental function (think of leukocytes and immunoglobulins in the face of infection as easier to grasp than those elusive traits distinguishing victims of sexual abuse who thrive from those who do not). When it comes to psychological health, resilience appears to be a fine idea but a rather ethereal and disembodied abstraction for the field to disentangle effectively.

Resilience, defined in Dante Cicchetti's foreword as "the more optimistic component of the psychopathology-risk equation" (p. xx), which had already heralded "a reformulation of the deficit models that characterized earlier viewpoints" (p. xix), made its debut in the psychology literature well before the appearance of this book. For example, three chapters on resilience were included in the second volume of the classic *Developmental Psychopathology*, a tome aptly titled *Risk, Disorder, and Adaptation* (1). With this new collection, however, superbly edited by Suniya Luthar of Teachers College at Columbia University, the field of psychological resilience has reached a new level of clarity and sophistication. Not only are the processes underlying resilience made explicit and clear (in a way that invites one to think of the book as a psychological counterpart to a textbook of human physiology), but its empirical building blocks are included as integral components. Nothing has gone to waste here: each empirical finding supports a

larger concept, and no concept—no matter how small—is made in the absence of solid research backing.

In a masterful final chapter titled “Research on Resilience: An Integrative Review,” Luthar and Laura Bidwell Zelazo emphasize that resilience “refers to a process or phenomenon, and *not* to a trait” (p. 513). Although subtle, the distinction is crucial: it reveals the shortcomings of the resilience-as-leukocyte analogy, making it clear that children are not neatly quantifiable along some hypothetical resilience continuum. Indeed, resilience itself is never measured directly; instead, it is inferred from its defining components of risk and adaptation. The focus then shifts to those predictors and outcomes, and especially to the “modifiable mediators” (p. 514) interspersed between them.

Elements of a child’s proximal environment are foremost among such modifiers. Family characteristics, including consistency in limit-setting and provision of emotional buffering, were first described by Anna Freud after the bombings of London during World War II (2) and, more recently, by Laor et al. (3) during the SCUD attacks on Israel. In both instances parental proximity and affective balance increased the likelihood of a positive outcome (as measured by reduced anxiety). Beyond the immediate family environment, a number of family extenders and substitutes can lead to positive adaptation (including relatives, an appropriate peer group, structured after-school activities, and “urban sanctuaries” such as those described in chapters 13 and 14). An excellent chapter titled “Perceived Discrimination and Resilience” emphasizes the role of prosocial activities that foster ethnic pride and identification as particularly relevant to the optimal development of minority or otherwise disenfranchised children.

Certain traits can make children more likely to fare well, among them intelligence, an internal locus of control, good coping skills, and an “easy” temperament. Within the confines of a given constitutional endowment, early environments can have a lasting—and at times permanent—effect on development. The now classic studies of children raised in Romanian orphanages (4) make a sobering statement about the impact of early deprivation and provide equally promising and hopeful evidence about the potential for enriched environments to foster plasticity and redress early disruptions. In our search for child-specific characteristics that may maximize resilient outcomes, the cautionary tone of Luthar’s epigraph should resonate, as children “cannot make themselves enduringly resilient, remaining robust despite relentless onslaughts of the environment” (p. 532). Even extreme fortitude has its limits. As do genes and brains, so far as we can tell.

The two initial parts of the book are devoted to familial adversities. The 18 chapters cover a wide range of populations (e.g., children of depressed parents, maltreated children) and settings (preschools, poor urban enclaves). Throughout, the tools of developmental psychopathology are effectively put to use, and the resulting data and their implications emerge as robust and convincing. By contrast, biological underpinnings make but a cameo appearance near the book’s end: a third and final part (Commentaries) includes a chapter titled “Toward Building a Better Brain,” and another on genetic influences, in addition to the final one by the editor and Zelazo.

Mention of the very short biologically flavored content is not a criticism. Quite the contrary: one of the strengths of this volume is the foresight of its editor to have included these

chapters, which point to where the field of resilience is incrementally moving. Highlighting the fact that resilience is not a deterministic but rather a probabilistic process, studies on gene-environment interaction in this section are particularly relevant and welcome. For example, the book appeared in time to include the first (5) but not the second (6) of two important studies on the interplay between serotonin transporter genotypes and the consequences of early maltreatment. Resilience research is clearly in the midst of a biological transformation, and Luthar has been able to capture the ascending wave of this change.

In the end, it is reassuring to know that a seeming oversimplification of pathways to resilience appears to hold true and may even carry prescriptive potential, for “the many decades of stellar research encompassed in this book indicate that in large measure, *much of resilient adaptation rests on good relationships*” (p. 544, authors’ emphasis). Relationships are plastic and fluid entities, often amenable to molding and optimization: in the hands of the right craftsman they can be fostered and harnessed to the greatest advantage. Concerned clinicians and policy makers alike can do much good by maximally tapping the reservoir of relationships’ deep potential. Luthar’s volume shows some proven ways of doing so.

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## GERIATRIC PSYCHIATRY

***Dementia: Presentations, Differential Diagnosis, and Nosology, 2nd ed.,*** edited by V. Olga B. Emery, Ph.D., and Thomas E. Oxman, M.D. Baltimore, Johns Hopkins University Press, 2003, 533 pp., \$99.95.

In 1901, Auguste D, a 51-year-old woman, was hospitalized in Frankfurt because of outbursts of anger and loss of memory. After a steady downhill course, she died in April 1906. Her doctor was Alois Alzheimer, who was so puzzled by her illness that he arranged for her brain to be sent to him in Munich,