

**FERENCZI'S "WISE BABY"
PHENOMENON AND RESILIENCE.**

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ABSTRACT

How did psychoanalysis find its way from "traumatic progression" or "precocious maturity", as described by Ferenczi at the beginning of the 1930s with its background in the "wise baby" phenomenon, to research on resilience? The paper focuses on psychoanalytic approaches to resilience. What was the contribution of ego psychology, object relations and attachment theories, self-psychology, and group experiences to understanding resilience? Results concerning resilience are based on longitudinal studies of early hospitalized or traumatized but "resilient children", child survivors of genocides, wars, and communal violence, populations of children and adult refugees. The paper shows the different approaches to resilience, from *factorial components* to views of *structures and processes*, including the new ideas that place resilience and depletion as phenomena at the two ends of the same continuity of structural dimensions: psychobiological and object relational.

Key words: "wise baby" phenomenon, traumatic progression, resilient children, resilience, depletion

RESUMEN

¿Cómo encontró el psicoanálisis su camino desde la "progresión traumática" o la "madurez precoz", según lo descrito por Ferenczi a principios de la década de 1930, con su trasfondo en el fenómeno del "bebé sabio" hasta la investigación sobre la resiliencia? El artículo se centra en los enfoques psicoanalíticos acerca de la resiliencia. ¿Cuál fue la contribución de la psicología del yo, las teorías de relaciones objetales y del apego, la psicología del self y las experiencias grupales para comprender la resiliencia? Los resultados sobre la resiliencia se basan en estudios longitudinales de niños hospitalizados tempranamente o traumatizados pero "resilientes", niños sobrevivientes de genocidios, guerras y violencia comunitaria, poblaciones de niños y adultos refugiados. El artículo muestra los diferentes enfoques sobre la resiliencia, desde *componentes factoriales* hasta perspectivas de *estructuras y procesos*, incluyendo las nuevas ideas que sitúan la resiliencia y el agotamiento como fenómenos en los dos extremos de la misma continuidad de dimensiones estructurales: psicobiológicas y relacionales con los objetos.

Palabras clave: fenómeno del "bebé sabio", progresión traumática, niños resilientes, resiliencia, agotamiento.

Sándor Ferenczi was the first to write about *trauma as a process* in his 1933 study entitled "Confusion of tongues between adults and the child." If we study this, his most often-cited paper, we gain a new insight into familiar phenomena and come to see their complexity within a clear dynamic structure.

Ferenczi introduced new perspectives on how one thinks about trauma (Bonomi, 2004; Borgogno, 2007; Frankel, 1998; Mészáros, 2006). He placed trauma *within an interpersonal and intrapsychic sequence of processes* and opened a new perspective that pushed the process of traumatization toward *dimensions of object relations*. In this same study, he stressed that the *experience of trauma is founded on real events*. It is therefore not a set of pathological fantasies that lies behind the process of diverging memories -as Freud states in his modified trauma theory from 30 years earlier. It is rather a manifestation of ego-defense mechanisms triggered by the dramatic tensions inherent in the clash between divergent desires

and motivations (tenderness versus sexual arousal/satisfaction) on the part of victim and aggressor. These discrepancies render the experiences tied to the traumatic situation very different indeed for victim and aggressor.

It is in discussing the interpersonal and intrapsychic dynamic of the process of traumatization that Ferenczi first speaks *about splitting, dissociation, fragmentation, and denial*. At the same time, he describes a new ego-defense mechanism -identification with the aggressor- which would soon appear in a slightly different context in Anna Freud's 1936/1993 book *The ego and the mechanisms of defence*. Much later, the same principles entered the public consciousness, but with another name, Stockholm syndrome. It is because Ferenczi introduced an entirely new perspective to our way of thinking about trauma that I have previously referred to his observations as having brought about a paradigm shift in trauma theory (Mészáros, 2010).

Ferenczi's paradigm shift in the dynamic of traumatization covers other phenomena as well, for instance the availability or absence of a person of trust for the traumatized person. If we further consider the issue of the person of trust, the absence of such a person has relevance for both posttraumatic stress disorder (PTSD) and transgenerational traumatization, and indeed for resilience in the context of attachment theory.

In sharing the traumatic experience, the traumatized person can begin the process of working through the trauma. The set of fragmented experiences is gradually organized into a coherent narrative, and in aiding the process of overcoming the trauma, the person of trust mitigates the long-term pathogenic effect of the traumatic experience. Thus, the person of trust plays a central role; indeed, she or he represents a cornerstone in the healing process. Absent the person of trust, the experience of helplessness is further deepened and coloured by feelings of shame and guilt (the introjection of the aggressor's guilt exercising a paralysing effect), all of which results in the victim being isolated in her or his experiences. In the long term, symptoms of different disorders emerge as a result of repression, denial, and the avoidance behaviours that proceed from them, symptoms that contribute to PTSD or the long-term process of transgenerational traumatization.

The birth of the concept of resilience

The concept of resilience, like a grain of sand in an oyster shell, lay unobserved in the "Confusion of tongues" study and grew after a fairly long latency period. In the early 1930s, Ferenczi was the first to call attention to the so-called resilient child phenomenon, as we understand it today. Using the metaphor of the "wise baby", he described the traumatized child who is made grown-up, who is made suddenly mature, more mature than either his or her peers or even the adults who caused him or her to be traumatized.

According to Ferenczi, there is:

a surprising rise of new faculties after a trauma, like a miracle that occurs with the wave of a magic wand, or like that of the fakirs who are said to raise from a tiny seed, before our very eyes, a plant, leaves and flowers. Great need, and more especially mortal anxiety, seem to possess the power to waken suddenly and to put into operation latent dispositions which, un-cathected, waited in deepest quietude for their development. ... One is justified—as opposed to the familiar regression—to speak of a traumatic progression, of a precocious maturity. ...Not only emotionally but also intellectually, can the trauma bring to maturity a part of the person. (Ferenczi, 1933/1980a, p. 164-165)

One can look at *traumatic progression* as a key word in the development of resilience -a new phrase in psychoanalytic theory- which means that, intellectually as well as emotionally, a child can suddenly grow up under the pressure of traumatic experience. This is what Ferenczi metaphorically called the "wise baby" syndrome.

In the late 1960s, Bowlby recognized that a certain percentage of severely traumatized infants and young children whom he observed did not show the reasonably expected pathological symptoms, but rather, in a surprising manner, manifested more expressed vitality than their normal peers. His work on attachment theory

aided an understanding of an internal working model of relationships that was an important contribution to the resilience process (Bowlby, 1969, 1973, 1980).

At this point, I wish to note René Spitz's discovery of hospitalization syndrome in early childhood, which surged into our consciousness in the mid-1940s (Spitz & Wolf, 1946). It was via this discovery that Bowlby found that certain hospitalized or severely traumatized children, instead of showing pathological symptoms that one would have expected, emerged from trauma positively.

The origin of the word resilient, its widespread application, and its use as a term in psychology.

The origin of the word resilience lies in the Latin "*resiliens, resilient*", meaning capable of returning to an original shape or position, as after having been compressed. The term resilience is used in various disciplines such as physics, ecology, and psychology, and interdisciplinary fields like economics and business studies. From our point of view, physics and ecology are especially interesting, since psychology has borrowed some aspects from these two disciplines.

Physics

In physics and engineering, resilience is defined as the capacity of a material to absorb energy when it is deformed elastically and then, upon unloading, to recover this energy. In other words, it is the maximum energy per volume that can be elastically stored (<http://en.Wikipedia.org/wiki/Resilience>, retrieved December 1, 2006).

Ecology

In ecology, resilience has been defined in two competing fashions that emphasize two different aspects of stability. The consequences of those different aspects for ecological systems were first emphasized by the Canadian ecologist Holling (1973) in order to draw attention to trade-offs between *efficiency* on the one hand and *persistence* on the other, between *constancy* and *change*, and between predictability and unpredictability. According to this idea definition of resilience is:

the capacity of an ecosystem to tolerate disturbance without collapsing into a qualitatively different state that is controlled by a different set of processes. A resilient ecosystem can withstand shocks and rebuild itself when necessary. Resilience in social systems has the added capacity of humans to anticipate and plan for the future. (ibid.)

Resilience is conferred in human and ecological systems by adaptive capacity.

When a system can reorganize, that is, shift from one stability domain to another, a more relevant measure of ecosystem dynamics is ecological resilience. This is a measure of the amount of change or disruption that is required to transform a system from being maintained by one set of mutually reinforcing processes and structures to a different set of processes and structures.

The first definition focuses on *efficiency, control, constancy, and predictability* -all attributes at the core of desires for fail-safe design and optimal performance. This aspect concentrates on stability near an equilibrium steady state, where resistance to disturbance and speed of return to the equilibrium are used to measure the property. This type of resilience has been defined as *engineering* resilience.

The second definition focuses on *persistence, adaptiveness, and variability* -all attributes embraced and celebrated by those with an evolutionary or developmental perspective. These attributes are at the heart of understanding sustainability. This approach emphasizes conditions far from any steady states, where instabilities can flip a system into another regime of behaviour, that is, to another stability domain. In this case, resilience is measured by the magnitude of disturbance that can be absorbed before the system changes its structure by changing the variables and processes that control behaviour. This type of resilience has been defined as ecological resilience (<http://en.Wikipedia.org/wiki/Resilience>, retrieved December 1, 2006).

Psychology

In a traumatic situation, an individual preserves the integrity of her or his personality to maintain a state of psychic balance and, at the same time, to counterbalance the destructive force of the extreme situation. In improving their adaptive capacity, individuals must bring changes to bear to protect themselves from the destructive effect of the extreme burden.

Resilience appears in the literature from the late 1940s and early 1950s -very sporadically- but we find this word with increasing frequency from the 1960s onward. Systematic studies and research on attributes of resilience and resilient children came out after the late 1980s (Anthony, 1987; Antonovsky, 1987; Dugan & Coles, 1990; Fonagy, Steele, Steele, Higgitt, & Target, 1994; Herman, 1992; Rolf, Masten, Cichetti, Neuchterlein, & Weintraub, 1990; Shapiro, 1996; Varvin, 2009; Werner, 1990).

The massive genocides and wars of the twentieth century -the Shoah and World War II, then the Vietnam War, the Palestine-Israel wars, the wars in Europe, in Africa, and in the Middle East- have compelled experts to deal with the issue of resilience in addition to that of traumatization. All the more so because it is heartening to think that if there are children and adults who suffer less injury, or may even emerge positively from traumatic situations, the recognition of this force will allow us to develop, learn, and acquire the *resilient personality*, that is, to diminish the pathological impact of traumatization.

Basic questions concerning the phenomenon of resilience

- What kinds of psychic process and psychic functioning can shape a resilient personality?
- Could we describe the positive and negative forces that influence the structure, process, and development of a personality as being resilient or not -against individual or communal and social traumas?
- How can we consider resilience on the basis of factors and structures?
- Resilience is a descriptive term with the complexity of the psychosocial process behind it. What is it that psychoanalysis can contribute?

Some approaches to resilience in its complexity

- “It is the indication of a process which characterizes a complex social system at a moment in time resilience cannot be seen as anything other than a set of social and intra-psychic processes which take place across time given felicitous combinations of child attributes as well as family, social and cultural environments. In principle, all the psycho-social processes that underpin healthy development may be involved” (Fonagy et al., 1994, p. 233).
- Resilience is an internal locus of control, a capacity to form and maintain relationships including important life-sustaining internal representations of ideal figures and an active problem-solving style (Herman, 1992).
- Ester R. Shapiro placed resilience into the framework of an integrative developmental theory or social developmental model -as part of a possible factor in development psychopathology:

A social developmental approach to child and adult bereavement is part of a theoretical project that locates individual development in family and sociocultural contexts throughout the life cycle. This model integrates relational trends in psychoanalysis, including object relations, self-psychology, interpersonal, intersubjective, and social constructionist approaches, ... and the role of risk and resilience in the development of psychopathology. (Shapiro, 1996, p. 551)

- Resilience in children has been defined as the capacity to negotiate an ordinary developmental task in spite of cumulative adversity (Eisold, 2005).
- Resilience points to the individual’s ability to use resources in the environment as well as relations to others and her or his own resources and potential to maintain health-promoting behaviours (Varvin, 2007).

From factorial components to a model approach

The fact that no unified theoretical conception of resilience has been developed to date suggests that methodologically specific theories -like social psychology and developmental and psychoanalytic approaches, and, within psychoanalysis, self-psychology, ego psychology, and attachment theories- prove narrow on their own, although each one can offer fundamentally important partial connections.

Factors

Antonovsky (1987) introduced the term “salutogenic”/protective factors, in contrast to “pathogenic”/risk factors, in his discussion of the question of what keeps people healthy, as opposed to what makes them sick.

The first *comprehensive* paper to deal with the question of resilient children was published in 1994 (Fonagy et al., 1994). This review article covers the findings and perspectives as of the mid-1970s. They found that competent parenting, warm relationships with at least one primary caregiver, the availability of social support from a spouse, family, or other figures in adulthood, involvement with organized religious activity, and faith play a significant role in resilience. They found that psychological functioning in resilient children exhibits a high IQ and good problem solving ability, task-related self-efficacy, autonomy or an internal locus of control, a higher sense of self-worth, interpersonal awareness, and empathy, willingness and a capacity to plan, and a sense of humour. Fonagy and his colleagues say that even if there are no *theoretical models to organize all factors of resilience*, attachment theory offers a kind of approach to point out some basic elements of resilience. They highlight the reflective-self function as a key process of resilience.

“The reflective-self function is a critical component of autonomy and a coherent sense of identity ...that provides protection against the terrifying threat of fusion, passive submission and loss of identity” (Fonagy et al., 1994, p. 250). Resilient mothers’ reflective-self functioning protects their children against transgenerational traumatization (Fraiberg, Adekson, & Shapiro, 1985, cited by Fonagy et al., 1994). Tackling the problem from a psychoanalytic point of view, Fonagy et al. (1994) suggested that the defenses used by the parent to cope with a difficult past can be interesting. There are two ego-defense mechanisms -denial of the affect that was associated with trauma and *identification with the aggressor* —considered to be “two characteristic defenses used by abused parents who are not able to withstand the need to inflict their own pain upon their child” (Fonagy et al., 1994, p. 234).

Focusing on psychoanalytic approaches, one may say that good early object relations, self-reflective functioning, and basic trust are forces that aid in developing resilience. Roberta J. Apfel and Bennett Simon emphasized factors in the phenomenon of resilience that they found important in a population of child survivors of war and communal violence, and added to these factors (Apfel & Simon, 1996; Simon, 2001 p. 23). These include the following.

Resourcefulness. This ability enables one to make something out of nothing, to use imaginative skills in garnering or creating resources both concrete material resources and the psychic resources needed for survival. This includes the ability to extract some amount of human warmth and loving kindness in the direst of circumstances, even from one’s enemies or persecutors. (Apfel & Simon, 1996, p. 9)

Apfel and Simon emphasize *reciprocity in the interpersonal interaction*: “the adults also feeling they are deriving something from the relationship. It is a way of continually interacting so as to generate new emotional supplies for all concerned” (Apfel & Simon, 1996, p. 9).

If we attempt to understand the psychic elements of resourcefulness, we find creativity, social sensitivity, and *openness to interpersonal interchanges*.

Many authors speak about the role of creativity in resilience. In their book, Eisenstadt, Haynal, Rentchnick, and de Senarclens (1989) examined 699 prominent individuals of different nationalities to

whom the *Encyclopaedia Britannica* had devoted more than one column. They reported that a quarter had lost one parent before the age of 10 years, more than two-thirds before age 15, and half before they were twenty-one. Eisenstadt found that orphans were *much more strongly represented* among eminent people than in the reference groups. The only group that came close was that of juvenile delinquents, and, within this group, the subgroups of severely depressed or suicidal subjects, among whom the incidence of orphanhood was similar to that found in the group of eminent personalities (Haynal, 2003).

In 1953, Marc Kanzer (Kanzer, 1953, cited in Haynal, 2003) had already published a list of writers orphaned during childhood; it included Baudelaire, the Brontë sisters, Byron, Coleridge, Dante, Dostoyevsky, Drinkwater, Dumas, Gibbon, Keats, Poe, Rousseau, George Sand, Swift, Tolstoy, Voltaire, and Wordsworth. Martindale (1972) later noted that 30% of a sample of famous English and French poets came from homes *with absent fathers* (ibid.). Again, Goertzel, Goertzel, and Goertzel (1978), cited by Haynal, 2003) state that, of a number of eminent modern-day personalities, 18% had lost their fathers and 10% their mothers before age 21. Out of 24 British prime ministers from Wellington to Chamberlain, 15 (62.5%) were orphans; this is a manifestly much higher proportion than the incidence of orphanhood in the population at large. The picture is the same for Nobel Prize winners (Siomonton, 1999, cited by Haynal, 2003). Now, when Suetonius points out that ten out of the 12 Caesars were orphans, a comparison with the rate of orphanhood in the population at large is of course more hazardous. Nevertheless, these numbers also appear much greater than the level expected in the general population at that time:

These studies cast a novel light on what we call adverse or traumatic events, which, far from crushing an individual, may stimulate him or her. The psychopathological effects of rejection and loss are familiar to us from the pioneering and now classic studies by John Bowlby and Rene' Spitz namely, depression, with the risk of suicide, or delinquency. Maybe it was these two categories that inspired Ficino as long ago as 1489 to distinguish between 'black melancholy', which destroys the personality, and 'white melancholy' (Favret, 1989, cited by Haynal, 2003), which encourages creativity. (Haynal, 2003, p. 33).

The mourning work initiated by significant death is surely the engine that impels the individual to "become independent" and stand on his own two feet. ...[A] lack, as experienced in a population of orphans, plays an important part. (Haynal, 2003, p. 34)

Do the orphans attempt to create an object to replace the lost one? Do they create a good one if the lost object was a bad one, or do they make an attempt to reduce the lack of it if the lost object was a good one?

Curiosity and intellectual mastery; ability to conceptualize.

Becoming knowledgeable about the crises around them increases their chances of survival, gives them a 'commodity' (i.e., knowledge) that they can trade with others, and provides an important sense of activity, rather than passivity. To exercise this skill may mean bearing the anxiety and pain of looking and finding out, rather than the temporary psychic relief by means of avoidance and denial. This ability also entails the child's comprehending her or his experience not only as a personal travail but as a phenomenon affecting others as well. "Such understanding diminishes feelings of isolation, failure and defectiveness, and may also contribute to the development of empathy". (Apfel & Simon, 1996, p. 10)

Access to autobiographical memory. This is the ability to remember and invoke images of good and sustaining figures, usually parental figures. These images might at times be critical and demanding as well as warm, loving, and encouraging. It appears that the critical voice of the parent is important for maintaining certain ideals and standards (Simon, 2001a, 2001b). It is also important to remember, imagine,

and be in touch with sustaining family stories and community legends. In psychoanalytic terms, proper superego functioning and an identification with an individual, family, or community or with ideals and values moral, political, or religious can be basic factors in resilience.

Sheehy (1986), cited by Apfel and Simon (1996), wrote about “survival merit”, a so-called right to be alive. Survival merit can counter the negative impact of survivor guilt. We must add that it is not only guilt, but also shame that can be a risk or pathogenic factor.

A goal for which to live. Quoting Nietzsche, Victor Frankl (1959) wrote on the importance of a purpose in order to survive in the death camps: “He who has the ‘why’ to live for, can live with almost any ‘how.’” The sustaining goal may be that of seeing the parents again, of carrying out the task to “get your little brother to Palestine, no matter what!” (Apfel & Simon, 1996, p. 10).

Need and ability to help others. The unspoken assumption is that altruism is also for one’s selfish benefit. A “learned helpfulness”, in contrast to a “learned helplessness” (Seligman’s term, 1975), is a powerful aid to survival. This skill often draws upon identification with parents who themselves have instantiated the effectiveness of altruistic acts (Apfel & Simon, 1996). Altruism is expressed by children toward others, modeling themselves on adults who have been altruistic toward others. Judith Kestenberg (1984) often emphasized that if somebody took care of only a flower in the concentration camp, it was through this act that she passed her strength on to survivors.

Simon notes that Bryce’s (1989) detailed studies of mothers under fire in Beirut have shown that the children instructed to use the interval in between shellings to go out and bring food to an invalid relative, instead of using the time to watch television, did much better. Maternal competence and altruism were strongly associated with children being relatively symptom-free under conditions of quite severe stress and danger, and also relatively symptom-free in the quieter intervals (Apfel & Simon, 1996, p. 12).

Psychoanalytic approaches may be identification with positive parental or caregiver values, self-competence, positive self-esteem, and empathy.

Group cohesion. Those who have studied some of the more extremely traumatized children such as the child survivors of concentration camps studied by Sarah Moskovitz and a group of orphaned Palestinian children in Tunisia whose parents had been killed in the PLO refugee camps of Shabta and Shatila in 1982 -have commented on the importance of group cohesion. Some of these latter infants had witnessed their parents or other adults being killed, and a few, as infants, had literally been thrown in trashcans and later rescued from there.

Vamik Volkan (1989), cited by Simon 2001, who studied the Palestinian children, reported how several individuals (teenagers at the time they were interviewed) became quite disorganized when separated from the group and interviewed alone. “In a less extreme form and in less extreme situations, group allegiance, and reciprocity of help and support within the group, have contributed substantially both to physical and psychic survival” (Simon, 2001, p. 23).

The role of linking objects (transitional objects). Transitional objects can be used as protective factors and support resiliency. In my clinical work, it is not uncommon to observe traumatized patients using inanimate comforting objects that represent an animate comforting internal object relationship.

One of my cases was a child survivor who was nine years old when both of her parents disappeared one day in Budapest during World War II. It turned out later that the parents had been deported. She

remained completely alone at the end of November 1944. Her father’s business partner had promised to take care of her if there was any “trouble”, so her father tied the man’s address to a chain around his daughter’s neck so that it would always be with her. When her parents disappeared, she went to the address late in the evening, but the business associate’s wife would not let her in because it would have put them in

danger. The girl's only "companion" was the violin that her father had given to her and which she carried constantly. She hid on the rooftops of buildings because she realized that it was warmer there. And she ate what she found on the streets. The violin/father figure took care of her, and she took care of it/him. She stayed out of sight for a month and a half with her companion until Budapest was liberated. The violin was the transitional object and, at the same time, it symbolized her lost father -a powerful, self-explanatory image.

Processes and structures

Based on a longitudinal study of early hospitalized youth (cited by Varvin, 2007), Hauser and his group (Hauser, 1999; Hauser, Allen, & Golden, 2006) described three basic capacities that characterized the group that, as adults, proved to have built a relatively satisfied life despite life's adversities: the abilities to influence their environment, to control thoughts and feelings, and to form caring relationships. The authors used no separate factors but *structures and processes*. They also emphasized that resilient youth did not exhibit normative development; they made seemingly unwise choices and often ended up in trouble. They were characterized by having the ability to learn from experience (Varvin, 2007).

Process of emotional self-regulation. Alayarian (2007) stresses the capacity of resilient individuals to build a safe intrapsychic space where they can regulate pain and protect themselves from too many vulnerable feelings. Apfel and Simon (1996) write about the capacity to compartmentalize pain and to defer the experience of overwhelming emotion until a time or situation when it is safer to experience it.

Experiment on the emergence of a structural model resilience and depletion

Depletion/devitalization has not been an explicit focus of research as has resilience. Adding the concept of devitalization, this dimension inscribes itself in the two structural dimensions of traumatization -based on Bohleber's approaches (Bohleber, 2000)- the psychobiological dimension and the object relational dimension. Depletion can be described as a process of a gradual loss of energy and a lack of interest in changing anything. From an object relational perspective, this process is described as a deficiency in relation to caring and nourishing inner objects (Varvin, 2007). According to this approach, resilience refers to mobilizing energy and inner capacities to be able to create contacts and seek to change, relate, and learn.

Do resilience and depletion refer to the same process in the personality and its relation to the environment (Varvin, 2007)? Obviously, depletion refers to a pathological process the person withdraws him- or herself, and the consequence is diminished interaction with others and the environment, hopelessness, and a loss of energy (motivation or drive) that could lead to disease and death. It is very much the same process that Ferenczi mentioned in his paper on the unwelcome child (Ferenczi, 1929/1980b) and that Spitz observed in the institutes and in the hospitals among children long separated from their parents, for which he described a complex of symptoms called hospitalization syndrome. The opposite of this process is the resilient person who does not give up finding a solution and wants to move beyond her or his incredibly hopeless situation.

Varvin's (2007) suggestion of considering resilience and depletion as two ends of the same process can be described at different levels, such as (1) the subject/body-other relation, (2) the individual's relation to the group, and (3) the subject discourse dimension.

I would replace the subject/body-other relation with the *intrapsychic-interpersonal* sources dimension, which allows for the approaches of self-development and attachment paradigms just as much as it does for ego psychology aspects, particularly on the level of ego-defense mechanisms. The early object relations and self-regulation approaches would be positioned at the first dimension, at the level of the subject-other relation or intrapsychic-interpersonal relation. Reflective self-function, for example, can be discussed here as a critical component of creating and maintaining autonomy and a coherent sense of identity and self-competence (Garbarino & Kostelny, 1996). At this point, one could go on to discuss the ego-defense

mechanisms that serve the resilient behavior and those that do not (such as denial and identification with the aggressor), and we can speak about cognitive functions that take part as protective factors, such as high IQ, creativity, flexibility, and a good sense of humor.

In the second dimension of Varvin's model, at *the level of the individual's relation to the group*, one could discuss the relationship between the individual and the group or environment. This dimension contains elements with which *one can influence one's environment* (e.g., Hauser et al., 2006) and behind this motivation, wish, hope, or skill that there are or could be different factors such as *interpersonal awareness*, *group cohesion* (Apfel & Simon, 1996), and *the need and ability to help others* and facilitate changes in their *circumstances*.

Small is beautiful — conclusion:

In the early 1930s, Ferenczi recognized the traumatic progression process among children, which he called the “wise baby” syndrome. This was the beginning of thinking in terms of the potential of the resilient personality. Observations and studies of the phenomenon began with the child's capacity for psychological resilience. It was only later that resilient personality studies appeared on the horizon, which merely approached these psychological phenomena in general terms as capable of diminishing the pathological impact of traumatization.

Studies have identified numerous factors that contribute to or weaken resilient functioning. Later, concepts that fit into a system of psychological processes and structures appeared in addition to factorial considerations. New approaches placed resilience and depletion as phenomena at the two ends of the same continuum of structural dimensions. The scholarly effort to learn ever more about the anatomy of resilience and depletion is prompted by the fact that an increasing number of people must cope with the challenges of traumatic experiences in their lives; and this poses a challenge for us as well — how can we, as professionals, assist most effectively so that trauma should cause the least damage to the personality and so that integrity can be reinstated most rapidly?

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