

The concept of resilience has been defined in recent years in relation to social and ecological systems and their ability to cope with disturbance or environmental changes. When we are talking about resilience, most of us use the word fairly loosely and it appears in newspapers on such diverse topics as economical or political agendas. Few know that Emmy Werner was one of the first scientists to use the term resilience in the 1970s.

In the first of six articles covering widely different aspects of resilience in the fields of psychiatry and neurology Pierre J. Magistretti and François Ansermet (Neuronal plasticity: a new paradigm for resilience) put forward a very provoking theory on the neurobiological basis of resilience, making a link with the mechanisms of neuronal plasticity.

Dieter Bürgin and Barbara Steck (Resilienz im Kindes- und Jugendalter) cite the Werner study as one of the paradigmatic studies of resilience in children. Werner noted that of the children who grew up in very bad situations two-thirds exhibited destructive behaviours in their later teen years, such as chronic unemployment and substance abuse. However, one-third of these youngsters did not exhibit destructive behaviours. Werner called the latter group resilient. The paper by Bürgin and Steck reviews the complex factors thought to be responsible, in part, for good or bad outcome. They discuss promotion of resilience in therapeutic interventions.

Naasson Munyandamutsa (Le prix du silence et le temps de la créativité) is referring to his exceptional personal experience in discussing some clinical aspects of the treatment of victims of the Rwanda genocide. He summarises the effects of trauma on the psyche: namely first, through the incapacity of building a narrative after such an unthinkable experience, and second, through the destructive effects of shame. By using two extremely heavy clinical cases, he questions, in his very own personal style, the manner in which

to help patients through the use of supervision with young colleagues who are facing huge emotional difficulties themselves. A therapeutic action could be undertaken by helping patients in their efforts to build resilience and to rediscover creativity.

Françoise Moggio (Libres associations d'une psychanalyste d'enfant et de bébé sur le thème de la résilience) examines the concept of resilience in its links to psychoanalytic theory, mainly referring to French authors. She uses some mythological characters, like Romulus and Remus or Oedipus among others, and suggests that resilience is not only a real phenomenon but also a mythological one. Resilience could somehow be defined as an attempt to console oneself for the loss of childhood omnipotence. She proposes to cope with the difficulties of evaluating the resiliency process with infants facing severe trauma, by using the concept of the infant-mother-father triad in her work. Psychoanalytic theory, attachment theory and the concept of resilience all raise the central question of individuality and the construction of narcissism.

Amyotrophic lateral sclerosis (ALS), a progressive neurodegenerative disorder, is one of the most disabling neurological disorders in adults. Maria Wasner (Resilienz bei Patienten mit amyotropher Lateralsklerose [ALS] und ihren Angehörigen) discusses how the confrontation with constant losses, with dying and death poses enormous challenges both for the patient and for informal carers, who are most often spouses or close family members. However, there is evidence that the quality of life of ALS patients is often quite high and not correlated with the physical status. What does this mean for the quality of life of the care givers? What are the sources of distress and what factors are helpful for the resilience of ALS patients and their families? Wasner can draw on her vast experience in the interdisciplinary centre of palliative medicine at the University of Munich to answer some of these questions.

Daniel Smaga (La place de l'hypnose dans le traitement des syndromes psychotraumatiques) discusses the use of hypnosis for treating post-traumatic stress disorder (PTSD). Underlining the importance of dissociative processes in such stresses, he proposes that hypnosis is one of many available therapies for treating people with PTSD. Hypnosis could help in three ways: used as supportive thera-

py, used as a technique facilitating abreaction and finally, used to help integrate and overcome trauma.

The editors hope that this issue of the Swiss Archives of Neurology and Psychiatry will serve to stimulate more interest in the field of resilience.

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