Book Review

Editor: Yoram Barak

Childhood in the Shadow of the Holocaust Survived Children and Second Generation
Editors: Z. Solomon and J. Chaitin
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Throughout the years it has been a commonly held, albeit mistaken, assumption that children during the Holocaust were “too young” to remember the traumatic events that they experienced and were thus not considered to be “true” survivors. Moreover, when the war had passed and these children wished to speak out of their tragic exposure, their elders silenced them. Part of this conspiracy of silence resulted in sparse attention being paid to this particular group of survivors.

Zahava Solomon and Julia Chaitin have created a unique and moving volume focusing on child survivors, children born to survivors (second generation) and the grandchildren of survivors (third generation). This is an ambitious and encompassing project. It is the first of its kind to be published in Hebrew and to aim at presenting the Israeli audience with the vast body of data and experience accumulated over decades of observation, research and treatment. The long list of contributors include leading figures from Israel and abroad and they unfold a wide array of issues including psychological, psychiatric, social work, anthropological and sociological perspectives.

The book is divided into two parts: the first describes child survivors and the second the children and grandchildren of survivors. The scope of both parts of this book is wide and deep. Memories, loss and development, families and parents-children relationships, post-traumatic symptomatology, aging, the trips back to Europe, group therapy, intergenerational transmission, collective memories and more are all discussed.

At the risk of sounding blasé I recommend that this book become a part of the training of each mental health professional in Israel. The Holocaust cannot be considered just another chapter in the textbooks of psychiatry. It is our duty as teachers of future generations of clinicians to make their acquaintance with these children of the Holocaust.

Yoram Barak

Correspondence

Jewish children hidden in France during World War II who stayed in France since Liberation: psychology and psychopathology study

Dear Editor,

Within the context of a special issue on the subject of the Shoah and Psychiatry, I would like to bring to the attention of journal readers a recent study for a doctoral degree I have just completed. It concerns the psychic construction of people who, as children, were hidden in order to escape threats to their lives during World War II, in France, because they were born Jewish. After setting out the historical context of the relationship between France and the Jews, and in particular the historical context of the period from 1939 to 1945, I outline different psychological theories of child development, as well as the life events that can interfere with the process of child development. Next, I present a review of the psycholog-
ical literature, predominantly American and Israeli, concerning child survivors of the Holocaust, including “hidden children.” In accordance with the complementarist research methodology proposed by Moro, I provide a detailed analysis of ten interviews with “hidden children” born in France between 1934 and 1941 to migrant parents. I also present summaries of twenty-five accounts from other people interviewed. After the ten longitudinal analyses, I provide a transversal analysis, undertaken in accordance with a complementarist methodology. This analysis sheds psychoanalytic and anthropological light on the three main lines identified in the psychic construction of each person: vulnerabilities, consequences of a traumatic experience, competence factors and lines of existence. These observations allow me to identify a specific trauma that is defined by affiliation problems, identity problems and trans- and inter-generational family problems. These problems are linked to a series of traumatic events, involving a process of deculturation experienced by these children, but not mentioned for several decades. Recognition of the suffering of the “hidden children” in 1991 constituted, for most of them, a therapeutic lever bolstering the contact process which each of them had been trying to put in place, in an isolated manner, since Liberation at the end of World War II.

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Lithium and pregnancy

Dear Editor,

The paper of Yacobi and Ornoy (1) is a scholarly and comprehensive review with an extraordinarily important impact for psychiatry. There is no question that the authors are correct that the physical teratogenicity of lithium was exaggerated in early studies, due to the marked teratogenic effects in animal models such as chick embryo which, on a personal note, I (RHB) participated in as a young undergraduate student in college in 1964!!

However, the authors may run the risk of seriously misleading the practice of psychiatry by ignoring behavioral teratogenicity. Recently several studies have reported that a drug such as fluoxetine, widely used and considered safe during pregnancy for the treatment of depression and not usually thought to cause specific physical abnormalities in the offspring, may lead to a marked increase in anxiety in the offspring in adulthood in animal models at least (2). Lithium administration to pre-adolescent rats causes long lasting increases in anxiety-like behavior and has molecular consequences in the brain (3).

Lithium is known to have powerful effects on signal transduction in the brain (4) and it is well known that brain development requires activity of signal transduction systems. Therefore, it is a reasonable clinical concern until proven otherwise that administration of lithium to the pregnant woman could affect negatively the behavior of the offspring in a manner that appears only in the adult and does not appear in studies of infant teratogenicity. It is indeed painful to us as clinicians that we often do not have simple answers for our patients and that much of our practice reminds us of the old dictum in the Israel Defense Forces, “we shoot and cry.” We think clinicians will err if they dispense lithium to pregnant women without concern over behavioral teratogenicity. However, we agree with Yacobi and Ornoy (1) that there well may be cases where the clinical necessity for lithium and risk of its cessation have more danger, even to the fetus, than its continuation. This is an individual clinical decision and we think we would oversimplify our profession with a clear general recommendation.

References
1. Yacobi S, Ornoy A. Is lithium a real teratogen? What can we conclude from the prospective versus retrospective studies? Isr J Psychiatry 2008; 45: 95–106.
Response by authors, Professor Ornoy and Dr. Yacobi

We agree with Professor Belmaker and Dr. Bersudsky that we indeed do not know whether psychotropic drugs may have long-term behavioral effects at adulthood. This is mainly because of lack of appropriate studies that are difficult to carry out. However, there are a number of studies on the development of children exposed in utero to such drugs and most of them are negative, showing either minimal or no effects at all.

The area of behavioral teratology in animals suffers from the same problems that exist in the field of teratology. There is no possibility to draw direct conclusions from animal studies to the human situation. Hence, if a drug is teratogenic in a specific animal or causes behavioral changes, it does not mean that this will occur in other animals or in men. The metabolism and behavior are different, and often the doses used to get an effect are much higher than the human doses (1). Thus, the examples that Professor Belmaker and Dr. Bersudsky bring in their letter may not be relevant to the human situation.

The single human behavioral — developmental study we found in the literature regarding lithium in pregnancy was published over 30 years ago by Schou (2). In his study on siblings, only one of them being exposed in utero, he found no behavioral or developmental problems in the exposed offspring.

Behavioral effects such as increased motor activity, disrupted sleep state, excessive crying and heart rate variability was observed repeatedly in newborn infants exposed in utero to SSRIs (3). However, these behavioral changes usually do not last beyond the neonatal and perinatal periods. Neurodevelopmental studies carried out on children of mothers treated during pregnancy with fluoxetine or with tricyclic antidepressants showed that they had normal IQ, temperament, mood and behavior compared to control children (4). Similarly, withdrawal symptoms in newborns exposed in utero to opiates do not seem to have long lasting effects or influence the postnatal behavior, and the main factor that dominates future intellectual abilities in these infants seem to be the environment in which they are raised (5). Hence, while it is indeed difficult to predict the possible effects of intrauterine exposure on behavior at adulthood, we have to rely more on the studies in childhood. We believe that as long as there are no behavioral effects at childhood, one has to presume that such effects will not appear at adulthood. Moreover, the alternative drugs to lithium — valproic acid and carbamazepine — seem to be teratogenic and also affect behavior; even the newer alternative, lamotrigine, may be teratogenic in daily doses exceeding 200 milligrams. Moreover, if one considers discontinuation of the drugs in pregnancy, the very high recurrence rate of the symptoms in such a situation should be taken into account (6). Thus, we believe that if a woman is in need for lithium therapy, the drug should not be discontinued in pregnancy.

References