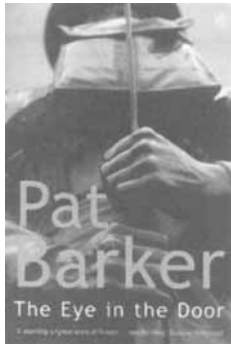


## THE EYE IN THE DOOR

Pat Barker

London: Penguin, 1994, 280pp. £7.99. ISBN 0 140 16878 8



**T**he *Eye in the Door* is the second volume of Barker's *Regeneration* trilogy and deals largely with a WWI officer, Billy Prior, introduced in the first volume in a more peripheral role. Billy was at the battle of the Somme and we first meet him at Craiglockart, a psychiatric hospital for officers where he is being treated for 'shell-shock' by a pioneering (real-life) psychiatrist, WHR Rivers with, amongst others, Siegfried Sassoon.

In this second volume, set in London in the spring of 1918, we realise that Billy is suffering from what would now be called a 'dissociative identity disorder'. He slips into another personality for hours at a time, and has no idea what he has been up to when he 'returns'. This second personality is a violent one, and in working with Dr Rivers, he gradually is able to recognise the trigger for the dissociation, the eye of a friend blown up at the Somme which landed in his hand. The 'eye in the door' is also a peep-hole in the prison cell door where he visits his friend, Beattie, in prison, having been framed because she is a conscientious objector. Beattie was his surrogate mother and herself introduced him to sex. Her daughter was Billy's first love and her son-in-law, his own childhood best friend, Mac, is on the run because he too is a militant conscientious objector. In one of his dissociative states he comes to realise he may have betrayed Mac.

Rivers helps Billy to recover a childhood memory of himself, aged five, sitting at the top of the stairs when his father came home drunk and began to beat his mother. Once, he had intervened and himself been thrown against the wall. After that he felt helpless and angry and found that if he concentrated on looking at the barometer hanging at the head of the stairs and learned to dissociate, the helpless feelings would subside.

Rivers says to him 'I think when you were quite small you discovered a way of dealing with a very unpleasant situation. I think you found out how to put yourself into a kind of

trance. A dissociated state. And then in France, under that intolerable pressure, you rediscovered it'. Billy calls it going into 'the shine in the glass', remembering the shine on a glass of beer in a pub and feeling angry that people were enjoying themselves when Jimmy, his friend, was dead. He wanted them all to die violently and was saved by dissociating. Rivers helps him to link his two selves up, acknowledge that they are both aspects of himself. With Rivers' help he comes to realise that he is capable of damaging the very people he loves – Beattie and Mac – because a part of him cannot accept their objections to a war that he sees as necessary and just. He cannot accept that his comrades can die and conscientious objectors not suffer too.

It was this book, rather than any psychiatric text book, which first helped me to understand the mechanism of dissociation which can occur under extreme stress when a traumatised child is feeling helpless. Many of my young patients, who have witnessed the unimaginable horror of their mother being killed by their father, present afterwards as superficially unaffected. Yet it is clear as they develop that dissociative

mechanisms are at play to enable them to maintain this apparent good functioning. The trauma emerges in nightmares, in attentional difficulties, and in some cases, particularly as they grow up, in dissociated acts of violence. A complete personality split, such as occurs with Billie, is rare, but I believe that lesser degrees of dissociation are common after traumatic events, and that these maladaptive mechanisms are responsible for much mental suffering. Putting the individual together again is skilled work that requires much patience. Dr Rivers pioneered this work, using the technique of free association discovered by Sigmund Freud.

Barker is herself by training a historian, and a superb novelist. Another of her books, *Crossing the Border*, is about a child who murders and the psychologist who committed him. They meet as adults – but I won't spoil it by telling you more. I know many people who dismiss novels as light reading, and a waste of time. I believe the contrary is true and that it is often the novelist who can teach us more about human nature than the best textbooks. **BC**

**Dora Black**

*Child and Adolescent Psychiatrist*

## BOOK REVIEWS

### Schools can make a difference

#### UNDERSTANDING CHILDREN'S EXPERIENCES OF PARENTAL BEREAVEMENT

John Holland

London: Jessica Kingsley UK, 2001, 222pp. £14.99 pb. ISBN 1 84310 016 9

**T**his book stems from Holland's doctoral research, a retrospective study of the effects of parental bereavement upon a population of children in Humberside. The study was named Iceberg to reflect the substantial amount of hidden loss and unrecognised grief there is among children. Holland offers a concise review of the literature and, in anticipation of the conclusions of his research, draws some interesting observations about the nature of bereavement for children.

One of his main themes is how we define bereavement. He states that bereavement is an overly simplistic term that does not sufficiently describe the range of experiences. This is elaborated upon in his model of multiple losses which arise from parental death: the effect of the secondary losses of home, school and friends upon a child's ability to re-establish a sense of security and rebuild their world. The process is further complicated, Holland

maintains, by the child's growing awareness of the significance of the loss of the parent. The idea that children grow up with and into their bereavement is not new, but Holland offers some useful suggestions from the young people themselves about how schools can accommodate their maturing and changing needs.

For a bereaved child, school is a paradox. It can be both a haven from the emotional intensity of home and a source of additional demands. It can provide support and generate feelings of isolation and alienation. The challenge for teachers is to recognise how to develop school as a positive resource for bereaved children, which is the main focus of Holland's study. Although he offers many interesting insights into children's experience of bereavement, his conclusions about how schools can best respond to their needs is a little disappointing. In some respects this is unsurprising because the range of preferences means that what is right for one child may not be right for another. However, the data confirm that children want to be involved in rituals, to be enabled to develop their own ways of mourning and, above all, want their status as a bereaved child to be recognised discreetly within school.