REVIEWS

BOOKS

WHEN FATHER KILLS MOTHER: Guiding Children Through Trauma and Grief

Jean Harris Hendricks, Dora Black, Tony Kaplan. London: Routledge, 1993. £35 hb, £12.99 pb.

One of the hallmarks of good clinical research is the ability to learn from experience and communicate what is learned to others. Moreover, it is the ability to relate what is observed in the clinic to what is known or speculated about in theoretical models and to challenge these models and the practices that flow from them. This moving and readable text does all this.

The authors are experienced and highly acclaimed child psychiatrists known for their work in child care and child forensic fields. As their expertise became more widely known, the authors were referred children who had been traumatically bereaved when one parent, usually the father, killed the other.

Through working with children who had experienced trauma, the authors, from the Royal Free Hospital, London, came to realise that children's needs were far from being adequately addressed.

Their book begins with a broad, vivid and concise introduction to post-traumatic stress disorder in children. It then considers the issue of children and violence, especially in the context of domestic violence. Next, the authors consider the literature and their experience of children and grief, emphasising that contrary to widely held theoretical views (pace Piaget), most children as young as four years can understand that death is irreversible and they can benefit from preparation, discussion and explanation. This section ends with a contribution from Art O'Connnor, a forensic psychiatrist, who examines why people kill their partners in the context of a discussion of domestic violence.

The second section begins with moving descriptions of the stories of a number of children. The immediate need is for practical help, comfort and protection for the children in a situation where both parents have suddenly disappeared from their lives. The catalogue of insensitive handling of traumatised children makes shameful reading.

This book is a testimony to the clinical expertise and academic acumen of its authors. Financially, there were no extra-contractual referrals to cover the cost of the pioneering help, yet without the ability of the clinic to accept referrals that shared a common, though rare, experience rather than a common purchasing authority, the team might never have amassed sufficient cases to note the similarities and realise that there was a serious unrecognised and unmet need. One wonders where, in the brave new world of internal markets within the UK National Health Service, there will be other courageous teams who will be able to ignore bureaucratic niceties and develop new services for other groups of children whose needs go unrecognised.

William Yule
Professor of Applied Child Psychology

A longer version of this review first appeared in the *Journal of Forensic Psychiatry* and is reprinted here with kind permission of the Editor and reviewer.

THE MEMORY STORE AND MEMORY BOOK

Rory O'Brine, Carol Lindsay-Smith. Ilford, Essex, UK: Barnado's, 1993. £34.99 inc. p&p§

When a parent dies children sometimes ask for or are given something that belongs to the person they have lost. It has been shown that using these possessions and the memories invested in them can prove useful in helping children to get directly in touch with their feelings for the person, the loss and their grief. Professionals who have worked on 'life-story books' with children facing major transitions will know that documenting the past with photographs and writing can be a way of correcting many of the fantasies that children have about their past.

The aim of the memory store is to help bereaved children piece together a clear understanding of the loss they experience by encouraging the dying parent to record and store vital information about themselves and their relationship with the child. A clip file called the 'Memory Book' is enclosed for this purpose containing forty blank pages each headed with titles such as 'Your birth', 'My hopes for your future', 'My working life' and so on.

A great deal of thought has gone into presentation. The memory store is clearly aimed at younger bereaved children, resembling as it does a clown's suitcase. A large and brightly coloured carry case, made of sturdy cardboard, contains six chunky drawers and two brilliant yellow files. The design makes the store easy to use. A few minutes spent looking through the contents and I soon gathered what was required. Even so a booklet with basic instructions has been included.

There can be no doubt that a well-constructed 'memory store' will be a rich chronicle of an individual's life and relationship with the child they love and has enormous therapeutic potential. However, I have one criticism.

The marketing of the memory store suggests it is an all-in-one, ready to use package. In its current form I have my doubts. The clearest omission is the lack of provision within the store for information – aimed either at families or professionals – that explores the likely effect of undergoing the memory store process or the likely effect upon the bereaved. Both professionals and the bereaved require more in the way of guidance than is currently available in the package.

I would like to see the widespread use of the memory store and I feel that this is likely to be facilitated if more attention is given within the package to its practical application and its effect on users.

David Pentecost
Family Therapist

§ Available direct from Barnardo's, Tanners Lane, Barkingside, Ilford, Essex IG6 1QQ.

CHILDREN AND DEATH

Danai Papadatou, Costas Papadatos (eds). Philadelphia, USA: Taylor & Francis Inc, 1991. £45.00 hb.

This book represents the proceedings of the International Conference on Children and Death held in Athens in October 1989. Conference proceedings do not usually convert well directly into book form unless one happened to have been there (and unfortunately I was not) and this book is no exception in that respect. Although it must have been a fascinating conference, inevitably something is lost in translation to book form.

However for those working in the field the book contains much that is informative and creative. I found the chapter on 'Utilising Art and Imagery' particularly well written as was that on 'Parental Adjustment to the Loss of a Child'. The anecdotal accounts given by Elizabeth Kubler-Ross and Danai Papadatou in 'Working with Dying Children: a Professional's Personal Journey' were particularly moving because of the evident humility and humanity in their writing.

Other chapters cover the ontology of death for children, adolescents, their parents and professionals, and descriptions of treatment programmes directed at individuals, groups, families and professional carers. There is a section in which home-based care programmes are contrasted with hospital/hospice based-care.

There is patently some difficulty in ordering and linking the chapters. Although the subject areas covered are wide, they are not systematically organised, therefore the book cannot be said to be fully comprehensive. Starting the book with a chapter on 'do's and don'ts' was, in my opinion, a mistake. In general the chapters that were prescriptive read less well than those that were descriptive.

Tony Kaplan
Child and Adolescent Psychiatrist

ON THE DEATH OF A CHILD

C Hindmarsh. Oxford and New York: Radcliffe Medical Press, 1993. £15.50 pb.

The death of a child is traumatic to medical staff as well as to the families who are bereaved. This fact is recognised with sympathy and understanding by the author of this short book of practical guidance for those whose work brings them into contact with families who are losing or who have lost a child.

Written in a simple, clear style the book will appeal to nurses, midwives, social workers and bereavement counsellors. It is not an academic treatise and lacks medical sophistication. The references to medication and to psychiatric disorders are misleading. Thus, we are told that anti-depressants 'impede decision making and delay grieving' whereas 'something to induce sleep' is recommended. In fact this reviewer is aware of no evidence that anti-depressants influence the course of grief, indeed they may be life-saving in cases of suicidal depression triggered by bereavement and the newer anti-depressants such as Fluoexetine are relatively non-toxic. By contrast the indiscriminate use of benzodiazepine sedatives and tranquillizers easily lead to habituation and may interfere with the grieving process.

Readers are given no guidance on the diagnosis of anxiety disorders, panic syndromes, post-traumatic stress disorders or clinical depression, which are well-recognised occasional complications of bereavement. In fact we are given the impression that pathological grief reactions are the main problem that counsellors will meet, a conclusion that is not borne out in clinical practice.

Colin Murray Parkes
Consultant Psychiatrist

This review first appeared in the British Medical Journal and is reprinted by permission of the Editors and reviewer.

VIDEOS

DEATH AT BIRTH: Miscarriage, Stillbirth, Neonatal Death and Termination for Abnormality

Jenni Thomas, Nancy Kohner, Bradbury Williams. London: Child Bereavement Trust*, 1992. £75 + £5p&p. Two videos, running time: 15 minutes each.

A sensitive and useful pair of teaching videos for members of the caring profession. The first allows parents and professionals to explain what it is like to have a child who dies before or soon after birth. The second shows how to meet the needs of these people and provides evidence, in the form of satisfied parents, that these approaches work.

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This video challenges many commonly held assumptions about professional conduct at such times and emphasises the importance of multi-disciplinary team work, which will meet the needs of professionals as well as parents and their surviving children.

It makes no attempt to analyse in depth the complex psychological consequences that can occur and should be regarded only as an introduction to the topic. It will be of great value to nurses, doctors and other professionals working in obstetric and neo-natal care, but psychologists and psychiatrists will expect something more sophisticated. No mention is made of the scientific and theoretical work that has been done in the field. A reading list is provided but is too short to be comprehensive.

Colin Murray Parkes
Consultant Child Psychiatrist

* Available from Child Bereavement Trust, 1 Millside, Riversdale, Bourne End, Bucks SL8 5EB

ABSTRACTS

Do You Mean That Mummy is Going to Die? Caring for Bereaved Children

Couldrick A. *Professional Nurse* 1993; **9**(3): 186–189.

A practical and clearly written article dealing with the fears and uncertainties a child might experience during the final illness and after the death of a parent. It discusses the help and support health professionals can give to the child as well as to parents and teachers who are involved with the child's welfare.

Among the measures recommended are the involvement of the child in the care of the parent, open discussion of the patient's illness, play therapy, and as much contact with the parent as the child wants.

There is a useful reading list for adults, young and older children.

The Inner Representation of the Dead Child and the Worldviews of Bereaved Parents.

Klass D. *Omega* 1992–93; **26**(4): 255–72.

Solace and Immortality: Bereaved Parents' Continuing Bond with Their Children.

Klass D, *Death Studies* 1993; **17**(4): 343–68.

The death of a child is often experienced by parents as the worst thing that can happen to them. These two thoughtful and interesting articles, based on a 10-year study of a self-help group of parents who have suffered such a bereavement, show how the sense of irreparable loss can be mitigated through continuing interaction with the inner representation of the dead child.

The first article describes how the death of a child challenges the parents' worldview – that is, their basic assumptions about how the universe functions and about their place and power within this universe.

The second article shows how the inner representation of the child can be cherished through linking objects, religious ideas and devotion, and memories. Any or all of these can bring solace and resolution of parental grief.

An understanding of these aspects of grieving could be of value to those who care for the bereaved.

Bereavement and Mourning in Paediatric Rehabilitation Settings

Donders J. *Death Studies* 1993; **17**(6): 517–527.

This useful article discusses ways in which children with acquired brain damage (sustained, for example in a car accident or a fire) can be helped to deal with bereavement and with their fears and anxieties, within the paediatric setting. Pragmatic issues such as when and how to tell them of parental or sibling death are reviewed, as are the special responsibilities faced by the rehabilitation professionals who must deal with these issues.

Sheila Hodges and John Bush

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