



## WEBWATCH

### Death abroad

**Amanda Aitken** BA PGCE DipCouns  
Counsellor, Torbay Social Services, Devon, UK

**EVERY YEAR WORLDWIDE** many people on holiday will die unexpectedly from natural causes, accidents or under suspicious circumstances. Expatriates may also wish, upon their deaths, to have their remains returned to their homeland. The UK Foreign and Commonwealth Office in 2007 estimated that approximately 4,000 Britons die abroad each year and that this figure is rising.

As Sara Macefield explains in 'The last journey' ([www.telegraph.co.uk](http://www.telegraph.co.uk)), most deaths occur near the start of a holiday due to the **stress** of packing, making arrangements and travel. The second highest cause of fatalities is **unexpected disasters**, such as car crashes, swimming pool accidents and balcony falls.

As many as 600 deaths occur every year on UK **package holidays**. Some operators, eg Thompson, have a **welfare team** in the UK to assist the bereaved, together with resort-based teams, and most British holiday companies subscribe to the **Centre for Crisis Psychology** ([www.ccpdirect.co.uk](http://www.ccpdirect.co.uk)) which offers support to bereaved relatives.

Whether on holiday or living abroad, **repatriating remains** can be a complex, distressing and expensive process. As Sandra Satterlee pointed out in the *Guardian Weekly* (access article by googling **Death Abroad**) cultural and legal regulations surrounding

death vary from country to country. In France, a body cannot be transported without a police tag and the local mayor's approval. After 24 hours the body must be embalmed and placed in a wooden coffin. In Islamic countries it is common for the dead to be buried before sundown or within 24 hours without embalming, while in the USA embalming is common practice and will be carried out by a qualified embalmer. In other countries such as Spain and Portugal it is illegal for anyone but a doctor to embalm.

Bereaved relatives often seem to expect the remains to be returned for cremation or burial within a few days but in reality it generally takes 7-10 days even if death was from natural causes, and it can take anything from two weeks to three months where death has occurred under suspicious circumstances.

As well as local funeral directors' fees, other **costs** may include **mortuary fees, autopsy, embalming and administration** as well as expenses incurred by relatives while making arrangements. Coffins travel as internal freight and must be hermetically sealed although transporting ashes is much easier, providing the necessary paperwork is in order. The full cost of the funeral arrangements can amount to thousands of pounds.

There are several UK websites offering

advice and information. Search 'death abroad' on [www.fco.gov.uk](http://www.fco.gov.uk) for advice from the Foreign and Commonwealth Office, including how to register the death overseas. A general site [www.bereavementinfo.com](http://www.bereavementinfo.com) has a section on death abroad.

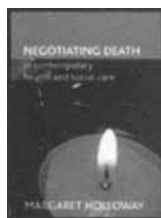
A limited number of UK funeral directors can help with **conducting funerals abroad or repatriation of remains**. Rowland Brothers International has 30 years experience with agents in 180 countries and a comprehensive website offering services and advice at [www.rowlandbrothersinternational.co.uk](http://www.rowlandbrothersinternational.co.uk) An offshoot, Golden Leaves, offers a service for those wishing to make funeral arrangements in advance ([www.goldenleaves.co.uk](http://www.goldenleaves.co.uk)) It offers two plans for expatriates, the first covers repatriation at death to any destination in the world whilst the other is for expatriates in Cyprus, Malta, Portugal and Spain.

Anyone wishing to find out more about coping with death abroad should consult the specific government website for their country as rules and regulations vary greatly across the globe. USA citizens may find 'Americans abroad' at [www.usa.gov](http://www.usa.gov) a good starting point. South Africans can search 'Travel outside SA' at [www.services.gov.za](http://www.services.gov.za) and then 'Foreign services' to access information on 'Death of SA citizens abroad'. ●

## BOOK REVIEW

### Negotiating Death in Contemporary Health and Social Care

Margaret Holloway



Bristol, UK: Policy Press  
2007, 216 pp  
£48.00 hb  
ISBN 1 84742 015 2  
£15.99 pb  
ISBN 1 86134 722 0

This book applies research findings for the benefit of those working in health and social care, such as

nurses, social workers and chaplains. The section on how personal language about death, dying and loss represent particular theological and philosophical positions is innovative, and relevant to bereavement. Also refreshing is that, whereas much writing on dying concerns cancer and much writing on bereavement concerns non-elderly loss, Holloway recognises that most deaths happen in frail old age and do not follow the trajectory of mid-life cancer, and that many mourners are elderly. There is a useful section on bereavement in old age, and also an extensive

and up-to-date bibliography.

Inevitably, such a broad-ranging book is not without gaps and inconsistencies. Reflecting existing biases in the literature, there is a lot on the context of care for the dying, while the chapters on bereavement focus, not on care, but on theories of grief. Overall, though, the book provides a very useful overview for those wishing to develop a more integrated knowledge base for working with dying or bereaved people. ●

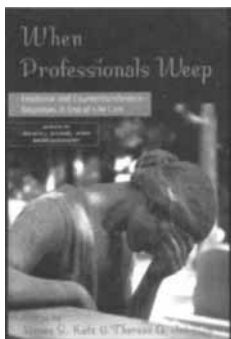
**Tony Walter**

Director of Studies, MSc Death and Society,  
University of Bath

## BOOK REVIEWS

# The emotional cost of caring

## When Professionals Weep



Renee Katz,  
Therese Johnson (eds)

Abingdon, Oxon, UK:

Routledge, 2006

255pp

£47.00 hb

ISBN 0 41695 094 7

£18.95 pb

ISBN 0 41595 095 3

Furthermore, Katz argues that members of all disciplines at any level of experience are subject to powerful reactions to their work, and these reactions are far more diverse than simply compassion fatigue or vicarious traumatization. The responses may originate in the helper, 'belong' to the patient, or 'belong' to that "alchemy" that "space" that takes its own place in the poignant relationship between helper and patient. The context of death and dying brings these responses into an altogether unique realm of thought and practice'.

The book is influenced by the finding from physics that the whole is greater than the sum of its parts. Katz contends that this means that professionals cannot therefore divorce themselves from this whole, nor from the alchemical reaction that occurs when two individuals engage together at perhaps the most vulnerable time, the end of life. The authors would have done well to draw also on the similar work of palliative care physician, Michael Kearney.

The book is divided into four major sections. The first examines end-of-life care in depth, the seduction of autonomy, assisted suicide and, a particularly useful and insightful chapter, the 'dance of parallel process' at the end of life. The second section, 'Specific settings and populations', takes in the

influence of culture and ethnicity – for both client and professional – including work with survivors of violent death, the holocaust, and children. One especially interesting chapter by Barnhill deals with his experience of working as a psychiatrist with victims of torture, execution and abandonment.

The section on 'Personal-professional reflections' is the most self-revealing, dealing with such issues as being a bereaved parent and therapist working with other bereaved parents. Werth writes about believing in rational suicide and then experiencing his fiancée's decision to stop chemotherapy and Dennis Klass describes, at a very personal level, his long-term involvement with bereaved parents' groups.

The final section on implications for practice contains an insightful and practical approach to dealing with the dying, the 'respectful death' model, by Annalu and Stu Farber, as well as chapters on practical training sessions for facilitating advanced directives (living wills) and group interventions to examine and process counter-transference.

I entirely concur with Robert Neimeyer's foreword: this book contains considerable wisdom from the authors, many of who have pushed themselves beyond normal professional comfort levels to write both personally and academically about the issues

I FIRST READ *WHEN PROFESSIONALS WEEP* a couple of years ago and it has made its way into my writing, lectures and clinical work ever since. Though this volume is subtitled *Emotional and Countertransference Responses in End-of-Life Care*, it includes chapters related to bereavement care as well. Renee Katz redefines the psychiatric term, counter-transference, as 'an "abbreviation" for the totality of our responses to our work – emotional, cognitive, and behavioral – whether prompted by our patients, by the dynamics incumbent to our helping relationships, or by our own inevitable life experiences'.

involved in counter-transference in end-of-life care. I can strongly recommend *When Professionals Weep* for professionals and volunteers in the field. ●

Mary Vachon

Psychotherapist and Professor of Psychiatry and Public Health Sciences

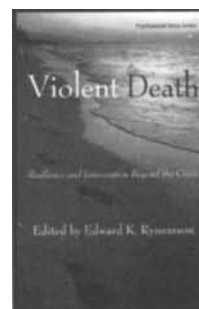
KEARNEY M (1996). *Mortally Wounded*. New York: Scribner.

IBID (2000). *A Place of Healing*. Oxford, UK: Oxford University Press.

## Violent Death

Resilience and Intervention beyond the Crisis

Edward Rynearson (ed)



New York/Abingdon,

Oxon, UK: Routledge

2006, 416pp

\$49.95

/£31.00 hb

ISBN 0 41595 323 5.

This book is part of the Psychosocial Stress Series, edited by Charles Figley, and offers important and distinctive insights for readers concerned with the long-term implications of violent deaths and

## BOOK REVIEWS

planning interventions to help individuals impacted by such trauma. Rynearson, himself a well-known contributor to these topics, has brought together a distinguished international group of three dozen contributors to address different aspects of the overall subject.

Each of the book's three parts has its own focus. The first is on restorative and clinical essentials, that is, fundamental concepts for understanding grief and violent death. The second part covers restorative and clinical interventions: these are evidence-based recommendations for community outreach, case identification, and time-limited and agenda-based treatments for adults and children. Finally, four examples are given of community outreach and intervention after disaster or warfare.

Three central links join the book's 19 chapters. Firstly, connections between the work of traumatologists and thanatologists, secondly, concern for issues that go beyond the immediate crisis and, thirdly, the importance of resilience and restoration.

The first of these links connects concerns about trauma with those about bereavement and grief, topics that have unfortunately all too often been kept apart. The second link goes beyond crisis response to examine suggestions for continuing support, outreach, and interventions for individuals, families, and communities. And the third link, as the series editor writes in his Foreword, 'emphasizes that the prognosis for violent death bereavement – despite assertions in the literature to the contrary – is good. Resilience is the norm'. As a result, Figley continues, 'The general consensus is that interventions for the violently grieved should not only include the expectation of recovery, but they should be brief and focus on generating social support'.

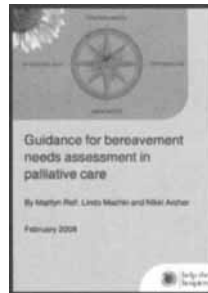
To my knowledge this is the only book currently on the market that addresses these topics in a comparable way. ●

**Charles Corr**

Member, Board of Directors, Suncoast Institute of The Hospice of the Florida Suncoast, Florida, USA

### Guidance for Bereavement Needs Assessment in Palliative Care

Marilyn Relf, Linda Machin, Nikki Archer



London:  
Help the Hospices,  
2008  
24pp  
£10.00 pb  
ISBN 1 87197 872 6

This all-too-brief guide is a renewed attempt to construct a tool to identify people needing bereavement services for help at an early stage, claiming a shift in approach from risk to coping styles. However, loss and coping as a conceptual base for bereavement work has been criticised for labelling and individualising grief as a 'risk' to psychological stability just as much as the old risk assessment tools. Mostly, bereavement is a normal social response to life events and people need no professional help. 'Need' is about people's deficits. Therefore, this bereavement need assessment still focuses primarily on negatives: people are classified as combinations of overwhelmed, vulnerable or controlled; resilience is the only positive option, perhaps combined with one of the others.

This method of assessment continues to raise the same ethical issue as previous tools, ie that healthcare staff are supposed to observe, often without informed consent, the behaviour of relatives of dying people, who are therefore not patients and may not feel any bereavement need. In-patient and community hospice staff are busy with

care and treatment, and distressed family members may be outside their orbit. Therefore, the ability to make helpful observations on grief behaviour is likely to be patchy. These factors make it hard for even committed staff to achieve a collaborative, comprehensive assessment, but the guidance conceives that this may be done for many relatives. Full implementation of these methods has considerable resource implications: staff would need training in the process and the commitment of managers to using this assessment would need to be raised. This would require co-ordination with bereavement services and administrative support, alongside a giant list of recommended assessment documentation.

The guidance comes from hospice experience and research and is a thoughtful improvement for a hospice setting where bereavement support is well-integrated with the wider service, and staff and relatives are focused on the dying process and consequently aware of bereavement issues. However, most people die in care homes, or helped by community health services or accident and emergency units, where this guidance does not aim to help and would need considerable adaptation.

Rather than assessment tools with doubtful capacity to pick out the few who miss receiving help, resources would be better applied to make bereavement services widely available and consistently able to offer the right help at the right time. This would give healthcare staff and other professionals likely to encounter people struggling with bereavement a local place to send them. It is at this point that assessment should be concentrated. ●

**Malcolm Payne**

Policy and Development Adviser, St Christopher's Hospice, London

### BOOKS DIRECT FROM CRUSE



#### Draw on your Emotions

Margot Sutherland, Phillip Engleheart

Non-verbal counselling tool with structured picture exercises for people of all ages. 136pp

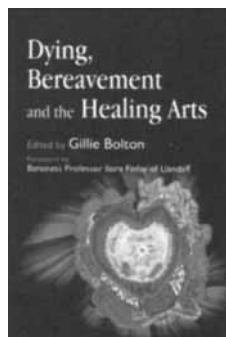
Online shop at [www.cruse.org.uk](http://www.cruse.org.uk)

Tel +44 [0] 8930 9530

£32.99

# Creative interventions for grief

## Dying, Bereavement and the Healing Arts



**Gillie Bolton (ed)**  
 London: Jessica Kingsley  
 2007  
 216pp  
 £19.99/\$34.95 pb  
 ISBN: 1 84310 516 9

GILLIE BOLTON HAS DRAWN ON HER WIDE NETWORK of contacts in the medical humanities, and her considerable experience of the therapeutic value of writing, to produce this important record of current practice in art therapies. This book gives a voice to patients of all ages, carers, professionals and volunteers with touching, powerful and inspirational accounts of the many ways in which the arts have enriched and informed their lives and work.

We are taken by the many contributors to this book into a wide range of intensely personal experiences. We follow their clients' search for meaning, as they seek to express the unbearable, face their personal demons and reach out in isolation and vulnerability to feel strengthened and rewarded by the effort. Arts therapists, writers, musicians, artists, actors, film-makers, poets and photographers, using visualisation, image-making, ritual or performance – all demonstrate the value of both the creative process and the final product in immeasurably enriching our lives.

In any medical context we are all inclined to defer to the 'certainties' of the sciences. However, when confronted by the multiple uncertainties encountered in palliative care, these practitioners demonstrate the reassurance and reserves of personal strength that emerge as the arts are brought to serve personal and professional development.

Further work will be needed to evaluate current initiatives and develop provision across all palliative care settings, as well as to alert others to what could be available (Wood 2008). However, for anyone curious about how it is that the arts can evoke, enliven, reassure, educate, recount and then enable us to share that with

others, this is the place to start. It provides the perfect adjunct to the recent publication of the UK umbrella organisation, Help the Hospices, (Pratt, Thomas [eds] 2007) delineating different arts and arts therapies interventions and clarifying the professional training and provision required for each.

Further examples of current UK arts in health projects have been brought together by the Arts Council of England (2007), while publications on the National Health Service's views on arts in health (NHS Estates 2002), and an evaluation of the work (Staricoff 2004) are referenced below.

ARTS COUNCIL ENGLAND, DEPARTMENT OF HEALTH (2007). *A Prospectus for Arts and Health*. London: Arts Council England.

NHS ESTATES (2002). *The Art of Good Health: Using Visual Arts in Health Care*. London: NHS Estates.

PRATT M, THOMAS G (eds) (2007). *Guidelines for Arts Therapies and the Arts in Palliative Care Settings*. London: Help the Hospices.

STARICOFF RL (2004). *Arts in Health: A Review of the Medical Literature*. London: Arts Council England.

WOOD MJM (2008). *Mapping the Landscape: A Directory of Arts Therapist and Arts Practitioners working in Supportive and Palliative Care Settings in the United Kingdom 2007*. London: Creative Response and Help the Hospices Network of Professional Associations.

## The Art of Grief

The Use of Expressive Arts in a Grief Support Group

J Earl Rogers (ed)



New York/Abingdon, Oxon, UK: Routledge  
 2007  
 224pp  
 \$29.95/£18.95 pb  
 ISBN: 0 41595 535 1

Rogers has produced an eight-session grief support programme involving an exciting diversity of creative arts, from drama and poetry to the sandtray and collage, all underpinned with ritual. The 20 contributors, many of whom are members of the USA Society for Arts in Healthcare, responded to Rogers' call for stories about the use of the arts in grief support groups.

Section I provides a chapter on leading groups, which is unfortunately not sufficiently referenced to encourage further study, and another on the particular needs of grieving children and teens. It briefly introduces grief theories and describes complicated mourning before presenting the role ritual and art can play in facilitating the grieving process.

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Individual sessions in Section II are well presented and clear, with many original and inspirational ideas which should form a valuable addition to the existing literature. In Section III the contributors present a stimulating account of various art interventions alongside stories of beneficial creative experiences.

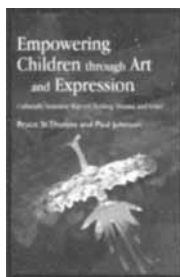
The tone of the book throughout suggests that a highly successful outcome lies within the grasp of any well-intentioned facilitator with little or no experience of group process or the various creative modalities. However, there is no awareness of the need for supervision for group leaders or appropriate timing for groupwork. It would have been useful to suggest employing a trained therapist during the assessment process to ensure the safety of both vulnerable participants and unwary leaders and facilitators.

The book would be a useful addition to the toolbox of the trained group facilitator or therapist and should prove stimulating to those grief support services which find they have become a little jaded.

### Empowering Children through Art and Expression

Culturally Sensitive Ways of Healing Trauma and Grief

Bruce St Thomas, Paul Johnson



London/Philadelphia, PA, USA:  
Jessica Kingsley  
2007  
176pp  
£19.99/\$29.95 pb  
ISBN: 1 84310 789 7

In this book St Thomas and Johnson describe how the arts and expressive therapies can provide the means for children to recover from trauma and grief. Specifically, given the opportunity to work in this way, 'children have the potential to lead the healing process'.

The authors explain the neurobiological impact of trauma and the ability of physical arts forms to reach deeply suppressed trauma, enabling healing to begin. They explore children's ability to develop insight,

recover their self-worth and devise coping strategies to enable them to move on with their lives despite their deeply disturbing experiences.

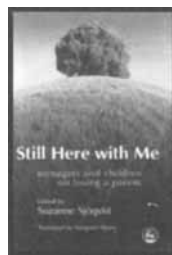
They illustrate this thesis with examples of children working in the multicultural programme of the Center for Grieving Children in Portland, Maine, USA who have relocated from war zones in Sudan, Cambodia and Somalia, and of children in The America's Camp, Massachusetts, who have personal experience of terrorism and other traumatic bereavements.

The book provides a fascinating account of phases of recovery that parallel the experiences of figures from myth and folklore from many cultures.

### Still Here with Me

Teenagers and children on losing a parent

Suzanne Sjöqvist (ed)



Philadelphia, PA, USA/London:  
Jessica Kingsley,  
2007  
183pp  
\$19.95/£13.99 pb  
ISBN 1 84310 501 2

This book belongs to the personal story genre of bereavement literature. As a professional in the field, I acknowledge and applaud the indubitable value of telling their story for the bereaved or traumatised individual, in bearing witness to events that may have been exceptionally painful or difficult. The benefits for the reader, however, are often harder to assess, and the messages can be negative as well as positive if they are not filtered by some knowledge and experience of bereavement.

This collection of personal stories by Swedish young people aged 9-20 who have experienced the death of a parent contains many, very moving, painful and poignant accounts of their lives before, during and after the bereavement. The children write directly and powerfully, and are aware of their messages going out to others who have been bereaved or wish to learn about

The authors trace these from the initial phase, during which the key objective is to create safety and build trust for the helpless victim, through the surfacing of anger and conflict, the possibility of change and letting go, to the emergence of insight and new hope as the child recognises and is empowered by their own creativity.

This book provides an invaluable contribution to the available resources on working with bereaved children, particularly those for whom the death was particularly traumatic or complex or resulted in the additional distress of relocation. ●

Mandy Pratt

Art Psychotherapist

it. The editor was herself bereaved of a parent as a child.

The stories are written from the child's perspective, and the amount of analysis and reflection varies according to the writer. Some lost their parents in traumatic circumstances and these are the ones that I am concerned for as a professional. In two cases father has killed mother and several deal with suicide. A few seem to have been very negatively affected by the manner of their parents' death, and I have to question the helpfulness of reading about their experiences for another child bereaved in the same way.

I would use this book very carefully in my own context of a bereavement service for children. I can imagine a scenario where a child might be comforted or encouraged by an account that closely mirrored their own bereavement, but I would not want to give them the whole book. I would recommend it to counsellors in training, as it is one of very few contributions by young people to the literature. The other book in a similar vein is Jill Kremetz's *How It Feels When a Parent Dies* (1988) which is very similar but has, I think, more immediacy and is possibly more focused as it consists of interviews with the children rather than their own writings. ●

Frances Krauss

Candle Project Leader, St Christopher's Hospice

KREMENTZ J (1988). *How It Feels When a Parent Dies*. New York: Random House.