

Therapy, Legitimation or Both: Funeral Directors and the Grief Process

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Abstract

Although Funeral Services generally presents itself as a profession, there are occasional difficulties in legitimizing this occupational stature. Funeral Directors often use their role in helping the bereaved to organize funerals and memorials as part of their legitimation of a professional status. These roles are couched in therapeutic terms, and Funeral Directors are presented as providing a valuable psychological service to the mourners.

Indeed, in a secular age, Funeral Directors may be the one occupational group most likely to have direct and close contact with the bereaved early in the cycle of mourning. Furthermore, they are in some form of contact with almost all families who are bereaved, regardless of religious traditions or access to therapists.

The paper clarifies this function of the Funeral Director in the modern funeral system and analyzes how the therapeutic value of funeral directing is asserted within Funeral Services literature. The paper then turns to how this assertion about the therapeutic role of Funeral Directors is incorporated into the curriculum of Funeral Services Education. Evidence is gathered from Funeral Services industry publications, Funeral Services curriculum, social science studies of Funeral Directing, and interviews with Funeral Services students and faculty.

Funeral Directors will continue to play an important role in maintaining funeral rituals and directing the mourning behaviours of the bereaved. Furthermore, their status as a profession may depend on how well they perform their tasks as grief facilitators.

Introduction

The funeral director is usually the first person to hear the 'death story,' the first to observe acute grief in the family, the first to hear the multiplicity of feelings the family is going through, and, the first to offer support as the family starts the grief journey (Canine and Watkins, 2002: 23).

By virtue of their role in the disposal of the dead, and their tasks and assisting the families of the deceased with relevant planning, Funeral Directors and Embalmers come into regular contact with the bereaved. In an age when many people do not maintain contact with clergy, or with other occupations that provide emotional support, Funeral Directors have become the first and most-assured line of contact with the bereaved. In North America, almost all bereaved immediate family members will have some type of contact with a Funeral Director, making them a potentially significant link in the grief process. Funeral workers have continual contact with families during the first few days after a death (and even more intensive contact than the clergy, in most cases). An increasing secularization has enhanced this role of the Funeral Director, as more funerals or memorials are held in funeral homes instead of churches. "It is, therefore, only natural that more people will turn to their funeral director for comfort and guidance when a loved one dies" (Gomez, 1976: 151).

This paper discusses how Funeral Directors have responded to this role in the grief process, how they come to use their tasks in care for the bereaved to support their claim to professional status, and how they position their services and products in terms of therapeutic value for the bereaved. In short, the paper considers the implications of the Funeral Services Industry's focus on their therapeutic roles.

Funeral Services provides a fertile example of how an occupational group asserts a professional status. In the case of Funeral Services, the workers can use their professional status to avoid the stigma of working with the dead (just as pathologists or coroners may enjoy professional status even though they work with the dead). The

relevant question then is “what functions of the Funeral Services workers’ role will be most effective in promoting this stature?”

There are certain tasks of Funeral Directors which work against their professional status, such as their role in selling funeral merchandise. However, they are not alone in this mixture of service and retail functions. This is the case for pharmacists and optometrists as well. The latter may sell glasses, even as they fill out prescriptions for glasses. (But optometrists are not the only ones allowed to sell glasses, making the market dynamics somewhat different. If casket stores ever became successful, then the comparison might be more complete.) One strategy for downplaying the retail functions of Funeral Directors is to focus on their therapeutic roles, and present the rest of their work (in preparing and presenting the body, for example) as therapeutic work that provides a psychological service to the public. As Charmaz noted, “claims to any therapeutic role [of Funeral Directors] would enhance the occupation’s professional status” (Charmaz, 1980: 193).

While Funeral Directors may not do psychological profiles, “in the day-to-day work of the caring funeral professional, there is a tremendous opportunity to encourage, suggest and even direct a family toward appropriate grief help” (Canine and Watkins, 2002: 22). As discussed below, sometimes this assistance in grieving takes the form of funeral planning (as in the case of personalization of ceremonies) or body preparation (to provide friends and family a chance to see the deceased in a relatively peaceful state one last time). The multiple roles that Funeral Directors play, however, sometimes create tensions. For example, the reasons for promoting an open casket visitation straddle a number of interests. There is the belief that it will be “better” for the family (which is the therapeutic interest), but there is also the desire to show off the skill of the embalmer (to enhance their status) and the knowledge that an open casket funeral may result in a wider variety of merchandise and services ordered, thus increasing the bill (the economic interest). These interests converge in the everyday work of the Funeral Director and Embalmer.

This paper begins with a set of questions around professionalization: what makes an occupation a profession? What is the basis of the Funeral Director's claim to professional status? What are the roles which Funeral Services workers play? Then the discussion moves to an evaluation of several specific claims to therapeutic benefit which Funeral Directors (and their spokespeople) argue. This includes the funeral as therapy, viewing as therapy, embalming as therapy, aftercare as therapy and the purchase of funeral-related commodities as therapy. The paper ends by reaffirming the tension between business interests and altruistic service interests, a tension which implies that the role of Funeral Directors in the grief process of the bereaved involves both therapy and occupational legitimation.

The data for this paper is taken from a variety of sources, including Funeral Services publications, surveys of Funeral Services students, Funeral Directors and Clergy, and the social science literature.

Are Funeral Directors professionals? Trying to understand one of the motivations of the claims that Funeral Directors have a role in grief support

Professions are occupations with special power and prestige. Society grants these rewards because professions have special competence in esoteric bodies of knowledge linked to central needs and values of the social system, and because professions are devoted to the service of the public, above and beyond material incentives (Larson, 1977: x).

To reiterate, it is quite likely that the assertion of professional status is a method of deflecting the stigma which accompanies working with the dead. By attaching the professional status, and drawing attention to their role within the public health and mental health systems, the funeral services worker is able to decrease the "polluting nature" of their work with the dead (Thompson, 1991). This also serves to answer the critics who complain about the high cost of funerals and who might argue that funeral directors are glorified salespeople.

If Funeral Directors are professionals, as they claim, then how do they define “professional?” Pine (1969), trained as both a sociologist and a Funeral Director, uses the term “professional” in a different way than some might. He acknowledges that a physician may be called a professional, as an occupational label, but he uses the term as being the opposite of “amateur.” Thus, a profession becomes nothing more than “the sort of occupation a man has” (Pine, 1969: 7). Despite this very loose typology, Pine does recognize some of the standard characteristics of professionalism, such as an underlying body of knowledge and the right to claim authority over a certain area of life: “all professions have a high degree of professional authority. The professional determines what is good or bad for the client; not only must the client accept that judgment, but also he is generally not believed eligible to judge the quality of the decision. This is considerably different from the notion that the customer is always right” (Pine, 1969: 7).

Taylor (1998) argues that Funeral Directors tend to meet most of the criteria of a profession (such as self-policing and public service), with the exception of the educational demands of the occupation. Indeed, she suggests that Funeral Services is undergoing the same process of professionalization as certain other service industries such as fitness clubs (once run by ex-jocks, but now run by educated professionals) and massage therapists.

Another example of a definition of a professional comes from an embalming textbook: “When using the term professional, we are making reference to an attitude more than anything else. True professionalism is in the heart. It becomes evident in one’s humanistic and occupational attitudes. To say one is a professional, is not so much a statement of what one does, but rather the quality, or lack thereof, which he brings to the task” (Strub and Frederick, 1989: 1). Again, this is a rather loose and subjective designation.

However it is defined, Funeral Services appears to exhibit some insecurity about their occupational status.¹ This tenuous hold on professionalism, which can also be seen as a form of an inferiority complex, goes back some time. In the mid-1940s, Funeral Directors felt they were under attack (according to funeral-related periodicals, the field always seem to feel under attack...). One publication printed, in response: “Does the funeral profession intend to take these unjustified attacks lying down? Is the profession still obsessed by the inferiority complex from which it suffered a half century ago? Or is it ready to take its proper and well-earned place with the physicians, the surgeons, the oculists, the dentists, the eye-ear-nose-throat specialists ... ” (McLaughlin, 1945).

One of the ways that Funeral Services has tried to attain professional status is through the promotion of its work in embalming (a strategy which will be discussed in more detail below). Many funeral directors, especially in rural areas, had other businesses, so they might be seen as furniture dealers and funeral directors. Instead of being seen as professionals, they were seen as retail owners. In an editorial from 1944, The Embalmers’ Monthly argued that it was the embalmer who offered a modicum of professionalism to the funeral directing field. They state, “The embalmer uses in his daily tasks the knowledge of a physician (whose patients cannot tell him what ailed them); the skill of a plastic surgeon (who may not be familiar with the natural appearance of his subject); the technical learning of a laboratory chemist and the delicate abilities of an expert cosmetician. All to what purpose? To the purpose that mothers and fathers and daughters and sons and wives and friends – and the neighbors who represent the whole community population – may have preserved for them their faith in immortality and resurrection, and their faith in the decency and integrity of human assistance in time of trouble” (The Embalmers’ Monthly, 1944: 34/30).

What is a profession?

Some occupations, such as medicine or law, clearly appear to be professions, but the

¹ From a legislative point of view, the U.S. Department of Labor categorizes funeral workers as “non-professional” under the Fair Labor Standards Act. One of the reasons for this is the lack of uniform educational standards nationwide (Koeller, 2001).

distinction is much more ambiguous when it comes to the wide variety of other occupations within our specialized labour market. One way to deal with this ambiguity is to provide a definition of a profession which lists a number of traits (or conditions) which should be present in a profession. Characteristics which have been included in these lists include the following (taken from a variety of sources, including Flexner, 1915; Goode, 1969; McKinlay, 1973; Bennett and Hokenstad, 1973; Pine, 1975; Larson, 1977; O'Day, 1979; Marquand, 1997; Middlehurst and Kennie, 1997; and Rossides, 1998):

(i) Mastery over a unique (and even somewhat mysterious) knowledge base. This is usually abstract or theoretical knowledge, as opposed to technical expertise or substantive knowledge. Thus, this characteristic involves both a "cognitive exclusiveness" (or monopoly over certain knowledge) as well as a particular process of training and acquiring (and protecting) that knowledge.

(ii) Autonomy, or independence and discretion in the organization of the workplace and work activities. The state does not determine how professionals should interact with their clients.

(iii) A service orientation. According to this characteristic, professionals have clients as their main concern, rather than profits or shareholders or personal comforts. There is some self-sacrifice expected.

(iv) Altruism, or a motivation toward the general welfare of society. Not just individual clients, but society in general.

(v) Self-regulation. This involves the existence of a code of ethics for practice, a system of self-licensing, the maintenance of barriers to entry for new recruits, a hierarchy within the profession, a willingness (and right) to regulate the members of the profession, and the community's approval of this power.

(vi) A sense, on the part of members, that they are answering a "calling" when they join the profession.

(vii) A sense of identity as a profession. Through extensive interaction and occupational socialization, professions become communities, "whose members share a relatively permanent affiliation, an identity, personal commitment, specific interests, and general loyalties" (Larson, 1977: x).

These are static characteristics, but professionalization is a verb, implying a more active process on negotiation and engagement. Thus, we need to remember the following two arguments.

(i) Professionalization is a collective activity. The drive to professionalize is a collective one, and one which might put certain practitioners of an occupation at a disadvantage. If, as is the case in funeral services, the move to professionalization involves the collective acceptance of a form of credentialism, then some funeral directors (who lack the educational qualifications) will not be able to be fully licensed. The act of professionalization can be seen as an exercise in collective upward social mobility (Larson, 1977: xvi). To assert a professional status as a group will not be enough. As Goode put it, "self-advertisement may create self-delusion but will hardly persuade others" (1969: 269).

(ii) Professionalization is a process. Hughes notes that his own studies of occupations moved from asking "Is this occupation a profession?" to asking "What are the circumstances in which the people in an occupation attempt to turn it into a profession, and themselves into professional people?" (Hughes, 1970: 315). Thus, the question for this paper could be "how do funeral directors and embalmers exert and support their claim to professional status?"

Making Claims to Professionalism

Given these characteristics, what criteria do Funeral Directors use to support their claim to professional status? Within Funeral Services, the assertion of a professional status has a relatively long tradition. Articles and editorials in industry periodicals have consistently affirmed their professional status (cf, O'Hagan, 1948b; Kidell, 1974; Kusuplos, 1991). As an example of more recent sensitivity to this issue, a question on a 1999 survey of funeral services students asked "In your opinion, what are the major challenges facing the Funeral Services industry in Canada?" One respondent changed the word "industry" to "profession" on the survey and wrote in: "Funeral Services is a

profession, not an industry. We do not manufacture anything. A small point, but an important one." I would identify five criteria which are used by Funeral Services.

(i) The first criteria for the claim is from the work that embalmers do, as it involves pathology, anatomy, chemistry, physiology and so on. This emphasizes the "science" of this occupational activity.

(ii) A second criterion for the claim to professional status is made on the basis of the self-licensing status of the occupation. Associations try to be pro-active in self-regulation, to head off government regulation (especially in response to high-profile situations).

(iii) A third foundation for a claim relates to the immense responsibility of organizing the ceremonial aspects of funerals, aspects which cannot be rehearsed in many cases. This is said to elevate the funeral director "beyond and above that of the craftsman, tradesman, or purveyor of petty personal services" (Quigley, 1996: 306; see also Prior, 1989; Barley, 1983). Thus, they are like psychiatrists in that they are judged by "the experiences they create and not by any material product" (Unruh, 1979: 247).

(iv) A fourth criteria for the claim to professionalism (and one of the central points in this paper) is the focus of Funeral workers on an aesthetic of sympathy or empathy for the family and friends of the deceased. Their occupational function is to prompt grieving and "closure," which places them in parallel with other mental health workers. An editorial in Canadian Funeral Service from over 50 years ago stated: "We have often, in this department, expressed the suspicion that the most-nearly (or completely) professional activity of those engaged in serving the living by administering to and restoring the remains left by departed loved souls is psychological administration unto survivors" (O'Hagan, 1948: 11; emphasis added). When asked "why did you choose funeral services as a career," half of the students in a funeral services program answered that it was to help people in a time of need (Emke, 2000). However, in order to seriously support the claim for professional status on the basis of this criterion, there probably needs to be a continued emphasis on bereavement counselling and grief management during Funeral

Services training. This area of aftercare is where the funeral director's work is expanding.

(v) A fifth basis for the claim to be professionals is from the new emphasis on specialized education as the legitimated career path for new recruits. This satisfies a central criteria for a profession, and it produces new recruits with a different outlook and approach than those who enter an occupation through apprenticeship alone. However, the issue of educational qualifications is an area that has been somewhat contentious.

The roles of Funeral Directors – they are various and lead to role strain

Pine (1969) argued that Funeral Directors operated on “multi-professional dimensions.” Certainly they are engaged in a wide variety of tasks, requiring different skill sets. One way to look at the professionalization of Funeral Services is to consider the roles (or functions) of funeral services workers. One can then see how certain functions are used in the claim to professional status. Through a summary of the literature, as well as my own discussions with funeral directors and embalmers, I would suggest that funeral services workers focus on eight occupational tasks.²

(i) Legal/ bureaucratic. This includes the paperwork to apply for a death certificate, the cemetery arrangements, all of the relations with medical professionals (the hand-off of the remains from medical experts to funeral workers) and the transportation of the body (including a knowledge of international and interprovincial laws on such matters). This might also involve providing information about pension matters, insurance, and so on. With an increase in government record keeping and regulations, this opened a space for the bureaucratic function of funeral workers (Prior, 1989).

(ii) Ceremonial/ facilitative. On this function, Unruh wrote: "It is the funeral director who must guide, manage, and control both the bereaved family and other audience

² I am speaking here of both funeral directors and embalmers, since many members of the occupation have both licenses, even if they tend to specialize in one or the other area. However, some of the functions will not be relevant for those who are limited to either embalming or to funeral directing.

members through the processes of funeralization" (1976: 11). This task is to arrange the funeral and visitations and the disposal of the remains, to act as the director (in a theatrical sense as well) of these public times, negotiate the interactions among the players, keep in regular phone contact with the family and clergy, continually remind the family of details, watch the family closely and help them to "manage" their emotions. In a way, they are the "master of ceremonies" for the funeral proceedings (see Oman, 1972).

A part of the ceremonial function of funeral directors is to ensure that proper decorum is followed in that relationships to the deceased are respected -- that families receive different treatment than other mourners. The organization of who rides in which car and which cars go before others relate to the smooth application of normative rules of kinship.

Successful operation as a funeral director involves ceremonial and presentational skills. In the description of the Funeral Services Program at Nova Scotia Community College (Kingstec Campus), the applicants are advised that "During observation and while participating in practicums, students will be expected to wear clothing appropriate to the profession." While visiting, I was struck by how well all of the students conformed to these expectations, at all times. Except for one day when they were allowed to wear jeans if they donated to a local charity, the students (and faculty) were always dressed in a professional manner.

Asked of a long-time Funeral Director, who worked with students on a regular basis, how he judged whether a new recruit would be successful or not. He said, first impressions, how they carried themselves, how they were groomed, how they were dressed.

(iii) Possession of the Body/ Care for the Remains. One of the central sources of the power of Funeral Services is that they have possession of the body of the deceased (Howarth, 1996). Funeral workers clearly take this possession of the body seriously. One funeral director related the story of a situation which occurred in a small community. The RCMP had ordered a closed casket funeral since the deceased had committed suicide

with a shotgun. But the brother of the deceased man wanted to see the body and, at one point, tried to open the casket himself. The funeral director had already been nervous about having the visitation and funeral service in the small church in the community, but became even more concerned when she had to leave the body overnight in the church (which had no locks). As the funeral director explained, she was legally responsible for the body ("it was in my care"), and if anything had happened overnight, she would have been forced to take the blame. Nothing happened, but the sense of responsibility for the body (even in its particular state) was profound, on the part of this funeral director.

(iv) Therapeutic/ Empathetic. One of the tasks of the modern funeral director, taken over from clergy and the community, is to assist people in grieving their loss. This is called "aftercare" in the funeral industry, and for some it is the "golden nugget" which will ensure the future of funeral services. Some of the rituals of funerals are evaluated by funeral workers based on how they will affect the family, rather than strictly tradition or local convention. The example of graveside lowering in Newfoundland is instructive here. In many communities, there has been a shift toward not lowering the casket into the grave at the committal service. This has marked a change in common funeral ritual, but in all of the cases where I enquired, it was due to the initiative of the funeral director and not the clergy or family. Once the practice of not lowering the casket had begun, many families then requested it. Funeral Directors told me that they saw the lowering of the casket as causing unnecessary suffering for family and friends. On the other hand, one experienced funeral director noted that he only lowered a casket once, when he felt that one of the sons of the deceased had not fully comprehended the "reality" of his father's death. This funeral director began to lower the casket, until the son finally broke down and cried and fell to his knees, whereupon the funeral director stopped the lowering device. Thus, here we see therapeutic concerns, not logistical ones, which influenced this change in ritual.

(v) Sales/ Provision of Services. This is the business role of funeral directors, in that they provide specific goods and services which are generally unavailable elsewhere. Indeed, the early beginnings for many funeral establishments was through providing

services (such as carriage transportation) or goods (such as coffins) to people in need. This role of merchandising and marketing is considered a legitimate part of funeral services, and educational programs in the area cover merchandising and small business management. This link between retail business and service has long been accepted as normal. An editorial from almost 60 years ago states: "Except for those professional workers who are pleasantly attached to university and college payrolls, all professions must still maintain some contact with business affairs. Cost have to be met and, to meet them, collections must be made. That does not deprive any profession of its character" (The Embalmers' Monthly, 1944: 30).

(vi) Technical/ Body Restoration. The preparation of remains through embalming and restorative arts is an important part of the role of funeral workers. Students require a lot of training time on this, and it is one of the very unique things that can be offered by funeral workers alone. Many of the embalming and restorative techniques are relatively new, at least in the extent of the manipulation possible.

During my visits to funeral homes, I was often regaled with stories from embalmers about classic cases they had handled, usually involving some dramatic transformation, through stitching and reconstruction, of an accident victim. All of them showed a great pride in being able to offer the family an open casket visitation, so that their last "memory picture" would be positive.

A survey of the 1999-2000 class in Funeral Services at Kingstec showed that students voted embalming as being the most useful course/topic to them in their future careers, followed closely by Restorative Art (Emke, 2000). These skills are seen as being crucially important to a career. Interestingly, Funeral Rites and Psycho-social Aspects of Death and Dying were considered to be the least useful (despite the shift toward aftercare).

(vii) Technical/ Body Sanitization. I have separated this role from the above, since the purpose of sanitation and protection against infection is a separate concern from that of restoring the body to a "near-lifelike" appearance. It is argued that this role of embalmers

is an extension of the actions of public health workers. In this case, embalmers are protecting the public from the further spread of contagious disease, through careful infection control and sanitation.

(viii) Protection and Preservation of Funeral Ritual. This final function is a broader role, which goes beyond the interactions with cases and their families. This is a public relations and educational role, one which is more commonly undertaken by associations, where they attempt to advise the public on the importance of funeral ritual and the variety of ways to remember the deceased. In their defence, there is some evidence that symbolic actions and ceremonies are useful to people in facilitating their griefwork (cf., Doka, 1984; Bolton and Camp, 1987; Irion, 1991).

With increasing secularization and the decline in the importance of religion, funeral services workers are increasingly the ones who are upholding the importance of funeral rituals. As Paul noted, funeral directors help people to "ritualize" a loved one's death and thus they serve an important function (Paul, 1997; see also Wolfelt, 1994). This may put them in a conflict of interest, but no moreso than professions such as dentistry (which promotes regular dental checkups) or law (which informs us of our legal rights, options and responsibilities on a regular basis). It may be a characteristic of professions that, to some extent, they create their own demand.

In my interviews, a number of funeral directors (young and old) decried the loss of funeral rituals. People no longer wear mourning clothes (even to a funeral), nor do they pull their blinds or stop their cars for a funeral cortege or pause to take off their hat while a hearse goes by. Through practice, and professional socialization, there is a profound respect for the deceased and they wish to see that exhibited by others as well.

Related to this public profile on funerals, there is a concern over the profile of Funeral Directors in general. For example, after the recent nightclub tragedy in Chicago, a number of the families of young people who died felt they were being hounded by lawyers and Funeral Directors, being pressured into signing on for services before they were ready. This resulted in some bad press for the profession. (The legal profession

seems well able to weather this usual representation.) Some families noted that “funeral directors were waiting outside the hospitals where their loved ones were taken, with business cards at the ready” (Smith, 2003). This is seen as unacceptable.

In the next section, I take several of these roles and look into them in more detail, especially related to how the funeral industry pitches these as a part of their helping of the bereaved, rather than the promotion of their own self-interest. But these interests do intersect. Not all therapeutic care can come under the category of “aftercare.” We will begin with the funeral itself.

The Funeral as Therapy

A good funeral also takes the living to the edge of a life they will live without this person. It doesn't heal them, but it puts them in the direction of healing. It confronts the loss by saying, yes, this is why it hurts, rather than disguising or disappearing the loss, which is our tendency (Lynch, 2002: 32).

The job of healing can be assisted not only by what is said but by what is done. This is why Funeral Directors focus on the details of looking after protocol, making sure the family is OK, caring for the body and displaying it as well as they can. “Much of the healing process in funeral service counseling comes not only from what is said, but also from what is done” (Van Beck, 2002: 24). A funeral is a social event, allowing a wide variety of people to grieve together. A private memorial, on the other hand, is seen to reject the support of the community, and thus “most of the important psychological aspects of the funeral process” (Van Beck, 2002: 24). The “product” of Funeral Directors is “the provision of a funeral service which is psychologically and emotionally beneficial in the adjustment process of the survivors” (Blackwell, 1968: 8).

Gamino et al., 2000, found that there were some positive effects when mourners were involved in funeral rituals, when they were participants in planning the funeral (the

relationship approached statistical significance). However, many in the study also reported adverse events during funerals, such as conflicts among survivors, discomfort with cremation, problems with funeral home or minister, financial issues or the state of the body. When adverse events occurred, people were less likely to define the funeral as being comforting.

But the funeral can be therapeutic as it is a time that people can rid themselves of their perceived sins of omission. We can do for someone in death what we didn't do for them in life (Douthitt and Drum, 1972).

Indeed, there is a significant amount of public relations on the importance of funerals. The National Funeral Directors Association's consumer education campaign for the spring of 2003 is committed to "educating the public on the value of funeral service" (National Funeral Directors Association, 2003). In a textbook discussion of local public relations for Funeral Directors, the author notes "The following are examples of just some of the topics that with a little reading and brushing up, most funeral directors could speak on with confidence: Value of the funeral; Embalming – how and why; Grief and funerals..." (Klicker, 1998: 177). The topic of the value of the funeral is the only one which is pitched as being relevant for any kind of an audience.

Viewing as Therapy: The Guest of Honour as a Powerful Signifier

The very services for which funeral homes most often come under attack – the expenses associated with preparation and presentation of the body – are those most central to the grieving process. Without the closure of ceremony – and more important, without the presence of a body – it becomes difficult to grapple with the simple reality of the loss (Bailey, 2002: 25).

Viewing is the most healing thing you have to offer to a family (Manning, 2002: 10).

One of the litanies in Funeral Services literature is the importance of viewing the body of the deceased. The body is seen as a focal point for mourners, and viewing it is a way to allow the reality of the death to be experienced, a method of celebrating the life of the deceased and a practice which is crucial for grief work (Wilkerson, 1972; Wolfelt, 1994; Adams, 2002). In a Funeral Services textbook, it is argued that “viewing and touching a dead human body is the *best* way for the bereaved to overcome any death denial feelings” (Dr. Erich Lindemann, cited in Mayer, 2000: 7). In another text, Klicker (1998) refers to an “extensive” literature search which was “overwhelmingly supportive” toward the funeral as a whole, and “for many, seeing the dead body is the only tangible affirmation they have that the person really died... It is a powerful and helpful first step in adjusting to the death of someone they love” (Klicker, 1998: 4). (However, the literature he consulted tended to be sources such as self-help books and materials clearly written to support funerals.) Wolfelt linked the trend toward body-less memorial services to a general deritualization of the funeral. These trends may be due to the cookie-cutter funerals often being presented: “As more and more people attend these meaningless funerals, society’s opinion of the funeral ritual in general nosedives” (Wolfelt, 1994: 7). He warns that this, combined with the lack of the central “locus of mourning,” the body, may spell the continued decline of the funeral.

Since the body is presented as being central to the grief process, this elevates the importance of preparing the body appropriately. For example, Adams notes that the most important thing is to provide a pleasing expression on the mouth of the deceased: “I like to think the final expression should reflect a pleasant thought the deceased may have experienced. If a man was a fisherman, he might close his eyes and think of that big bass he caught” (Adams, 2002: 10). Indeed, the facial expressions on the deceased might affect the ways in which people grieve. Facial features reflect underlying emotional states, and this might be a connection which people make with the deceased as well: “in the case of deceased persons who are embalmed and prepared for viewing, both the

mouth and eyes are shut. Therefore viewers will have to rely on other facial features like eyebrows, nose position, and even the closed eyes and mouth in making their interpretations” (Eyetsemitan and Eggleston, 2002: 152). The context of the death may also provide some interpretative content for the evaluation of the expression on the face of the deceased. If mourners perceive a deceased person’s face as happy or peaceful, they would have less pain to work through, as opposed to mourners who perceive the deceased’s face as sad or angry. In a study, 108 subjects were asked if “the facial expression [of a deceased] helped me through the grieving process.” Three % strongly disagreed, 5% disagreed, 34% were not sure, 37% agreed and 11% strongly agreed (Eyetsemitan and Eggleston, 2002: 157). Most of the people rated the expression of the deceased as being peace (49%) or contentment (15%) or happiness (7%), all generally positive emotions.

A more complex position on the importance of viewing comes from Irion, who stated:

the particular advantages of the viewing lie in the direct interpersonal communication with the mourners. Because of the informal nature of the event, face-to-face conversations are possible in which friends and relatives can talk with the mourners about the deceased, about their recollections of former days, about their common feelings of loss, about their desire to provide support... In a very real sense the actual presence of the body is an important aid at this point. Without this focus the conversation might well become totally peripheral and the socializing utterly superficial. If such were the case, the usefulness of the viewing would be drastically reduced” (Irion, 1966: 202-203).

Thus, the body provides the focus for the interactions. Of course, this is still assertion. Maybe a photo board and a few favorite fishing hats would do the same thing. Irion argues that, without the visual reminder of a body, the mourning becomes an intellectual process rather than an emotional/feeling process.

Given the central role of the deceased in the grief trajectory of the bereaved, there is a significant amount of pressure on Funeral Directors and embalmers, especially in relation to the first viewing of the body after embalming. In a Funeral Services text, Klicker suggests to the students that they hang back as the family approaches the deceased, and wait to see the kind of comments which are made, to ensure that the viewing will be “beneficial and therapeutic for them” (Klicker, 1998: 39).

There is a history to this concern over the disappearance of the body at the funeral. Over 30 years ago, Finlay stated: “The importance of ‘viewing’ was one segment of the funeral that I felt had been long neglected by many funeral directors” (Finley, 1969). Around the same time, Raether laments the changing times, in which “suggestions for no viewing, for a private funeral, for no public committal, for a funeral without the body present, for no funeral at all, or for not even a memorial service following a death would seem acceptable to some people” (Raether, 1969: 29).

In more recent times, the same concerns about the body-less funeral continue to appear in Funeral Services literature. Manning (2002) expresses an incredulity that the practice of viewing has declined so quickly. He suggests that it may be due to a lack of attention to the details of how a body looked. One of the important things at a funeral was how the body looked. Many people focus on that, rather than on the casket or the cars or whatever. However, Funeral Directors usually get out of the prep room as soon as possible, and embalmers tend to be the low person in the hierarchy, rarely seen out of the prep room. Manning sees this as a symptom of a major problem, and he calls for a “revival” in Funeral Services. “I think we should have an evangelistic rally and have some fireball preacher lay guilt on us until we are ready to repent. Then we should all walk down some saw dust aisle and rededicate ourselves to making sure every family gets to view every loved one possible” (Manning, 2002: 10).

The Body as a way to sell products

(again, the tension between therapy and economic interest)

When viewing declines, there are economic losses in its wake. The losses are not so much in the decline of embalming revenue, but in the cost of the products which will be displayed along with the embalmed remains. Articles such as caskets, flowers, memory boards (and even burial vaults) may be less likely to be purchased if there is no formal viewing.

Therapeutically, and economically, the embalmed body is still the cornerstone of the North American funeral process (Kearl, 1989: 54). As an embalming textbook notes (somewhat in its own self-interest, as we can see): “There can be no question that embalming is the very foundation of modern mortuary service; this factor has made the elaborate funeral home and modern mortuary service possible. Without embalming there would be little demand for beautiful caskets and protective vaults and little need for mortuary service as we know it today” (Strub and Frederick, 1989: 54).

Embalming as a therapeutic intervention

In an age when the materialistic threatens to undo the mystical, there is place for him who in that hour of deepest sorrow is able, by his art, his compassion, his wisdom and knowledge, indeed, by his very presence, to minister alike to the body bereft of soul and to those loved ones who need both worldly and spiritual consolation and guidance. There is no greater art. The embalmer of tomorrow may transcend the priestly function, and by and through his professional attainments glorify the divinity in man (Mitchell, 1936: 54).

There is no doubt that bodies can be present at funeral ceremonies without the benefit of embalming. This was the case for most of human history, and is still the norm in some cultures. However, there is an assumption in Funeral Services literature that embalming makes the encounter with the deceased more pleasant and more therapeutic, by “rendering the body inoffensive and making it presentable for viewing” (Mayer, 2000: 8).

At times, the rhetoric is so highly charged that one might think that the basis of our civilization rests on the embalmers' arts: "embalming has played a major role in shaping our contemporary civilization and culture, in protecting the physical and emotional health of the people of the United States, and in making possible funeral customs and practices which provide maximum beauty, dignity and consolation" (Strub, 1970: 8; see also Buchanan, 2000: xvii). In a cautionary editorial designed to promote embalming, the National Funeral Service Journal opined: "Wouldn't it be better to suggest that embalming literally 'stops the clock,' protecting the deceased against the hostilities of his environment and insuring that the separation of body and soul will be an event of dignity in keeping with the dignity of immortality itself?" (National Funeral Service Journal, 1966: 8).

It could be that the importance of embalming in the US funeral process has contributed to the relatively high position of Funeral Services in the US. A letter to the editor of The Embalmers' Monthly in 1936 stated: "The embalmer, and he alone, is the backbone of the mortuary profession. On him rests its strength, its progress, its perpetuity" (Mitchell, 1936: 52). Thus, embalming has "paid off" for the occupation, especially compared to the situation in the United Kingdom (where embalming is rarer, and the position of Funeral Directors is less assured).

Aftercare

Aftercare has emerged in the past couple of decades as part of the "cycle of service" in funeral care, from pre-need to at-need to aftercare, which then leads into pre-need again. Aftercare comes in a variety of forms, from followup phone calls and supportive correspondence to referrals, the lending of reading material and even some counseling. It can also take the form of helping people to learn to do things that were normally done by the deceased (such as cooking or making investment decisions). The goal is to help the bereaved family to learn to live with grief. Isard (2002) suggests having these events at the funeral home, so that people develop the pattern of going to the funeral home.

One issue around aftercare is how to pay for it. If you add some amount to the basic service fee to cover aftercare, then people are paying for a service which they may not use or want (or which they may have access to elsewhere). And yet, it cannot be an optional item, as people who need it may not have the presence of mind to purchase it. Aftercare which involves only referrals to other services may be inexpensive, but then the other services will receive the credit for the assistance. A common type of aftercare is holiday gatherings for the bereaved, a time to remember their deceased loved ones. This can be relatively inexpensive, as are referrals to free services, such as internet services (www.groww.com).

McPhee notes that aftercare still remains absent in the majority of funeral homes, even though expressions of grief are a commonplace component of that context. One of the problems is in definition, but another is in a lack of time – there may not be time to offer aftercare, as Funeral Directors are busy taking care of people in current need. “In addition to time constraints and misconceptions, money is probably the biggest factor affecting the funeral profession and its ability to change” (McPhee, 2002: 9). Revenues are going down and so it is hard to justify the extra expense for aftercare. Nevertheless, he argues that “Aftercare is a proactive opportunity that **enhances the importance of the funeral director**, funeral home and funeral profession, while at the same time delivering true value to families” (McPhee, 2002: 10, emphasis in original).

Aftercare, can Funeral Directors do it?

Funeral directors, however, are not counselors in the formal sense of the term – grief counselors or grief therapists. They should not provide ongoing grief therapy to those in need of such services. Clearly, formal counseling is beyond a Funeral Director’s scope of practice. Rather, Funeral Directors should refer those in need to a duly qualified grief counselor (Allatt, 1997: 145).

The funeral director in today's society is recognized as an integral part of the health care team. Dealing with people who are in the emotional crisis of bereavement is a function critical to the health of individuals and communities (Foster, 1983: 4).

While aftercare is rising in importance within Funeral Services, there is still the question of whether Funeral Directors are well-prepared to provide such services. Although Funeral Directors come in contact with lots of grieving people, this does not mean that they are recognized for their expertise in aftercare or in grief counseling. Some are adept at it, others are not. On the other hand, doctors may not be well-placed to do grief counseling either, as their curriculum may not provide formal training in the area. The same applies to clergy. In a study of clergy in Newfoundland, about 2/3 had no professional development from their denomination in death and dying, grief and loss or bereavement and grief management (Emke, 2000).

Empirical evidence on the effectiveness of aftercare by Funeral Directors is difficult to locate. One study did find that when men initiated the aftercare services, then they did better than men who had not received any aftercare. However, "the use of funeral home-initiated services was unrelated to men's emotional state" (Mastrogianis and Lumley, 2002: 168). So the key is the active participation of the client, not the actions of the service provider (the Funeral Director in this case) which makes the difference. The study found that most men did not avail of the aftercare services of funeral homes. The key in the effectiveness of the aftercare services related to whether the men actively pursued some form of aftercare or whether they were passive recipients of a call or letter. "In particular, the use of bereavement-related reading materials and attendance at a support group were significantly associated with better emotional functioning (Mastrogianis and Lumley, 2002: 181).

In 1999, I conducted a survey of clergy in Newfoundland and Labrador. I asked a number of questions regarding their opinion of the skills and activities of Funeral

Directors. In one section of the survey, clergy were asked: "Based on your experience, how would you rate the current effectiveness of funeral directors on the following tasks." Recorded below is the percentage who answered "very good" or "good" to specific funeral director skills.

EVALUATIONS OF THE SKILL OF FUNERAL DIRECTORS

% answering very good/good	Emke, 1999
Helping survivors to cope	77.9
Not taking advantage of grief	81.4
Following theological instructions	85.6
Making price information available	81.3
Permitting bereaved time	81.5
Giving honest and complete information	80.4

In general, Newfoundland respondents were favourably disposed toward funeral directors. The survey asked about important services which Funeral Directors provide.

WHAT ARE THE MOST IMPORTANT SERVICES WHICH FUNERAL PROFESSIONALS PROVIDE? (n=159)

	Frequency	Percent
Professional expertise & facilities	75	47.2
Care for the family	34	21.4
Caring disposal of remains	21	13.2

Preparation of the body for viewing	21	13.2
Other	8	5.1

About a fifth of the clergy mentioned care for the family as an important service, while only 13 percent mentioned the preparation of the body for viewing.

IN YOUR OPINION, WHAT ARE THE KEY QUALITIES OF A GOOD FUNERAL DIRECTOR? (n=163)

	Frequency	Percent
Empathy	94	57.7
Interpersonal skills	31	19
Professionalism	17	10.4
Understands church's role	10	6.1
Other	11	6.7

While professional advice, expertise and equipment were considered to be the most important services of funeral directors, almost a quarter of the respondents referred to “care for the family” as the most important service. This shows a shift toward seeing a legitimate role for funeral directors in “care” for grieving families. Part of the actual physical core of the work of funeral professionals (care and preparation of the body of the deceased) was acknowledged as important by a number of respondents, but this was not seen as the most important service which was provided. In a 1998 survey of funeral directors and embalmers in Newfoundland, a question was asked: "what are the most important services which the funeral profession provides within our society?" Almost half of the respondents gave an answer that was related to facilitating the grieving process for family members and friends of the deceased (Emke, 1998). Respondents used language such as "healing" and "closure," illustrating the expansion of the role of funeral

professionals into quasi-therapeutic tasks. Interestingly, this answer was twice as common as the standard (and anticipated) reply that the profession arranges the disposal of the dead.

In terms of necessary qualities for funeral directors, the 1999 survey shows that empathy is the clear leader, often coming first in a list of qualities. After that is “interpersonal skills,” which often included communication abilities and also had an empathetic component as well. “Professionalism” referred to organizational skills, bearing and demeanour.

Finally, as for the perceived skill levels of funeral directors, there was general support for many of them. However, there was decreased support for the skills of funeral directors in the area of aftercare. For example, the survey asked: “Based on your experience, how would you rate the current effectiveness of funeral directors on the following tasks?” One of these tasks was “Providing the bereaved with ‘aftercare’ (or suggestions/ referrals for grief therapy.” The results are shown below.

CURRENT EFFECTIVENESS AT AFTERCARE (n=116)

	Frequency	Percent
Very good	8	6.9
Good	24	20.7
Average	50	43.1
Poor	28	24.1
Very poor	6	5.2

First, note the low number of responses to begin with. Many people (22.1% of the original sample) stated that they did not know the answer or they could not judge the effectiveness of funeral directors in this area. However, of those who did answer, almost 30% stated that funeral directors were either “poor” or “very poor” at this task. This is significant, especially given the trend toward more aftercare being provided by funeral

professionals. While this is, indeed, an area that funeral workers are developing (and it is an area that overlaps the tasks of clergy), it is the one area of a funeral director's work that receives the lowest evaluation.

Funeral Products as Therapy

The observance of any major event in the history of a family must and will be accompanied by proper ceremony, and usually by the expenditure of a substantial amount of money.... The funeral director is no more responsible for the so-called "excessive investment" in funerals than the priest is for elaborate weddings or the rabbi for costly Bar mitzvah celebrations. These affairs meet some special need on the part of the people who demand and pay for them" (Strub, 1968: 7).

One of the important changes in Funeral Services (and within our culture in general) is the increasing commodification of deathcare, the attempts to pitch products as having therapeutic value. An industry has developed which focuses on marketing products to the newly-bereaved and the people who assist them. In order to advertise and sell these products, they have to show how they will have value for bereaved consumers. We live in an age of commoditization, so it is no surprise that marketers have found the niche of deathcare and are rushing to fill it. Funerals are social events, even though they have a ritual focus, so they will be subject to significant expenditures.

An example of a product which is being pitched as being of value to the bereaved is a "luxurious card" called "Thus Has It Been Ordered." It is just a card with special embossing, etc., and a poem about there being order in the universe, despite the pain. But the advertising pitch states: "Any family that receives it [the card] can't help realizing how much you care about their loss and recovery from it." It is a holiday card which is suggested "For Your Most Discriminating Families"

One example of a product which is “sold” to funeral consumers is funeral automobiles. The sleek automobiles have become standard fare in funeral processions, but one can inquire about the function of these products. Do they help the families in their grieving? If not, why spend the money on them? Isard (2002) questions the need for funeral automobiles, arguing that families are choosing not to use them, in order to save money. The use of vehicles is generally a loss-leader, because funeral homes are not recovering the costs of a hearse and driver, which has a high fixed cost. But Isard notes that a funeral home’s fleet of vehicles is a great source of pride to the Funeral Directors, despite whether they are actually of value to clients or wanted by clients. (I have been told by Funeral Directors that they entered the occupation because, as young men, they were impressed by the cars that Funeral Directors had the chance to drive.)

Maybe this is an example of a product that Funeral Directors want, but is of no clear therapeutic value to client. Nevertheless, Funeral Directors may attempt to pitch it as being of therapeutic value. Cars are being used less today than 20 years ago (especially with the rise of cremation, and memorial services within funeral homes). And they will be used even less in another 20 years

However, there was a response to the above piece in a later edition of the magazine. The editors state, in the introduction to a response, that “we wish to underscore that Isard’s assertions in that article are his own and in no way reflect this magazine’s viewpoint” (cited in editorial note at beginning of Logan, 2003). Isard’s piece did appear in the November 2002 issue, which had the focus of “2003 Professional Vehicle Preview.” It had a photo of hearses on the front and a total of over 12 pages of advertising for autos, plus a 19-page section on professional vehicles which outlined the features of current hearses, which was essentially a free advertising vehicle for the companies. I suppose that there could be some sensitivity to Isard’s position, among some of the readers and especially the advertisers.

The response was written by Robert Logan, National Sales Manager of the Funeral Limousine Division of LCW Automotive in San Antonio Texas. Logan argues that

funeral directors can use limousines to add value for their families. He states, “As funeral vehicles came to symbolize the concept of prestige and the highest level of service, the funeral limousine grew in usage and numbers” (Logan, 2003: 22).

Logan goes on about educating your clients as to the value that funeral vehicles provide. He lists the benefits of using a funeral limousine, in a number of bullet points: “Special assistance to the elderly getting safely in and out of the vehicle in comfort. Safety with reduced numbers of personal vehicles in a funeral procession. Convenience of not having to worry about grieving, immediate family members driving. The funeral director has a greater degree of control over the immediate family. Vehicles are the visible pride and joy of the community when in procession. Perception of a high quality of care and a “value added” justification for funeral billing” (Logan, 2003: 57). This is not a particularly convincing list. But he asserts that vehicles should be a part of the “total funeral home,” and a mark of high quality and high value for clients. It reads a lot like trying to find ways to convince the client that they need these vehicles – that they need something that the funeral director wants to have, and needs to find a way to make this desire into a revenue stream.

Another product which is touted to have a therapeutic benefit is that of grave vaults. The sale of grave vaults and protective caskets is premised on the assumption that people desire some form of protection for remains. Even in the case of cremains, there are urns which are advertised for their protective qualities – to protect the ashes from further destruction. However, the rise of green burials, moreso in the UK thus far, is evidence of a segment of the population which does not want this sort of protection. It is hard for Funeral Directors to acknowledge this, maybe, as it would imply that the sale of vaults is not necessarily a good thing to push for all families. This is noted at the beginning of an article in The Director: “For some, there is nothing more ghastly than the idea of having their mortal remains embalmed, sealed in a metal and plastic casket and buried in a cement vault. They would prefer to be buried ‘au naturel’” (Lyman, 2002: 29).

To offer green burials may be a very useful service to some families, leaving woods as a living legacy, having one's loved one mixing together with the nature that they may have loved so much while alive. Whether or not this happens depends on the nature of the "revenue stream" that green burials can provide.

Another marketing initiative in Funeral Services which straddles the public interest versus self-interest tightrope is the sale of caskets and the personalization of funeral ceremonies. Personalization of funeral merchandise is a way to remember the life of the deceased (caskets with "return to sender" stamped on them). Personalization is a way to remember the life of the deceased, but it also provides a number of marketing opportunities.

This relates to a new move from focusing on products to focusing on the creation of experiences. This is a part of the function of Funeral Directors in the maintenance of ritual. This has been referred to as an "event-driven" approach to funerals, but it is an offshoot of personalization. If the deceased was interested in hunting, you transform the viewing room into a hunting lodge. Having personal possessions laying around at the viewing – someone's "stuff" – which reflects what used to happen when people were waked in their own homes. The executive director of the National Funeral Directors' Association stated: "It's about the experience. It's about the funeral director being an event planner and not selling goods and services" (cited in Schwartz, 2003). The personalization "solution," as seen by casket manufacturers, is to produce caskets with component pieces to add in, such as corners or face panels, etc., all with brand names like LifeSymbols and MemorySafe.

Personalization has prompted this trend toward theme funerals, where certain rooms are set aside as movie theatres or bowling alleys or kitchens or fishing holes. One Funeral Director was quoted as praising this: "Instead of cookie-cutter funerals, this helps the family celebrate what the person was all about" (cited in Rivenburg, 2002). However, there are still only a limited number of options. It is still cookie-cutter funerals. Except that the shape of the cookie cutters has changed. And some of them reflect older cookie

cutters, such as a Victorian-themed parlour which reflects the time when people were waked in their own parlours.

Profit is not a four-letter word

Of all the criticisms of Funeral Directors, some of the most stinging and long-lasting are related to the cost for their products and/or services. In the past, these criticisms have been strengthened by the fact that Funeral Directors tended to over-charge for products (such as caskets) and under-charge for their services (the bureaucratic, empathetic and ceremonial functions). This was recognized over 60 years ago as a problem: “To charge a family, whatever its financial circumstances, five hundred dollars for a casket that cost one half that amount, and fifty dollars for a service worth four times fifty dollars, is the very essence of deception” (Mitchell, 1936: 54).

Nevertheless, the advice to continue to work on sources of profit related to products continues. An issue of *Progressive Mortuary Methods* focuses on “How to Exploit Your Auxiliary Sources of Profit” (Gosnell and Gosnell, 1999). It begins with “Your primary function as a funeral business is to handle funerals at a profit. Ideally, you’ll handle every aspect of a funeral at a profit – the services, facilities, motor equipment and casket or alternative container, for sure, but also all of the extra items that your families might want” (*Progressive Mortuary Methods*, 1999: 1). It is not clear how one could handle aftercare at a profit. The article refers to “still the most important revenue center of any funeral firm – the sale of adult casket funerals” (Gosnell and Gosnell, 1999: 3). Their specific suggestions on revenue streams all relate to products: outer burial containers (vaults, boxes, grave liners), urns, clothing, flowers and markers/monuments.

According to Raether, “The casket is not the funeral. Nor is the funeral the casket. The failure of some funeral directors to accept this fact and explain it to those they serve is in some ways responsible for some defuneralizing trends” (Raether, 1971: 139). However, over 25 years later, *Progressive Mortuary Methods* still seems to assume that the major profit centre for the funeral home is adult casket sales.

Business orientations versus altruistic service orientations

We return to two of the major roles which Funeral Directors play – roles which are in tension with each other. These are the business/retail role (with the need to make profits and to eliminate unprofitable activities) and the professional, altruistic service role (which involves some self-sacrifice and which puts clients first). These two have different goals, purposes and orientations.

The latter role is referred to in a Funeral Services textbook, in a discussion of ethics around cost and pricing: “No person should ever feel embarrassed or ill at ease because of the type of services they choose, even if they are less expensive or less complete than what most families may purchase. The same dignity, compassion and caring must be offered to everyone who comes to us for help” (Klicker, 1995: 46).

However, if Funeral Services **is** like any other business and/or service, then that implies that it should operate using the same criteria as other businesses, where profit is a serious consideration, where they need to think of their market position, rather than just their altruistic service in the community. This refers to the first set of roles. As Gould states it: “In simple terms, funeral homes must be willing to walk away from some business” (Gould, 2002: 120). He refers to the tradition of serving all families with the same respect, as being counter-productive in setting up a price structure which discriminates between those willing to spend differing amounts of money. “When a family is without financial resources, funeral homes graciously offer to provide a funeral service for whatever the county is willing to pay for indigent care. Fine restaurants feel no obligation to feed the indigent. Fine hotels don’t offer rooms to the homeless. Why should funeral homes serve the indigent? And if funeral homes do serve those unable to pay, why should that service include use of facilities, caskets, outer containers, transportation to the cemetery and in-ground interment? Why shouldn’t the indigent be served by minimal cremation services?” (Gould, 2002: 120). He argues that Funeral Directors should create a “scarcity” for certain services, such as particular viewing rooms

or certain times of the day (so that people pay more for that if they want it). These are ways of distinguishing between different classes of service.

Of course, if there is no difference between fine restaurants and funeral homes, then there is little chance that the latter would be considered professionals. We do not refer to restaurant workers as professionals. Professionals include some element of altruism. Indeed, we would bristle at the idea that a rich person would receive better health advice or dental advice than a poor person.

The public image problem, which counters the therapy claim

The recognition that their public profile was problematic is another long-standing theme in funeral periodicals and at funeral conferences. In 1937, Samuel Waters, then the vice-president of the National Funeral Directors Association, stated: “We must frankly admit that while we have done a fairly good job as individuals in merchandising our service and goods, we have not been so successful in selling ourselves as a group to the American public. Those of us who are willing to admit the facts will agree that our profession does not enjoy the unqualified public confidence which it deserves” (Waters, 1937: 26).

The first quarter of 2003 has not been a good one for the major funeral chains. This is due to both a “downturn” in deaths (even though winter is historically a time of higher deaths due to flu and harsh weather), and an increasing number of families who are choosing cremation over higher-priced viewing and burial packages. (Another issue is that pre-selling funeral packages is more difficult in a time of economic stagnation and the fear of a possible invasion of Iraq.) The President and CEO of Stewart Enterprises was quoted as stating “Due to the seasonality of our business, the first quarter has typically been one of our more robust periods. That was not the case this year, and the disappointing quarter has caused us to reassess our anticipated results for all of 2003” (cited in James, 2003). This kind of talk about death as a market can make for bad press.

A stock analyst with Johnson Rice in New Orleans, commenting on the fall in the value of deathcare sector stocks, noted: “It has been a very soft mortality market. They [funeral companies] used to be able to count on a big influenza and pneumonia season, but we haven’t really had one” (cited in Spain, 2003). Regarding the slow development of the deathcare market among the baby boomers, the analyst remarked: “It isn’t like those people have left the planet. Eventually, they will be customers. And we are just in a lull before the baby-boomers start checking out” (cited in Spain, 2003).

Furthermore, if Funeral Directors are seen to be looking for business, it creates bad press, but there is a need to do this in the era of chains where pre-planning is seen as a revenue generator.

Conclusions

The status of Funeral Services as a profession may depend on how well they perform their tasks as grief facilitators. Whatever happens, the role of Funeral Directors in maintaining funeral rituals and in directing the mourning behaviours of the bereaved will remain profound. For all of us, it would be best if the profession were to be able to rise to this challenge.

Funeral Directors operate in both the profane and the sacred realm. In the profane realm, they look after dead bodies and deal with issues of mortality which others would find distasteful. And they do this for pay. But their roles are also somewhat sacred in that they fulfill the requirements of many religions to treat bodies with respect and due ritual. These two aspects of their work are intertwined. The business and the service calling; the profane and the sacred.

Is it therapy or legitimation? Well, it is both, and that is the difficulty which some young funeral workers may have trouble learning to straddle. It is a line which they must walk. Some see the tension between the two positions, and learn to live with it (this is the

preferable position). Some do not see it, which can be a danger. But this is not the only occupation where there are tensions between the roles which the person plays.

What are young Funeral Directors to do? The pay is not good, so there is a need to internalize the service aspect, the “calling” the altruism. They aren’t in it for the money.

But if it is therapy, then there is a need to document this with more standard research. Maybe the National Funeral Directors’ Association, or other bodies, could fund independent research.

And this tension is one which is accepted in other industries and service areas. It is the nature of business to make a profit. We accept this in other areas, whether they be car salespeople or office suppliers or hairdressers. We need to give funeral service workers the same freedom to walk that line between self-interest and societal-interest; between self-interest and altruism.

In a textbook discussion of aftercare, Klicker (1998) refers to the economic advantages which aftercare can give a funeral home. Those funeral homes which provide more aftercare experience higher average revenues, more preneed sales, fewer bad debts and more positive follow-up surveys.

Associations can do some things, but their relationship with chains can be problematic (that’s the experience in some Canadian provinces). They need the members, but may need to counter the profit-oriented approach of the chains.

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