Funerals, memorials and bereavement care

Bruce Rumbold
Public Health Palliative Care Unit, La Trobe University, Melbourne, Australia
b.rumbold@latrobe.edu.au

Jennifer Lowe
Public Health Palliative Care Unit, La Trobe University, Melbourne, Australia
j.lowe@latrobe.edu.au

Samar M Aoun
Public Health Palliative Care Unit, La Trobe University, Melbourne, Australia
The Perron Institute for Neurological and Translational Science, Nedlands, Western Australia, Australia
s.aoun@latrobe.edu.au

ABSTRACT: A population survey finds that bereaved people draw upon diverse sources of support in their communities, from both formal services and informal networks of care. The formal service most frequently recognised by participants is provided by funeral directors. We outline some reasons for this, and explore one particular theme, memorialisation, in which funeral providers have traditionally been a lead discipline. Significant changes in memorialisation over recent decades challenge today's funeral industry, but also draw our attention to underlying social changes reshaping our understanding not only of bereavement care but of care in general. Bereavement support is most effective when provided collaboratively by formal and informal care providers, but collaboration is challenged by policies that continue to privilege formal services over informal care. This challenge of developing constructive, respectful and complementary collaborations between formal and informal care is not peculiar to bereavement care, but is a social policy imperative for contemporary societies.

Keywords: funeral, memorial, memorialisation, grief, cemetery, bereavement support

Introduction

In a previous article in Bereavement Care (Rumbold & Aoun, 2015) we outlined a public health model for bereavement support, describing a survey we had undertaken to test the model and, from that survey, identifying a range of everyday assets that participants drew upon for support (Aoun et al., 2015). We found that they used a diverse system of bereavement support: informal care of family and friends was the bedrock, with formal services supplementing this support. We then raised questions about the most effective ways to use these assets. How, we asked, might the care provided by these diverse community actors be recognized, appreciated, and not disrupted by over-reach from professional services (Rumbold & Aoun, 2014)?

Support from funeral directors

Foremost among these community assets, following hard on the heels of family and friends, was the funeral director. Of course, it is no surprise that the majority of bereaved people have contact with a funeral director; but what drew our attention was that nearly 80% of our sample, people for whom the funeral was now six to 24 months in the past, continued to recognise the funeral director as a source of constructive support. Over 90% of those mentioning the funeral director experienced this support as quite, or very, helpful, just behind the percentage for family and just ahead of that for friends. The next most important source of support was the GP at 56%, and here helpfulness was more contested (70% quite or very helpful to 30% a little or not

 DOI: 10.1080/02682621.2019.1681637

helpful). All other sources of support were accessed by less than 45% of our sample (Aoun, Breen, White, Rumbold, & Kellehear, 2018). Why is the support of funeral directors mentioned twice as often as all other formal services apart from those provided by GPs?

Because of the way we needed to conduct the survey – by recruiting participants through funeral providers rather than state registry offices – we can assume that the contribution of the funeral provider was brought to participants' attention upon receiving the survey pack. However, their responses were sent direct to the researchers: there was no need to mention, let alone endorse, the funeral provider in responding to the survey. So even if the survey's mode of delivery served as an *aide memoire*, it is unlikely to have grossly inflated the funeral providers' contribution.

Interviews with a sample of survey participants explored further the nature of the support they received (Aoun, Lowe, Christian, & Rumbold, 2018). From participants' explanations, six themes were identified: instrumental support, professionalism, informational support, financial tension, communication and emotional support. These emerged from examples of what was helpful (and in a few cases unhelpful) in their funeral director's preparation for and conduct of the funeral. That is, it appears to be this immediate support in the days following the death that is being acknowledged many months later in the survey responses (although for two-thirds there had also been follow-up from the funeral director in those intervening months).

The themes of instrumental support, professionalism and informational support relate to the way a funeral was planned and conducted. Being able to delegate responsibility for tasks, receive guidance from someone knowledgeable about the legal, ritual and practical details of the funeral, and be treated with consideration and respect, were all important to participants. And it was noticeable in interviews with a few people where these qualities of service had not been met that grievances were articulated in detail – these breaches mattered and led to a lasting sense of betrayal.

If the first three themes are about the benefit of engaging a funeral director, the fourth, financial tension, is about the cost. A tension between providers' fixed cost and payment schedules and the variable ability of participants to meet them was a thread through most interviews. In general it seemed that, while funeral providers were good at providing information about the funeral process, they were far less able to communicate a convincing rationale for their charges.

The final themes of communication and emotional support could be considered an aspect of professionalism, but they go beyond competence in delivering a service. These were areas in which some funeral directors exceeded expectation in their capacity to listen carefully or convey empathic support; or where participants' hopes or expectations of receiving such support were not met. Clarity, compassion, and care left a lasting impression when they were present in the relationship between funeral director and family, and a lasting impression of a different sort when they were not.

These five themes go some way to identifying how support around the time of the funeral can have an enduring impact. When funeral directors – as the majority of them did – were able to provide structure in the confusion or chaos of the days following the death and, even better, do so with kindness, it was recalled with appreciation, and seemed to provide a good basis for the journey of bereavement in which participants were now engaged. And even those whose wish to be treated with greater compassion was not fulfilled still appreciated the structure provided to those first days of bereavement. Overall, the support of funeral directors set a standard for care that many participants would have liked to continue. Thirty per cent of respondents suggested funeral service providers should adopt a proactive approach to clients' bereavement needs and foster an ongoing relationship in support of the bereaved. They wanted funeral directors not only to conduct the funeral but also to guide the journey of bereavement, even if just by linking them with community resources or by following up with a 'phone call from time to time'. Ironically, when palliative care services provided precisely this sort of organised follow-up, it received a somewhat mixed reception from the participants who received it (Aoun, Rumbold, Howting, Bolleter, & Breen, 2017).

Memorialisation

An opportunity to explore further the contribution of funeral directors to bereavement care, and more broadly the contribution of the funeral industry, came about through a partnership with the Australasian Cemeteries and Crematoria Association (ACCA). ACCA knew of our work on public health approaches to bereavement care, and compassionate community strategies arising from this research (Aoun et al., 2015; Aoun, Breen, et al., 2018), and commissioned us to investigate links between bereavement and memorialisation. ACCA's members are very aware of changes over recent years in the way funerals are conducted, bereavement care is offered, and memorials are created. They selected memorialisation as a focus because it is increasingly a contested issue within the membership, with cemeteries bearing the brunt of changing practices. A growing demand for direct cremation reduces the role of funeral directors, who may do little more than manage the collection and delivery of a body to the crematorium. Cremains may then be distributed or scattered by families in a variety of private and public places. Cemeteries as

places of public memorialisation have a decreasing role in such emerging practices. Overall, some of the tasks that were 'undertaken' by the funeral industry in the mid-twentieth century are now being reclaimed by family members and friends, while the undertaking of other tasks such as preparation of the body and construction of a coffin may be shared with the funeral director. The funeral director becomes less an undertaker, more an event manager. All this has significant impact upon funeral industry business models – the services that are offered and the ways in which they are packaged. Tony Walter describes the situation as one that 'leaves an industry structure intended for status display through material goods struggling to serve mourners who wish to focus on personal memories' (Walter, 2017).

Clearly grieving and memorialisation are processes that run in parallel, and ideally will intersect so that memorialisation expresses and facilitates grieving. Such intersections or connections are most obvious when physical memorials are created, but they may also be made in a variety of informal ways; establishing or preserving family customs; sorting, giving away and retaining possessions; making memorial gifts, and so forth.

Several respondents to the bereavement survey offered comments, most describing how they'd created a special place for reflecting and remembering the deceased. For some this was in a cemetery, others a private space. We explored this more in interviews with ACCA members selected for their range of experience in the funeral industry, and tentatively identified a trajectory for memorialisation (Lowe, Rumbold, & Aoun, 2019).

Memorialisation as a process is much less studied and documented than that of grief. Decision-making about memorials can take place at various places in the process of grief.

1. For some, memorials are arranged before grieving begins. For example, a mausoleum crypt or grave site has already been purchased, or clear family traditions are shared, so that mourners come to a funeral director with key memorialisation arrangements already in place.
2. For others, options for memorialisation begin with a decision, often as part of funeral preparation, about burial or cremation. The former usually includes a commitment to a physical memorial in a cemetery; the latter may lead to this, but also leaves a number of other options open.
3. Following a funeral, decisions continue to be required in order to implement the original memorialisation decisions, or to agree on further memorialisation strategies, such as the sharing, storing or disposal of cremains. Timing here is flexible; action is taken when people are ready to act – when acting can reflect or consolidate grieving.
4. For some, memorialisation is necessary to move onward with grief, particularly when public ritual was ineffective, or physical memorials are absent, or the impact of a death was not acknowledged (as was the case with stillbirth until relatively recently).

Memorialisation and grief

Grief is a process through which we renegotiate our relationship with a person who has died, so that grief is not about letting go so much as relocating that person in our social world (Attig, 1996; Klass & Walter, 2001; Walter, 1996). The connection between grief and memorialisation comes because of the way action in the outer world can catalyse inner change. For some, the physical memorial in a cemetery, be it a stone monument or a rosebush, is an essential part of locating the person who has died, reuniting them with family and honouring their wishes. Public memorialisation facilitates mourning and, in due course, a return to new social roles. For others, outer world action is focused more around stewardship of objects that have belonged to the person who has died, so that sharing, storing and dispensing with these possessions mirrors an inner renegotiation of relationship with that person. People are increasingly moving toward the merging of physical and digital spaces, with this shift influencing the way cemeteries as 'sacred' spaces are conceptualised. There are clear indications that people are starting to create their own sacred spaces that are integrated with their lives, whether it be a memorial in a favourite park, or their home, or a trip – in effect a pilgrimage – to a holiday spot or public place they once shared with the deceased. Fixed physical memorials may be less attractive because of the increased number of families separated by geographic distance, which encourages replacing physical interaction with digital connection. Memorialisation and grief adjustment are thus increasingly managed by individuals and networks of family and friends. Processes or tasks related to an individual's mourning and grief do not necessarily require professional intervention or access to formal memorial spaces; adjustment in bereavement can take place in the everyday world. This is a common shift acknowledged across the industry, by consumers and mainstream media.

Memorialisation and bereavement care

The shifts in funeral practices and memorialisation described above reflect the changing relationship between public and private life that Giddens (1990) identified with high modernity. Thus, in contemporary society many things that used to be private, intimate partner violence or sexual abuse for example, are increasingly brought under public scrutiny and regulation while others, such as aspects of memorialisation, are as outlined above, withdrawn from

public into private life. Direct cremation is an obvious example, where legal requirements concerning disposal are met, but memorialisation may be kept within a family circle, or even avoided altogether.

It should be noted that the meaning of 'private' and 'public' here is not just a contrast between 'open to public gaze' and 'behind closed doors'. Rather, public life follows patterns and roles set by social institutions – socially prescribed activities – whereas private life is self-determined or self-guided. Public life is regulated by custom and law, private life by individuals: as with the distinction between formal and informal care we made earlier. Today's shifting relationship between public and private is a consequence of the declining ability of first religion, then science, to provide a compelling organising theory for society. With the decline of traditional societies that were organised around religious belief, social life became desacralised, yet science that succeeded religion has been unable to provide certainties to replace earlier religious convictions, or to provide values to guide lives (Mellor & Shilling, 1993). The task of maintaining values that guide and make sense of our lives becomes an individual's responsibility. In practice, if people can no longer find meaning in many of the traditional public customs and roles available to them, they minimise participation, endure what they must, and where possible create alternatives in their private worlds. High modernity is characterised by an emphasis on identity, created and re-created through stories and experiences; on the body; and on self-determined meaning (Mellor & Shilling, 1993).

Mellor and Shilling (1993) argued that in high modernity not only the organisation, but also the experience, of death has become increasingly privatised. Funerals used to provide a ritual that re-ordered social relationships by inducting family as mourners and locating the deceased in a life beyond; now they have become celebrations of the life that has ended, leaving participants to assign meaning for themselves. Ritual that once connected each individual death with a wider social or religious meaning becomes personal and expressive. Expanded forms of memorialisation and the growth of grief counselling as a profession are both expressions of wider social changes that blur the boundary between public and private aspects of life. Grief counselling expresses, and continues to reinforce, this privatisation or sequestration of grief as, for example, when personalised private rituals are created within the therapeutic process (Ramshaw, 2010) but not linked with public memorialisation that has a social impact. The blurring becomes even more evident in the digital world, where private online memorials are published on social media, becoming accessible to a wider audience, or public, that may comment upon and republish this content (Roberts, 2004).

In recent decades what had been a public consensus about proper ways to commemorate or memorialise has given way to a variety of views and practice, some public, some private. Managing grief seems to have reversed this path. The mid-twentieth century public consensus, in the English-speaking world at least, that grief was private to a bereaved person, has given way to a social expectation that grief will be monitored through counselling and support services. The psychiatric studies of bereavement in the 1960s and 70s that focused on private painful emotions, inner conflicts, and individual coping have provided a basis for the professional discipline of grief counselling as a public activity that regulates bereavement (Walter, 1999b). Yet in the midst of these shifts it seems, from the evidence of grief narratives (Riches & Dawson, 2000) and the responses of some of our survey participants, that bereaved people need to bridge the divide between their public and private worlds that an encounter with death creates. Reconnecting the public and private today does not always work when as individuals we try to use the institutional strategies of modern life – these are set up for a different way of being in the world. Yet we need social connection in order to live. If we can no longer find this by taking on the public roles offered by our social institutions, we need to create connection in the private sphere.

An explicit step toward incorporating this bridging task into grief counselling has been taken by the dual process model (Stroebe & Schut, 1999), which recognises that mourners experience the stresses both of the pain of loss and of rebuilding their lives. Mourners oscillate between inner emotional work and adjustment to their changed socio-economic reality. This model encourages counsellors not only to focus on the emotional work that was the primary interest of earlier grief counselling models, but also to attend to practical issues of social inclusion. Grieving people may seek assistance to order their inner world, but equally they may need support in developing strategies for everyday life. There are some hints in interviews with our participants that counselling support went awry when counsellors focused on loss, while the person's expectation was that the focus would be restoration.

In the early days of the grief counselling movement a number of funeral companies added bereavement services. This is seldom the case today as funeral companies have to focus more on the bottom line because of increased competition and takeovers by large multinational corporations (IBIS World, 2019), and hiring a bereavement counsellor or offering these services is too expensive. Despite increased demand, providers are hiring fewer staff. The wish expressed by some of our participants that funeral directors might expand or extend their support is unlikely to be realised under the current industry structure.

In reflecting upon the findings of these research studies we have argued that an effective response to the shifting patterns of memorialisation and bereavement care is to find ways of enhancing the system of bereavement

support available in local communities (Aoun, Lowe, et al., 2018; Lowe et al., 2019). This involves collaboration between formal and informal providers of care using models such as a compassionate communities approach (Kellehear, 2005). New directions in care and support will emerge from engaging and negotiating around the shifting boundary between public and private expressions of loss and restoration. For example, grief counselling is an important resource for some people, but if over-used or over-prioritised it can disrupt the foundational informal support of family and friends. Counsellors need to consult, or even partner with, their clients' communities to advise on social network enhancement and social inclusion, not expect clients to somehow implement on their own strategies for inclusion that have been developed in the counselling room. Informal community action is needed to support and enhance individuals' private strategies for living with bereavement as, for example, illustrated in Rolls and Harper's (2016) study of the informal practical support provided to parents of UK servicemen killed in Iraq and Afghanistan, or Tony Walter's account of neighbours sharing care, and funeral arrangements and costs (Walter, 1999a, 2017). But equally informal networks of care need the recognition and support of formal services if people are to receive effective end-of-life care, including bereavement care (Abel et al., 2013; Horsfall, Leonard, Noonan, & Rosenberg, 2013). Communities need cemeteries, crematoria and the funeral industry to become more intentional about their social contributions as educators, facilitators and consultants on meaningful, effective and therapeutic rituals for bereaved people (Lowe et al., 2019). While cemetery managers in particular are concerned about the decline in memorialisation and would naturally like to find ways to reverse this trend, the shift to private memorialisation will not be reversed by offering better products in the public sphere. A more constructive response will be to diversify uses of cemetery space, as many are already doing, and to find ways of supporting rather than opposing memorialisation beyond the cemetery.

Conclusion

Evidence arising from public health approaches to bereavement shows that care is most effective when both formal and informal support can be accessed. Ideally providers of these different forms of support collaborate, but the risk aversion of formal services makes such collaboration difficult. Thus the particular case of bereavement care outlined above opens up a fundamental issue that needs to be addressed in providing care within contemporary societies.

Care in the public domain continues to maintain clear distinctions between formal and informal care. Formal care is legitimated through accreditation and regulation; informal care has no such legitimating framework, apart from the general legal provisions that govern relationships between citizens.

There are nevertheless numerous examples of constructive collaboration between formal and informal care providers. Many of these use approaches such as a compassionate communities model (Wegleitner, Heimerl, & Kellehear, 2015; Wegleitner, Schuchter, & Prieth, 2018). These successful projects are local or regional, relying on mutual respect and trust between formal and informal carers to transcend the regulatory barriers that could otherwise hinder collaboration. These projects challenge our current regulatory frameworks that privilege formal or professional care above the contribution of formal caregivers. We need social systems that recognise both formal and informal contributions to care and value both. We need social policy that holds each accountable to the other in negotiating relationships and collaborations appropriate to the communities within which they operate. To reconceptualise or revision care in this way opens up risk, but also reward. Caring systems of the future must be able to negotiate at the interface between the public and private spheres, not continue to hold them in opposition. ■

Acknowledgments

The authors acknowledge the financial support of the Australasian Cemeteries and Crematoria Association (ACCA).

Abel, J., Walter, T., Carey, L., Rosenberg, J., Noonan, K., Horsfall, D., … Morris, D. (2013). Circles of care: Should community development redefine the practice of palliative care? *BMJ Supportive & Palliative Care*, *3*(4), 383–388. doi: 10.1136/bmjspcare-2012-000359

Aoun, S., Breen, L., Howting, D., Rumbold, B., Mcnamara, B., & Hegney, D. (2015). Who needs bereavement support? A population based survey of bereavement risk and support need. *PLoS ONE*, *10*(3), e0121101. doi: 10.1371/journal.pone.0121101

Aoun, S., Breen, L., White, I., Rumbold, B., & Kellehear, A. (2018). What sources of bereavement support are perceived helpful by bereaved people and why? Empirical evidence for the Compassionate Communities approach. *Palliative Medicine*, 1–11. doi: https://doi.org/10.1177/0269216318774995

Aoun, S., Lowe, J., Christian, K., & Rumbold, B. (2018). Is there a role for the funeral service provider in bereavement support within the context of compassionate communities? *Death Studies*, 1–10. doi: 10.1080/07481187.2018.1506835

Aoun, S., Rumbold, B., Howting, D., Bolleter, A., & Breen, L. (2017). Bereavement support for family caregivers: The gap between guidelines and practice in palliative care. *PLoS ONE*, *12*(10), e0184750. doi: 10.1371/journal.pone.0184750

Attig, T. (1996). *How we grieve: Re-learning the world*. New York: Oxford University Press.

Giddens, A. (1990). *The consequences of modernity*. Cambridge: Polity Press.

Horsfall, D., Leonard, R., Noonan, K., & Rosenberg, J. (2013). Working together – apart: Exploring the relationships between formal and informal care networks for people dying at home. *Progress in Palliative Care*, *21*(6), 331–336. doi: 10:1179/1743291X12Y.0000000047

IBIS World. (2019). *IBISWorld Industry Report S9520, Funeral directors, crematoria and cemeteries in Australia*. Available from: http://clients1.ibisworld.com.au.ez.library.latrobe.edu.au/reports/au/industry/default.aspx?entid=675 [accessed 2 August 2019].

Kellehear, A. (2005). *Compassionate cities: Public health and end-of-life care*. New York: Routledge.

Klass, D., & Walter, T. (2001). Processes of grieving: How bonds are continued. In M. Stroebe, R. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research: Consequence, coping and care*. Washington, DC: American Psychological Association.

Lowe, J., Rumbold, B., & Aoun, S. (2019). Memorialization practices are changing: An industry perspective on improving service outcomes for the bereaved. *Omega*, doi: 10.1177/0030222819873769

Mellor, P. A., & Shilling, C. (1993). Modernity, self-identity and the sequestration of death. *Sociology*, *27*(3), 411–431. doi: 10.1177/0038038593027003005

Ramshaw, E. (2010). The personalization of postmodern post-mortem rituals. *Pastoral Psychology*, *59*(2), 171–178. doi: 10.1007/s11089-009-0234-6

Riches, G., & Dawson, P. (2000). *An intimate loneliness*. Buckingham: Open University Press.

Roberts, P. (2004). The living and the dead: Community in the virtual cemetery. *Omega*, *49*(1), 57–76. doi: 10.2190/D41T-YFNN-109K-WR4C

Rolls, L., & Harper, M. (2016). The impact of practical support on parental bereavement: Reflections from a study involving parents bereaved through military death. *Death Studies*, *40*(2), 88–101. doi: 10.1080/07481187.2015.1068247

Rumbold, B., & Aoun, S. (2014). Bereavement and palliative care: A public health perspective. *Progress in Palliative Care*, *22*(3), 131–135. doi: 10.1179/1743291X13Y.0000000079

Rumbold, B., & Aoun, S. (2015). An assets-based approach to bereavement care. *Bereavement Care*, *34*(3), 99–102. doi: 10.1080/02682621.2015.1115185

Stroebe, M., & Schut, H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies*, *23*(3), 197–224. doi: 10.1080/074811899201046

Walter, T. (1996). A new model of grief: Bereavement and biography. *Mortality*, *1*(1), 7–25. doi: 10.1080/713685822

Walter, T. (1999a). A death in our street. *Health and Place*, *5*(1), 119–124. doi:10.1016/S1353-8292(98)00045-8

Walter, T. (1999b). *On bereavement: The culture of grief*. Buckingham: Open University Press.

Walter, T. (2017). *What death means now: Thinking critically about dying and grieving*. Bristol: Policy Press.

Wegleitner, K., Heimerl, K., & Kellehear, A. (2015). *Compassionate communities. Case studies from Britain and Europe*. New York: Routledge.

Wegleitner, K., Schuchter, P., & Prieth, S. (2018). 'Ingredients' of a supportive web of caring relationships at the end of life: Findings from a community research project in Austria. *Sociology of Health & Illness*, doi: 10.1111/1467-9566.12738