

# Care and control

## What motivates people's decisions about the disposal of ashes



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With thanks to Professor Jenny Hockey  
for checking the accuracy of this article.

**Editor's note:** The ashes of the dead are both a part of the person as they now are and a symbol of the person that was. As such they simultaneously force recognition of the reality of death and become sacred objects in their own right, to be treated with the same respect and reverence as a dead body. Some people do have great difficulty in deciding what to do with the ashes. Even the empty container, once the ashes are scattered, can continue to 'contain' the spirit of the dead person. Such difficulties may reflect an unresolved problem in accepting the death, but the problem will not be solved by getting rid of the ashes or the container. The client may decide, when the moment is right, to do just that and this may be an outward sign of internal change. **CMP**

**Abstract:** What motivates the decision to take the ashes of the dead person from the crematorium and dispose of (or keep) them elsewhere? This article reflects on the findings of a sociological study of the views of bereaved people and bereavement professionals about the disposal of cremated remains. It highlights the difficulty of distinguishing between the wish to dispose of the ashes in a way that reflects healthy continuing bonds with the deceased and an unhealthy reluctance to let the dead person go.

**Keywords:** Cremated remains, disposal, continuing bonds, letting go, reciprocity

Although cremation was legalised in 1884, it only became widespread in the 1960s. At that time, the ashes were mostly left at the crematorium, in the Garden of Remembrance, but this was quickly to change. In the 1970s only 12% of ashes were removed by family or friends, but by 2004 over 56% of cremated remains were being taken by the bereaved for disposal elsewhere (Hockey, Kellaher & Prendergast, 2007).

This article builds on a study by Hockey and colleagues (2007) that explored the significance of what bereaved people choose to do with the cremated remains of their loved ones. The study explored what bereaved people were doing with the ashes, the rituals that were being devised for their disposal, and how people conceptualised their actions. Data were collected in three English cities (north and south) and one Scottish city through in-depth interviews with 60 bereaved people (15 in each town). Interviews and focus groups discussions were also conducted with a total of 30 professionals (clergy, funeral directors, hospital midwives, social workers, bereavement counsellors and crematorium managers), whose responses provided an overview of current trends in ash disposal.

Hockey's was primarily a sociological study, the primary focus of which was to show how cremation provides a means

for control over the disposal of the remains to be taken out of the hands of professionals. The aspects on which this article will focus are first, the benefits for their own well-being and recovery from grief perceived by those disposing of the remains and second, their belief that how the remains were disposed of was important for the continuing well-being of the dead person – that, despite the person being now dead, they would benefit.

For example, a 50-year-old Glasgow humanist funeral officiant interviewed in the study was at a loss to know what to do with the ashes of his gay friend. He decided to scatter them around some trees in a local park, despite having been refused permission to do this by the local authority. It was, he felt, fitting, because his friend had done some 'pretty dodgy' things around these trees during his lifetime. He said that scattering the ashes there made him feel better.

Another man scattered the ashes of his seafarer brother at sea, saying: 'He'll be quite happy where he is.' A Sunderland woman placed her mother-in-law's ashes on the grave of her (the mother-in-law's) husband, 'because we didn't want her to be lonely'.

Thus where the ashes are scattered is evidently important, and demonstrates continuing affection and care for the dead person's well-being that transcends mere obligation or duty.

This was clearly the main motivation for the actions of a widow at whose husband's funeral I once officiated. She scattered a small portion of his ashes at each of the places in the UK where they had spent holidays together. Her reasoning was that this would be a comfort to him, and would also help her whenever she went to these places. When she died, the balance of his ashes were found under her pillow.

However some of the professionals interviewed in Hockey's study did not share these people's views about the benefits for the grieving process of having control over how and where the ashes were disposed. This comment from one funeral director was typical of many: 'I think it hinders [the grieving process] actually. They don't quite get over that last hurdle of placing the ashes in the ground and walking away ... It's the final goodbye and they can't do that.' He suggested taking the ashes might help older clients in the short term but not in the longer term.

### Reciprocity and dependency

Attachments based on reciprocity and mutual dependency are more commonly found in cultures such as that of Japan, as described by Valentine (2009). In the west some unorthodox religious groups believe they can influence the well-being of the deceased. This reciprocity has been identified in particular in parents of dead children by Klass, Silverman and Nickman (1996) and in the parents of the children who died in the siege at Beslan in North Ossetia in 2004, who were reported to believe their children were guiding and protecting them (BBC Radio 4, 2009). None of the subjects interviewed in Hockey's study said they believed that the ashes contained the spirit of the dead person, yet they treated them in some cases as if they were the person; they expressed some notion of a continuing, active relationship with the deceased, and of being able to influence their well-being by their actions.

Hockey and colleagues describe in detail a case study of a Catholic family in their study, and the possible rationales behind the actions of the daughter (Carol), who had the responsibility for the cremation of her father (for whom she had been sole carer) and the disposal of his ashes.

For example, Carol asked for his body to be clothed in two jumpers after a second was delivered to the funeral director by mistake, saying: 'He was always on about his back being cold.' Hockey identifies this as a metaphor for the continuation of Carol's carer role after her father's death.

She also had his body dressed in a blazer with regimental tie and badge, and Union Flag socks. This, Hockey conjectures, was about Carol's father's social reinstatement – he had gone into rapid decline after a burglary and the theft of his wallet and photographs (including photographs of himself in regimental uniform).

Carol chose to place his ashes under a bird bath in her daughter's garden, which she described in terms of keeping her father among family and not leaving him among strangers at the crematorium: 'There was nobody at the Garden of Remembrance that he knew. I wanted him with me.'

Carol also articulated the tension that the Hockey study highlights between personal control and expert authority. Her mother-in-law criticised her for not giving her father a Catholic ceremony, although she had masses said for him. She responded by pointing out that her mother-in-law had left her husband's ashes at the crematorium but still kept her dog's ashes on the mantelpiece.

There is, as Hockey points out, an element of ritual in these actions, just as there is in religious ceremonies, which she suggests may similarly help the bereaved. Her view is that Carol, like my parishioner, found a way of grieving and taking care of her own well-being by doing something that she believed was caring for the well-being of her father, for whom she had been an active carer. This created continuity at a time more usually associated with rupture, and a sense of control that she presumably believed she would not have had in a formal Catholic burial ceremony.

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Hockey points out that some professionals do believe that having choice can often help in the business of bereavement and sees Carol not as denying her father's death, but as simply keeping him as part of her everyday world.

### Continuing bonds

As various writers have emphasised since Klass and colleagues (1996) first described the continuing bonds model of understanding grief, this approach, rather than focusing on loss and detachment, acknowledges the dead person's presence and continuing importance in everyday life. It recognises the needs of bereaved people to keep alive their relationship with the dead person, rather than seeing grief work purely as a journey towards closure.

Others, including Walter (1999), warn about the potential tensions between a healthy use of artefacts and 'memory boxes', as encouraged for bereaved children, and an unhealthy clinging to the deceased by a type of continuing bond that is simply a denial of reality. As the funeral director quoted above remarks, retention of ashes could signify an unhealthy inability to 'let go'. Hockey's example of the man who scattered his brother's ashes at sea would be a healthy disposal from this point of view; could her example of Carol keeping the ashes in her garden and my own experience of the lady who scattered her husband's ashes at their favourite holiday spots and kept the residue under her pillow be interpreted as acts of denial?

Hockey's may be the first academic study in this country to suggest that disposal of ashes could be an example of 'continuing bonds'. It certainly raises some important questions for those involved in bereavement support, not least of which is how to identify the function for the bereaved person of the method of disposal chosen. What might be a peaceful conclusion for one bereaved person could represent a continuing, potentially harmful emotional commitment for another.

Hockey believes that the medical sociologist Bury (2001) provides a helpful framework for understanding these processes. Based on his work with illness narratives, Bury argues that how a person's remains are disposed of can facilitate the repair of an identity that has been ruptured or stigmatised by illness. Ellen, in her 60s, was devastated by her daughter's sudden death from diabetes: 'The grief was so raw at first I personally did not know how I would survive her death.' She decided to scatter her daughter's ashes in

a local country park; she explained that her daughter had once suddenly turned to her during a country walk and said: 'When I am dead I want to be buried under a tree.' Ellen and her husband frequently visit the park and the tree where they scattered the ashes: 'We interred her ashes in a place which has had a calming, peaceful effect.' ■

BBC Radio 4 (2009). From our own correspondent. 3 September.

Bury M (2001). Illness narratives: fact or fiction? *Sociology of Health and Illness* 23(3) 263–258.

Hockey J, Kellaheer L, Prendergast D (2007). Of grief and well-being: competing conceptions of restorative ritualisation. *Anthropology and Medicine* 14(1) 1–14.

Klass D, Silverman PR, Nickman SL (eds) (1996). *Continuing bonds: new understanding of grief*. Washington, DC/London: Taylor & Francis.

Valentine C (2009). Continuing bonds after bereavement: a cross-cultural perspective. *Bereavement Care* 28(2) 6–11.

Walter T (1999). *On bereavement: the culture of grief*. Milton Keynes: Open University.

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