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The Stigmatization Of Deathcare Workers

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THE STIGMATIZATION OF DEATHCARE WORKERS

by

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ABSTRACT

Research has indicated that Funeral Directors and Embalmers are stigmatized for their work. Studies have shown that, although the decay of dead bodies is a stigmatized process in American culture, these particular deathcare workers are able to shift the focus of their services from the dead to the living. However, there remains a lack of research regarding deathcare workers who are not employed as Funeral Directors or Embalmers— those whose positions are not as obvious to the general public. This research explores how, why, and to what degree stigma is placed on those individuals who spend the majority of their work time in direct contact with dead bodies, as opposed to grieving family members. Interviews with funeral employees have been utilized to provide insight into this phenomenon. Results of the analysis show that frequency of contact with bodies is only one of three major factors influencing the stigma of deathcare workers. These results are examined and directions for future research are offered.

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CHAPTER ONE: INTRODUCTION

In one way or another, all human beings must face death. However, in America, as well as in many other societies, the topic of death is avoided until the need arises to discuss it. Due to the lack of open discourse regarding death, the subject has become taboo and surrounded by mystery (Thompson, 1991:408). Dead bodies themselves represent perhaps the most taboo part of death in our society: decay. According to Gary Laderman, author of Rest in Peace (2003):

> Religion, culture, social structures, the vitality of these rudimentary elements of communal life depends upon ritually putting the dead body in its place, managing the relations between the living and the dead, and providing explanations for the existence of death. Throughout human history the problem of bodily decay has had to be solved in a meaningful way- the social body cannot function without agreed upon principles to respond to the universal presence of dead bodies. (p. xv)

Those who work in the deathcare industry are faced with the realities of handling dead bodies and decay for profit on a daily basis. They are assigned this imperative task of "ritually putting the dead body in its place" *(quote, above)*, which to most of the general public, is quite a repulsive undertaking. However, their skills, no matter how revolting they may seem to outsiders, are in high demand and deathcare workers are acutely aware that "although their services are not legally required, they are socially demanded" (Thompson, 1991:426). This research aims to explore the realities of this type of employment; particularly the stigma that deathcare employees feel from the general public regarding their profession.

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Deathcare

Before an exploration of this stigmatization can begin, the important variables of deathcare and stigma must first be defined. For the purpose of this study, deathcare workers will be defined as those individuals who are employed in funeral homes, central care embalming facilities, cemeteries, and crematories. These employees are those whose work revolves around death, *not* the process of dying. It may be assumed that these individuals work with or around bodies or cremains (cremated remains) of decedents, funeral products (such as caskets, graves, urns, mausoleums, etc.), and/ or survivors of decedents. It is important to note, however, that not all deathcare workers come into direct contact with bodies of decedents. In fact, some only work with the living. For example, Embalmers and Removal Staff come in direct physical contact with human remains on a daily basis, while Family Service Counselors and Secretaries rarely, if ever, come in contact with remains at all. Regardless of frequency of contact, all individuals who work in funeral homes and other deathcare facilities are considered to be deathcare workers for the purpose of this thesis.

Stigma

Stigma, as a variable, is much more difficult to define. Sociologist Erving Goffman (1922-1983) is best known for his research into how stigmatized people manage their social identities. According to Goffman (1963), people have anticipations of what others should be like and, with or without realizing it, turn these anticipations into expectations and demands for normative behavior (Goffman 1963:2). Once it is discovered that someone possesses an attribute

that differs from the "norm" and makes him or her seem undesired, people discount that individual in various ways. The attribute that causes this shift in acceptance is known as a *stigma*. Goffman (1963) explains that this stigma then "constitutes a special discrepancy between virtual and actual social identity" (Goffman, 1963:3). In turn, stigma is "used to refer to an attribute that is deeply discrediting, but it should be seen that a language of relationships, not attributes, is really needed" because it is the discretization from others that defines the stigmatization, not the attribute itself (Goffman, 1963:3). In other words, the act of touching human remains is in itself not stigmatization, but in countries in which this is not normative behavior, the way in which other people react to the knowledge that one has touched human remains defines the stigmatization.

Once someone is identified as stigmatized, that person may feel uncertain about his or her social identity (Goffman 1963:13). Though aware of the stigmatization, stigmatized individuals often hold the same views regarding identity as non-stigmatized individuals. According to Goffman, this is a "pivotal fact" because it means that these individuals are trying to live up to standards of the non-stigmatized society (Goffman 1963:7). Even when non-stigmatized individuals claim to accept stigmatized individuals, those who are stigmatized may, often correctly, assume that others do not view them to be on "equal grounds" (Goffman 1963:7). These stigmatized individuals then must manage the ways they present themselves to others.

People who become stigmatized later in life differ greatly from those who have been denounced since birth. For those whose stigmatization came at a later time, there requires a re-identification period. This type of individual "has thoroughly learned about the normal and the

stigmatized long before he must see himself as deficient" (Goffman 1963:34). Therefore, those who are employed in the deathcare industry must manage the ways in which society views them. Deathcare workers are not stigmatized from birth and do not have visible stigmas; it is the tasks they undertake and the objects they come in contact with that are stigmatized. In turn, successfully portraying one's job as normative is imperative to reducing levels of stigma. According to Goffman, stigma management pertains mainly to the public sphere because intimates may be more accepting of stigmatizing attributes (Goffman 1963:51). Stigmatized individuals may never fully know how they are viewed or regarded by others outside of their inner circles. Therefore, the stigmatized individual may feel pressure to carefully plan for the impression that may be made on non-stigmatized others (Goffman, 1963:14).

The Dramaturgical and Literal Frontstage and Backstage

In Goffman's (1959) book, The Presentation of Self in Everyday Life, he uses the framework of life as a theatre, where the presentation of self is a performance, individuals are performers, and life is a stage. Through this framework, frontstage areas and backstage areas are developed. Frontstage are the areas in which one's performance takes place; where he or she is responsible for maintaining his or her role in front of the audience (here, the general public). Backstage are the areas in which an audience is not present; where a performer can step out of his or her role and prepare his or her act. These two areas are conceptually different, although often times not literally separate settings or physical spaces.

In deathcare, these frontstage and backstage concepts can be seen as literal as well as dramaturgical. The frontstage of Funeral Homes consist of Funeral Directors', Managers', and Family Service Counselors' offices, Secretary/Receptionists' desks, casket and urn selection rooms, chapels, seating areas, and reception/ event rooms. (It should be noted that funeral vehicles, including removal vans, flower vans, lead cars, hearses, and transport vehicles, can cross the lines between frontstage and backstage depending on who or what they are transporting.) In these areas, frontstage behavior must be adhered to. This behavior includes being well-dressed, groomed, and mannered, using a soft, gentle voice, showing dignity and respect for the dead and bereaved, and all other actions and behaviors that are seen as "appropriate" by the public. It is here that the actor's performance takes place. This is an important area, as this is where the public will take away their impressions of deathcare workers.

The backstage of Funeral Homes consist of storage, embalming, dressing, and casketing rooms, cooler and refrigeration facilities, garages and carports, and retorts (cremator furnaces). In these areas, frontstage behavior is not required, and backstage behavior may be utilized by the performers. Backstage does by no means allow for a free-for-all of inappropriate behavior, but employees can relax temporarily and take a break from their "performance". Backstage is where gallows humor takes place as well, since "funeral humor" may be seen as inappropriate as well as disrespectful in the frontstage areas. It is also where activities, such as washing, embalming, dressing, and casketing take place. These activities take place in backstage areas because they have been deemed "unappealing" by the public. By conducting these services in the backstage, bereaved family and friends are presented with the finished product without witnessing the invasive process.

Since deathcare facilities have a physical divide between front- and backstages, employees are easily able to distinguish between the two. This allows them to know precisely when and where they need to start their performances. It also symbolically splits those who work with the dead from those who work with the living, allowing for a comparison between the two groups of deathcare workers. Unfortunately, this divide also keeps the public from fully knowing and understanding what takes place in the preparation process, further separating deathcare from the "norm".

Goffman addresses the dramaturgy involved in deathcare in his 1961 book, Encounters: Two Studies in the Sociology of Interaction:

> If, for example, a funeral parlor is to stay in business, then the role of the director, of the immediately bereaved, and of the deceased must be performed regularly; but, of these regularly performed roles, only the director will be a regular performer. The immediately bereaved may play the same role on a few other occasions, but certainly the role of the deceased is played but once by any individual. (p. 88)

Although the general public may be involved in the performance, either as the immediately bereaved or as the decedent, they are always in the frontstage and are part of the audience. They may be required to perform, but in funeral performances, are never allowed in the backstage. This fact keeps them separate from the deathcare process, only leaving them to fill their roles in the final act.

CHAPTER TWO: LITERATURE REVIEW

Due to the stigmatization of, and the disgust produced by, human remains, it comes as no surprise that those individuals given the task of handling, preparing, and disposing of decaying bodies feel this stigmatization as well. This phenomenon is not limited to American culture. Most cultures across the globe have a specified group of people who are assigned the duties of caring for the dead. In some cultures, this is considered a privilege or an honor; while in most, it is considered a taboo. In India, it is those who are classified as "Untouchables", the lowest ranking in the Indian caste hierarchy, who are responsible for handling dead animals and preparing human corpses (Randeria, 1989:171). There also exists a class of people in Japan, the "Burakumin" (formerly known as "Eta-Hinin"), who, since Medieval times, have been in charge of human remains and, to this day, are discriminated against for this reason (Keiji, 1979:385). There is no caste system defined in the United States, but deathcare definitely fails to bring prestige to those who choose to make it their profession. In fact, handling the dead is looked upon as an extremely dirty job.

Although the public may understand that certain dirty or unpleasant jobs are necessary to society, individuals "tend to remain psychologically distanced…, glad that others are doing it" (Ashforth et al., 2007:149-150). Previous research (e.g., Thompson, 1991) has shown that individuals involved in "dirty", tainted, or stigmatized jobs are acutely aware of their stigmatization. Funeral Directors and Embalmers recognize that the two major stigmas they embody are: (1) the taboo act of handling of the dead and (2) the taboo act of profiting from grief and death (Thompson, 1991:404). In order to manage stigma, then, these Funeral Directors have

learned to steer discussion away from these two taboos when in the presence of the general public.

Much research has been conducted regarding Funeral Directors and Embalmers/ Morticians; those deathcare workers most recognized by the public (i.e., Bartlett and Riches, 2007; Foreman, 1973; Parkes, 2003; Thompson, 1991). A well-known study conducted by William E. Thompson (1991) found that Funeral Directors and Embalmers utilized many dramaturgical and symbolic tactics to neutralize stigma, including practicing role distance, redefining their work, cloaking themselves in the "shroud of service", emphasizing professionalism, and enjoying socioeconomic status instead of occupational prestige (Thompson, 1991:403). These particular deathcare personnel made attempts to emphasize their work with the living while simultaneously shifting focus away from their contact with the dead.

Similarly, during interviews with managers in various stigmatized jobs (e.g., Funeral Directors, Exterminators, Used-Car Salespersons, etc.), Ashforth et al. (2007) found an assortment of defensive tactics used by these individuals to contend with career stigmatization. These defenses included social comparison, accepting their stigmatization, condemning condemners, gallows humor, avoiding discussion of their careers, distancing from role, and blaming and/or distancing from client (Ashforth et al, 2007:166). As seen in these previous studies, perhaps the most widely used tactic by those in stigmatized careers is reframing the meaning of their work to either negate the negative aspects or to accentuate the positive aspects of the job (Ashforth et al., 2007:150). This is the tactic found to be used when Funeral Directors and Embalmers speak of their service to the living. Other researchers (e.g., Ashforth et al., 2007;

Thompson, 1991) have found that Morticians consider treating bodies with dignity to somewhat lessen their stigma. An example of this approach to distancing is for deathcare workers to be gentle with human remains as though they are asleep instead of deceased.

Some reports (e.g., Juarez, 2005) have suggested that television shows such as A&E's "Family Plots" and HBO's "Six Feet Under" have brought the funeral industry into the spotlight. A former Funeral Director who was interviewed for Juarez's "Face to Face with Death" article claims that the media exposure of 9/11, the Columbine tragedy, and even the death of Princess Diana has made Generation Y "less squeamish" towards death and deathcare (Juarez, 2005). The question remains, however, if this media attention has diminished, reduced, or perhaps fueled the amount of stigma that society places on these careers. This research does not aim to answer this question directly, but it is crucial to understand that the stigma associated with death may in fact be influenced and manipulated by popular media portrayals.

Humor, as well, has been found to be a vital tool in allowing deathcare workers to distance themselves from their work and to manage the stigma associated with it (Thompson, 2001:607). However, this humor must ride a very thin line. On the one hand, if conducted in backstage areas, away from the public, grieving families, and friends, it serves as an outlet for Embalmers and Funeral Directors. On the other hand, if conducted in front of the wrong people, it could lead to further stigmatization of deathcare workers as less caring, more crude, or undignified. As Thompson (2001) explains:

> Humor is a common method for relieving stress and the stigma associated with certain occupations, and I found that Morticians and Funeral Directors were quite adept at

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employing this strategy. The humor, of course, must be carefully hidden from friends and relatives of the deceased and from the public in general. It is only expressed in backstage areas frequented by other members of the profession or those they trust not to reveal their secrets. It is my contentions that this may help to explain why Morticians and Funeral Directors in brief face-to-face interviews or when asked to respond to a standardized instrument are quite likely to appear to possess less humor than people in other occupations (p.608)

Although this humor serves as a way for deathcare workers to stay distant from their work, it should not be included in one's performance. When funeral- and death-related humor is used outside of the backstage of a funeral home setting, it is seen as disrespectful and even rude. Even those members of the public who have not experienced a recent loss could be offended by jokes regarding the dead or bereaved. Therefore, the only place that this humor is appropriate is in the backstage and among other deathcare employees. If humor is included in one's performance in the frontstage, it will contradict the serious and reserved nature of the actor's character.

According to Gale Miller, in her book Odd Jobs: The World of Deviant Work, American society shares the philosophy that every able-bodied person (or at least, every able-bodied male), should work for a living and support his or herself (1978). Due to this agreed-upon norm, one of the most common social "ice-breakers" when individuals first meet is discussion of their chosen careers. People ask others what they do for a living, and often "make a number of initial judgments about others based on preconceived notions about particular occupations" (Thompson, 1991:404). For this reason, research has also shown that the withholding of

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information is another tactic used by individuals in stigmatized occupations in order to avoid "having to face the stigmatizing aspects of her or his work", as well as the "negative views of outsiders" (Ashforth et al., 2007:163). In this way, avoiding discussing the details of one's daily work routine may, in turn, hide some of the stigmas of that work. For example, someone who is involved in funeral transport may claim to be in the "transportation industry" when asked his or her profession at a dinner party. By doing so, the individual is emphasizing the normative aspects of the job while simultaneously hiding and disguising the job's stigma. Some individuals in stigmatized careers may even try to act as contrary to their stereotype as possible in an attempt to change the occupation's image (Ashforth et a.l, 2007:162). For deathcare workers, this involves countering the profession's "cold" image by coming across as "warm", friendly, and caring as possible.

For those deathcare workers who provide direct services for the living, focusing the spotlight of their careers away from grisly images of decay helps with the management of stigma. As discussed, Funeral Directors and Embalmers use a variety of dramaturgical techniques to reframe their work. Unfortunately for some, however, not all deathcare workers have the advantage of emphasizing their work with the living. Many funeral employees spend the majority of their time in direct contact with dead bodies instead of grieving family members. Some do not even have contact with survivors at all. Very little research has been conducted to measure the stigma felt by those deathcare workers whose daily lives revolve around the decay of death rather than the grief stricken living.

One study has taken into account the differences between the amount of contact with the dead and the bereaved. Conducted by Pat M. Keith (1996-1997), the study entitled "Feelings of Deprivation, Death Anxiety, and Depressive Symptoms among Funeral Directors" looked only at licensed Funeral Directors and found that "death anxiety and depressive symptoms were independent of the amount of contact with the dead and bereaved" (Keith, 1996-1997:107). The results of this study show that the amount of contact with bodies of decedents does not influence how these employees view their own life and death. However, this research was not expanded to analyze whether or not the frequency of contact with dead bodies versus the bereaved influenced the views of the public, as this study aims to do.

In order to bridge this gap in the literature, and since the decaying dead body itself has found to be stigmatized in American culture, the aim of this research is to explore how, why, and to what degree stigma is placed on those individuals who make a living by handling the dead. The question that this research aims to answer is whether or not the frequency of physical contact with bodies of decedents influences the amount of stigma that deathcare workers feel is placed on their jobs. This study will not be limited to licensed Funeral Directors and Embalmers; other deathcare workers will be included in order to compare frequency of contact and stigma. The hypothesis that has been formed in regards to the stigmatization of deathcare workers is as follows:

Since dead bodies are stigmatized due to decay, individuals whose jobs require them to be in frequent physical contact with dead bodies will, in turn, feel more stigmatized than those who have little or no physical contact with the bodies of decedents.

CHAPTER THREE: METHODOLOGY

Due to the qualitative nature of this study, this research was grounded in Goffman's theories of stigma and dramaturgy. Because of the fact that previous studies have been conducted in order to measure the stigma felt by Funeral Directors and Embalmers, this research was conducted using a deductive approach. However, since no research has been conducted regarding stigma and deathcare employees who are not Funeral Directors and Embalmers, this research is the first of its kind. The use of qualitative data collection through open-ended interviewing has allowed for the data to convey its own message, while simultaneously answering the proposed research question.

Participants

Participants of this study are those deathcare workers employed in funeral homes, central care embalming facilities, cemeteries, and crematories. These participants were obtained through the use of a quota/ snowball sample technique. I have been employed in the deathcare field for over four years, and participants of this study were obtained through personal connections who then provided additional participants through their work and social networks. Many individuals volunteered to be a part of this study because they expressed a desire to "have a voice" and to "speak their minds". Participants all reside and are employed in the state of Florida, under the largest deathcare corporation in the U.S. This corporation is set up as a three-tiered business. Multiple funeral homes and cemeteries are grouped under central care embalming facilities and crematories. These centralized facilities care for decedents before

transporting them for funeral services at the funeral homes and cemeteries. Central care

embalming facilities and crematories all report to the corporate offices, which organize funds and

business matters for all businesses and branches in the corporation.

Corporate deathcare varies from family-run and small funeral homes because in a

corporate setting, there is a far more defined division of labor, where jobs are assigned to certain

individuals and tasks rarely overlap. Family-owned and small funeral establishments are often

run collectively, with job requirements and tasks overlapping regularly. These differences are

important to keep in mind in regards to this study, as only corporate deathcare establishments can

be easily divided into frontstage and backstage positions.

Since this research analyzes the relationship between physical contact with dead bodies

and the amount of stigma that workers feel, an equal number of employees who do and do not

come in contact with bodies were sampled. This was done by interviewing individuals employed

in the following funeral positions: Removal Staff, Embalmers, Hairdressers, Funeral Directors,

Funeral Attendants, Courier/Drivers, Secretaries, Family Service Counselors, and Non-Funeral

Director General Managers. Originally, eighteen deathcare workers were sought for this study.

In order to account for gender differences in regards to self-identified stigma, one male and one

female from each of the previously-mentioned nine deathcare positions were sought. However,

several positions in the funeral home were not filled by both genders. Male Hairdressers and

male Secretaries were unable to be located for this study. Also, as a woman in a male-dominated

profession, I am the only female Removal Staff to be employed in the region. Therefore, only

female Hairdressers and Secretaries, and male Removal Staff were interviewed for this study.

The final sample for this study included fifteen individuals who are employed in deathcare, including: one Hispanic male Removal Staff member (age 21), one Caucasian male and one Caucasian female Embalmer (ages 28 and 42, respectively), one Native-European female Hairdresser (age 45), one Caucasian male and one Caucasian female Funeral Director (ages 48 and 52), one Caucasian male and one Caucasian female Funeral Attendant (ages 66 and 68), one Caucasian female Secretary (age 51), one Caucasian male and one Caucasian female Courier/ Driver (ages 30 and 69), one Caucasian male and one Caucasian female Family Service Counselor (ages 55 and 61), and one Hispanic male and one Caucasian female Non-Funeral Director General Manager (ages 56 and 55, respectively). Embalmers and Funeral Directors all have Associate Degrees, while no other members of this sample have received college degrees. Also, all individuals in this study fall into similar socio-economic statuses, as all participants earn between $25,000 and $33,000 annually.

Removal Staff, Embalmers, and Hairdressers all have frequent contact with bodies of decedents. Removal Staff are responsible for driving to the decedent's place of death, identifying, tagging, lifting, and transporting the body to the Funeral Home, as well as properly wrapping, storing, and refrigerating the remains at the Funeral Home or Central Care Embalming Facility. Embalmers are responsible for washing, preparing, embalming, dressing, and applying cosmetics to the body, as well as placing it in the selected casket or other burial or cremation container. Hairdressers for the dead are contracted on a case-by-case basis, specifically when requested by the decedent's family members or caretakers. They are responsible for washing, cutting, and styling the decedent's hair in preparation for visitation by family or funeral services.

Funeral Directors, Funeral Attendants, and Courier/ Drivers all have moderate contact with bodies of decedents. Funeral Directors are responsible for making funeral arrangements for at-need families, orchestrating the funeral services, making arrangements with cemeteries, and providing support to families of decedents. They are also responsible for setting up the body and/ or casket for visitations and funeral services, removing jewelry or other valuables from the body before burial (if requested by family members), lowering the body and closing the casket after funerals, and transferring cremated remains from temporary containers to permanent urns. Funeral Attendants are responsible for directing parking during funeral services, opening doors for guests, collecting and displaying flower arrangements, ushering guests, assigning and/ or directing pallbearers at funeral services and/ or cemeteries, and cleaning up the funeral chapel and/ or reception rooms. They are also responsible for assisting the Funeral Directors with setting up the body and/ or casket for services, lowering and closing the casket after funerals, and occasionally serving as fill-in pallbearers at services or cemeteries. Courier/ Drivers are responsible for driving to doctors' offices to have death certificates signed, bringing signed death certificates to vital statistics offices, and delivering clothing for decedents from Funeral Homes to Embalming Facilities. They are also responsible for picking up or delivering decedents to airports or other facilities, transporting decedents to crematories, transporting cremains from crematories, and driving the decedents and/ or families of decedents to cemeteries.

Secretaries, non-Funeral Director General Managers, and Family Service Counselors all have extremely limited or no contact with bodies of decedents. Secretaries are responsible for answering the Funeral Home phone lines and fax lines, dispatching Removal Staff to a decedent's place of death, arranging for flower deliveries, managing and accounting for funds,

typing death certificates and other funeral forms, and all other filing and record-keeping. Non-Funeral Director General Managers are those General Managers of Funeral Homes who are not licensed to embalm or do not also serve as Funeral Directors. Non-Funeral Director General Managers are responsible for managing the Funeral Home, including managing funds, properties, buildings, and vehicles owned by the Funeral Home, designing, implementing, and conducting community outreach, fundraising, and volunteering events, settling customer disputes, managing staff, and all other managerial tasks. Family Service Counselors are not grief therapists, as many would assume. Family Service Counselors are responsible for selling pre-need funeral arrangements, flower arrangements, caskets, urns, cemetery plots, cemetery benches and adornments, outer burial containers, mausoleums, keepsake jewelry, and memorial books, cards, and other products. These three deathcare positions require no contact with bodies of decedents; neither before nor after embalming or cremation.

Data Collection

Data for this study was collected through semi-structured, in-depth interviews of informed and consenting participants. Before any interviewing began, IRB approval was obtained for the study of human subjects (*please see Appendix B for IRB approval)*. These fifteen interviews consisted of open-ended questions, giving participants an opportunity to answer each question as in-depth as he or she preferred. Interview questions focused on participants' occupational role, contact with bodies of decedents, stigma felt from outsiders, and dramaturgical techniques employed to counter the stigma felt. (*Please see Appendix A for*

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interview questions). Using semi-structured interviews allowed for further questioning and explanation of this stigma, as well as the techniques used by each deathcare employee. This way, interviewees were not confined to answering yes or no questions and were able to elaborate on their feelings regarding this topic. Similarly, interviewees were able to add insight into aspects of stigmatization that were not directly asked about. This fact was pivotal in discovering additional underlying themes.

Interviews were conducted face-to-face at the participant's place of employment. Because deathcare employment is stigmatized, workers felt more comfortable discussing the details of their work at their place of employment as opposed to a public location. Interviews were taped on a digital recorder and were then transcribed once complete. The recordings of interviews did not include the name or other identifiers of the participant in order to assure anonymity. For the same reason, interview recordings, notes, and transcripts of recorded interviews are stored anonymously in password-protected files and were only accessible to the researcher during the research process.

These semi-structured, in-depth interviews were supplemented with field notes, which were taken by hand during and after each interview. Field notes covered observations made during each interview. These observations included comfort with questions asked, body language, and willingness to recognize or account for stigma. These notes were hand-written during the interviews, but were transcribed and securely stored in password-protected files as well. The use of field notes along with interviews provided a better understanding of

participants' outlooks, emotions, and overall understanding of the stigmas they feel. They were used to gather information not verbalized by the interviewees.

Data Analysis

As the interviews and field notes were transcribed, open coding followed by axial coding was used in order to discover, classify, and understand themes regarding the stigmatization of deathcare workers. According to Strauss and Corbin (1998), open coding is the process by "which concepts are identified and their properties and dimensions are discovered in data" (p. 101). This coding process allows patterns within the data to emerge, so it was conducted prior to the process of axial coding, which allows concepts to be analyzed and explained.

It was first important to establish that deathcare workers do indeed feel stigmatized due to their professions, since this assumption was the basis of the research. This fact was confirmed as all fifteen interviewees, when asked directly, reported feeling stigmatized because they are deathcare employees. No respondent expressed that they felt complete acceptance from the public in regards to their employment, and all reported that their jobs made them "outcasts" in their social circles and communities.

The second step of the analysis was to gather information regarding these feelings of stigma in relation to deathcare work. By using open coding, the data were read and re-read thoroughly and analyzed line-by-line. Therefore, major concepts of stigma were identified and highlighted throughout the transcripts of both completed interviews and the field notes taken throughout the interview process. The analysis of each interview was conducted separately from

the rest, allowing each employee's responses to convey their emotions and experiences. During this coding, the abstract responses that each interviewee gave were identified as pertaining to the concept of stigmatization. In turn, general categories of stigma (such as misunderstanding and recognition) were produced and properties of deathcare workers' feelings on how this stigma came to be were discovered.

After open coding all of the interviews and field notes independently, the process of axial coding began. Open coding allowed for abstract patterns to be identified, but axial coding allows the data to speak more wholly. The general concepts that were highlighted in the open coding process were then organized and color-coded by themes. These themes were generated by repeated concepts that became apparent throughout the reanalysis of all fifteen transcripts. Through the use of axial coding, the stigmas shared by deathcare workers became evident and three main explanations for stigmatization were discovered. The vast majority of all interviewees reported not only the same feelings associated with stigmatization by the public, but also the same explanation for why they believed this stigmatization occurs. These influential explanations included the deathcare employee's physical contact with dead bodies, job recognition by the public, and the depth of explanation that he or she provides about his or her career requirements.

This method of using both open and axial coding allowed for a more comprehensive understanding of the stigma felt by each research participant. It also increased both the reliability and validity of this study. However, although open and axial coding were used to analyze the data collected in this study, the analysis varies from grounded theory since it was not

conducted using an entirely inductive approach. Because it was assumed that frequency of physical contact with bodies of decedents would influence a deathcare worker's reported stigmatization, this research was deductive in nature. Therefore, the themes that were identified and discovered through coding were further broken down by frontstage, backstage, and stage-crossing employment and then analyzed by frequency of contact with bodies of decedents. This allowed for a comparison between those who have no contact with dead bodies and those who have moderate or frequent contact with bodies.

In order to accomplish this comparison, the coded interviews were first classified by whether the respondent came in contact with dead bodies or not. The overall responses of those who have contact were evaluated against those who have no contact. Similarities, such as confusion by the public regarding the specifics of deathcare work, and dissimilarities, such as recognition by the public, were discovered and compared. Following this comparison, transcripts of those who have frequent contact and those who have moderate contact were also compared and analyzed. This process of coding and analytical comparison allowed for the original research question to be answered by assessing stigmatization in relation to the amount of contact that deathcare workers have with bodies of decedents.

CHAPTER FOUR: FINDINGS

Through the open and axial coding of these interviews, three main themes emerged. These three factors were found to influence the stigmatization of deathcare workers:

1. Frequency of physical contact with bodies of decedents

2. Depth of the explanation that one gives of his or her employment position

3. Job recognition by the public

Although the hypothesis that more frequent contact with decay (dead bodies) does hold true (*supported by outsiders' statements such as "At least you're not an embalmer." and "Wait-do you actually touch them?!"*), the explanation of stigma is not as simple as frequency of contact. Other factors, such as in-depth explanation of job roles and appreciation/ recognition of job performance, also greatly influence the amount of stigma that deathcare workers feel.

Interestingly, no clear patterns emerged regarding gender as a factor in the amount of stigma deathcare workers reported. However, when gathering the sample for this study, it became immediately clear that positions within the deathcare field are often segregated by gender. Although the field is slowly changing to include more females in backstage positions, women are usually found more in Secretary and Family Service Counselor positions, while men are more likely to be Embalmers and Removal Staff. Male Hairdressers who work on the dead couldn't be located, and individuals interviewed admitted to never coming across one in their careers.

This research supports the hypothesis that more frequent contact with dead bodies does increase the amount of stigma that deathcare workers report feeling. Those frontstage deathcare workers who were interviewed reported feeling minor stigmatization, while backstage employees felt that they were often stigmatized for their work. Also, employees who work directly with unembalmed bodies revealed feeling more stigma than those who work with embalmed bodies. This not only suggests that decay is indeed a highly stigmatized aspect of deathcare work, but it reveals that the public is concerned with disease as well. Since the purpose of embalming is to preserve the body as well as to make it aesthetically "presentable" and disease-free, the public understands the health risks that Embalmers and other Care Center employees face.

The health risks associated with handling unembalmed bodies include respiratory diseases, fungal infections, and blood-borne pathogens. These dangers are carefully minimized using strict guidelines and rules, along with universal precautions against disease. Even so, diseases such as HIV/ AIDS carry their own social stigmas and those who work around infected persons or bodies may face additional stigma, even if they are not infected themselves. This associative stigma can be a powerful force that individuals in healthcare and deathcare face. According to research conducted regarding the associative stigma attached to those who work with AIDS-infected persons, "the more control a participant had over the formation of the stigmatizing relationship, the more likely they are to let others know of it" (Richards, 2011:120) This implies that the opposite also holds true; the less control someone has over the formation of an associatively-stigmatizing relationship, the less likely they are to disclose that relationship because of the stigma that it carries. Those individuals who work in the backstage and hands-on

areas of deathcare have little to no control over their required contact with HIV and AIDS-infected dead bodies. This means that their levels of stigma are extremely high, while their levels of disclosing their employment are extremely low.

As in previous studies, employees on the public side of deathcare relied on their ability to reframe their jobs as a service to the living. Several employees described how members of the public seemed more at-ease once they thought the job was not hands-on and less comfortable when they learned of jobs that require contact. A Driver noted:

> First thing they always want to know is do you embalm. I say no, I don't- I'm just a transport driver and then that kind of calms the situation down a little bit, but after that um, I try to just move on to something else… If that doesn't work and they find out that I actually have to touch dead people, uh, they kind of stand back a little bit, they kind of want to distance themselves from me physically, like I can give them something…

One female Embalmer reported getting harsher reactions once people found out her position within deathcare:

> I always start out with "Well, I work in a Funeral Home" and then they're always like "Oh, what do you do there?", and that's fine but then I have to be honest and then I go "Oh, well I'm one of the Embalmers" and they're like "WHAT?!? That's gross! How do you do that? Why? I can't believe it…" and then it's like "Yeah…" and then it goes from there… It's like the reaction was fine until I admitted to embalming. I hate it… it doesn't make sense because *someone* has to!

A Secretary agreed with the apparent stigma attached to embalming, stating:

> Most people have an odd reaction at first [when I tell them where I work] until they
>
> realize that I'm not actually back there with my hands in everything like an Embalmer
>
> would be… Then they don't seem as bothered as they were at first, because, like, I'm on
>
> the life side of deathcare, you know? Not the dead side.

Unfortunately, backstage employees were unable to use this to their advantage, as the hands-on aspects of their jobs cannot be avoided.

It is difficult, however, to determine exactly what aspect of backstage deathcare contributes to this stigmatization the most. Being employed in deathcare's backstage positions has many implications, including a higher frequency of contact with dead bodies and decay, as well as less public recognition. These influences over stigma are difficult to separate, as they often go hand-in-hand. It is these traits, in combination with misunderstanding of job requirements, which cause backstage employees to feel more stigmatized than frontstage deathcare workers.

Explanation of Employment Position

Although more direct physical contact with dead bodies was discovered to lead to higher rates of stigma, another interesting trend from the data emerged as well. That is, the amount of information that deathcare workers share about their jobs is related to the amount of stigma they feel. Interestingly, the more in-depth of an explanation one gives about his or her job, the less stigmatized he or she reports feeling.

Unfortunately, many interviewees claimed to avoid discussion about their careers unless directly confronted, as one Courier said:

> Well, I just don't go in and say just as general conversation, 'oh, by the way you know, I work in a funeral home and it's really kind of interesting'- I just don't do that. But if someone asks me directly, I tell them.

However, those individuals who avoid talking about their careers (*"…they just want to ask a bunch of questions… and I'm like it's just a job, you know? I get tired of explaining what I do all the time"*) feel more stigmatized.

This finding implies then that perhaps misunderstanding, not decay, is the most stigmatized aspect of deathcare. This is supported by the notion of "fear of the unknown". In general, people fear death because they do not fully grasp the concept of non-existence, making death an "unknown". Although individuals may deal with the unknown realities of death through various ways, such as religion and spirituality, the truth of what happens after we die is still shrouded in mystery. Due to these feelings of discomfort, this fear extends to deathcare as well. Since people are not aware of the physical processes of death, they discriminate against it as another "unknown". For this reason, those deathcare workers who choose to disclose the most information regarding their jobs report feeling stigmatized less than those employees who disclose very little. This applied to both frontstage and backstage employees, no matter if they came in direct contact with dead bodies or not.

Through extensive and often humorous interviews, it became apparent that the explanation that each deathcare employee gives to "outsiders" influenced the amount of stigma

they feel. The majority of interviewees reported feeling *less* stigmatized after a long and in-depth explanation of what their job role actually entails. These interviewees felt surprised by this pattern, having assumed that non-employees would feel less comfortable knowing the (often bloody) details. However, it became apparent that "fear of the unknown" is much more stigmatizing than an understanding of the facts.

Many interviewees admitted that it was extremely difficult to disguise what they do for a living or to lie about it because once someone found out, the fact spread like wildfire and the deathcare worker was "outed" in his or her social circle. This meant that once he or she was recognized for his or her stigma, that individual then had the choice of either explaining in detail what the job requires, refusing to discuss it, or providing very little information. Those who chose to embrace this opportunity by answering questions and providing a detailed description of their job found more acceptance by the general public than those who chose to ignore the inquiries or to change the subject.   Like a female Family Service Counselor said:

> You'll kind of get the opposite spectrum of what you expect, like when I first started I
> told people as little as I could [about my job], but you actually get people who are so
> interested that they want to ask millions of questions and everything and then they
> sometimes think it's cool when I explain that I want people to have dignity in death and
> so that's why I do this… It's better to tell them, like, what it's like than to have them just
> guess about what your job is like because they just don't know about it.

A male member of the Removal Staff agreed and reported feeling very little stigma due to the fact that he not only discloses what he does for a living, but also gives others an in-depth explanation of his role in the industry:

I never avoid telling people what I do. I describe my job in detail- it gives the person a little more insight into how the perception is of a funeral home business. I flat-out tell them, [and] there are usually a lot of adverse reactions, but by the time I'm done talking to them and basically describing and emphasizing what I do… I guess as human beings we all just kind of relate to it because we all need to reach that goal one day of just, you know, not being here. So I guess everybody just comes to an understanding that it's maybe gruesome when they hear about it, or when they're dealing with it, but at the end of it all, it's usually something that's natural and it's a place that someone like me can actually help people in need so they usually walk away with a good impression and idea of what I do for a living and why I like it. Then they don't think I'm so weird anymore.

In other words, when members of the public are left to fill in the blanks, imaginations and folk-lore run wild. These unfounded assumptions regarding contact with the dead are often negative and lead directly to the stigmatization of deathcare employees. As a female Funeral Director stated:

The process of embalming is weird, yes- but what people make up if they don't know the truth is even weirder. I mean, I once had someone ask me what we stuff dead bodies with… I think he thought it was like taxidermy or something. All we're trying to do is make dead bodies presentable for their families so they can have one last look; we're not out here re-animating people or turning them into zombies or stuffed animals. I wish people understood embalming. Oh, and cremation too! We don't pour gasoline on someone and watch them burn! Seriously, I get these reactions and sometimes all I can do is cringe because I wonder if anyone [people outside of the industry] actually knows

what we're doing in here [points to Funeral Home], or if they think we're all Dr.

Frankensteins…

Assumptions such as the above were mentioned by the vast majority of deathcare

workers who were interviewed.   Therefore, the results of this study do not support the notion of

withholding information as a tactic to counter stigma, as suggested by Ashforth et al. (2007). In

fact, the results suggest that the opposite action should be taken; deathcare workers should

release information regarding their jobs as a tactic to counter stigma.

Job Recognition

In relation to the explanation that one gives of his or her job, the recognition of their

role(s) by the public also has a major influence on the stigma felt by deathcare employees.

Those employees who received more recognition from customers and clients for their role

reported feeling less stigmatized than their unrecognized counterparts. Funeral Directors,

Embalmers, Secretaries, and Attendants all admitted to being recognized, thanked, and

appreciated by outsiders. In contrast, Hairdressers, Removal Staff, Courier, and Transport Staff

were all quoted as saying "Most people don't know my job exists". A female Driver said:

No one knows I even exist here… or, that, you know, my position is a part of this whole

process. And so it's hard to feel good about all the work you put in if no one knows you

did anything…

This pattern of appreciation and recognition mainly coincides with the frontstage/

backstage split of deathcare positions. Those employees whose positions are in the public eye

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(frontstage), such as Secretaries, Funeral Directors, Managers, etc., receive more recognition and appreciation from the public than those employees who work in backstage areas of the funeral home. A male Manager said:

> When I am, um, like, in the public eye, they know me and what I do but then sometimes people don't even realize how many people I have on my staff. I have to remember that most of our [deathcare's] job is behind doors and half of my staff don't even meet the families they serve.

The one exception to this lack of backstage recognition was Embalmers. Most people, even if they have not had experience with deathcare, are aware that bodies are often embalmed after death, and are therefore aware that an Embalmer's job exists. As a Funeral Director said, "People just think it's me and the Embalmers running the whole show!"

The recognition of one's job role was found to be extremely important for those interviewed. For example, many families send thank-you notes to funeral staff after a deceased love one has been cared for. Often, these thank-you cards are addressed to Funeral Directors and Funeral Attendants, thanking them for taking great care of their loved one and for making him or her look "peaceful", "resting", and/ or "asleep". These tokens of appreciation were mentioned in many interviews. Notes and recognition such as this certainly make deathcare employees feel appreciated for their work. However, backstage employees are often over-looked. Funeral Directors provide a service to families by making sure that funerals go smoothly, but Embalmers and Hairdressers are the employees who are responsible for a decedent's appearance. However, the general public may not understand how many people are involved in the preparation process.

Many interviewees reported that since the public knows very little about the deathcare industry, they know even less about the positions within it. Questions from outsiders, such as "Oh, do you embalm?" and "Do you put the makeup on the bodies?" reveal how narrow the image of what goes into caring for the dead is. This is due in part to the literal barriers between frontstage and backstage. Since members of the public are not invited into the backstage to watch the process of funeral preparation, they are not privy to the details of the work involved. A male Removal member discussed this lack of recognition, saying:

> I do a lot around here [Funeral Home and Care Center], but it's not like the families ever send *me* a thank-you or anything. It's not like I do this all for the attention, you know, but I'd like someone to recognize me a little. Then it's like when people find out where I work it's all 'EWW!' [scrunches up nose] but it's like I do this to help people, I like helping people… but those people I help don't know I do and then when they do, they think I'm gross or crazy or sick or something. It's just like I'm in a rock and a hard place. Well, you know that.

Of course, this is not to say that deathcare workers are begging to be cast in the spotlight. Many employees specifically enjoy the quiet and calm of working with death. A male Funeral Attendant joked:

> Well, there's people who I've known in the past, and they'll ask me what I'm doing now since I retired from the Sherriff's office, and I'll tell them where I'm working and of course they'll ask me why… and my biggest thing is, that uh, I don't have to worry about nobody spitting on me, nobody throwing urine on me, nobody throwing feces on me, nobody talking back to me… and if they do, I'm leaving right there!

Regardless of how much a particular deathcare worker was *seen* by the public, the recognition of their job within the funeral setting impacted their stigmatization.

Culmination of Stigmatizing Factors

The deathcare workers in this study are faced with three main stigmatizing factors: contact with dead bodies, lack of recognition from the public, and inaccurate assumptions of outsiders about their jobs. As to be expected, it was discovered that funeral employees felt increased stigma if and when they had to deal with one or more of these factors. Funeral Home Secretaries have no contact with bodies of decedents, work in the frontstage, and are often recognized by the public since they work directly with the living. Family Service Counselors have no contact with decedents and work in the frontstage. However, they are not usually recognized by the public. Many people do not realize that products are sold by Family Service Counselors instead of Funeral Directors in corporate settings. Non-Funeral Director General Managers have no contact with bodies, work in the frontstage, and are recognized by the public when they are involved in community-outreach. Secretaries, Family Service Counselors, and Non-Funeral Director General Managers reported feeling the least amount of stigmatization due to their professions since their jobs required them to face a maximum of only one of these stigmas. Also, individuals employed in these positions all conveyed that they were open, honest, and willing to discuss their careers with people not familiar with the funeral industry.

Funeral Directors work in both the front and backstages, although they spend more of their time frontstage, and have minor contact with dead bodies. They are employed in by far one of the most recognized positions in deathcare, as they deal directly with families who have experienced a loss. Embalmers are often the most recognized of all deathcare employees, although they work in the backstage and have daily contact with decedents. Funeral Attendants have some, but minor, contact with embalmed bodies, work in the frontstage of the Funeral Home, and are one of the three most recognized positions in deathcare as well. Employees in these three positions reported feeling stigma because of their careers, although not to a severe degree. Although these positions are widely known to the public, the requirements of each position, and the individuals employed in them, are often misunderstood by people outside of the industry, causing stigmatization

Courier/ Transporters, Removal Staff, and Hairdressers all reported feeling the greatest degree of stigmatization overall. Although some felt relief by giving in-depth explanations of their job requirements, all had to face the realities of contact with the dead and a complete lack of recognition by the public. These employees all work mostly in the backstage, although all have to perform in the frontstage as well. Removal Staff work in the frontstage when retrieving bodies from their place of death, Hairdressers are in the frontstage when consulting with families of decedents, and Courier/ Transporters are in the frontstage when transporting bodies to places such as airports. Even though individuals in these positions can cross the boundaries between frontstage and backstage, they are not readily recognizable by outsiders. Many people are unaware that Removal

Staff and Couriers transport decedents instead of Funeral Directors and that Hairdressers are contracted on a case-by-case basis to cut and style hair for funeral services instead of having it done by Embalmers. Therefore, employees in these positions are the most stigmatized of all positions interviewed.

Since those deathcare workers who are faced with handling the dead and being unrecognized and/ or misunderstood by the public feel the most stigmatization, it is important to minimize the culmination of these three influences. If one works in direct contact with the dead, he or she must learn to curtail the other two components of stigmatization by becoming a more well-known part of society. Since contact with the dead is a required and essential aspect of deathcare, this influence cannot be diminished. Therefore, misinformation and lack of recognition must be addressed.

CHAPTER FIVE: CONCLUSION

Although findings indicate that physical contact with dead bodies, as well as a lack of job recognition and understanding, impacts the stigmatization that deathcare workers feel, it is important to keep in mind that the results of this study are only applicable to those deathcare employees whose funeral homes are set up in a corporate manner. In private and family-owned funeral homes, many employees regularly cross the boundaries of frontstage and backstage work. In cases such as those, it becomes difficult to distinguish which factors have the most influence over stigma. Although many of the same stigmas exist, the separate influences may not be as clear-cut as those in this study.

However, this thesis offers explanations and insight into some of the influences on the stigmatization of corporate deathcare workers. The findings that frequency of physical contact with bodies of decedents, job recognition, and explanation are influential can provide ways in which these employees may counter this stigma. The lack of knowledge about the general workings of funeral businesses must be corrected if the trend of stigmatization is to end. Deathcare workers as well as the general public must both be active in the desire to change untrue stereotypes of the industry.

Countering Negative Stereotypes

The individuals interviewed for this study used many of the reframing tools that were to be expected, such as emphasizing their service to the living instead of their contact with the dead,

using humor in backstage areas, and distancing themselves from their work roles. Although these techniques were utilized, interviewees still reported feeling stigmatized due to their professions. Much of this self-reported stigma was found to be caused by the public's lack of understanding about deathcare work.

Consequently, two factors that influence the stigmatization of deathcare workers: the lack of job-role understanding and recognition can both be resolved by the same tool: information. Since deathcare workers report more stigmatization by those members of the public who have no knowledge or understanding of the funeral industry, this implies that knowledge and understanding reduce stigma. If the public has a better understanding of what takes place in deathcare settings and why, they will be less inclined to view these employees as a stigmatized population. For this reason, those who work with the dead should use the opposite approach of withholding information and should provide explanations of their jobs.

When people withhold information, others wonder if they have something to hide or be ashamed of, and may assume the worst. So, by avoiding the "negative views of outsiders" (Ashforth et al. 2007), deathcare personnel are actually creating the boundaries that keep "outsiders" outside. By allowing them access to the "inside" through information and education, the walls of stigma begin to crumble. Although humans may never be able to grasp the realities of non-existence through death, they are still able to become comfortable with what happens to the human body after its death. This may be beneficial for those who fear the unknown, as discussion of deathcare may relieve some of the fear associated with the misunderstood processes of dying and death.

It has been concluded that the public must gain a better understanding of deathcare in order to reduce the level of stigma that funeral employees feel. However, this education must be *factual* in order to have the desired effect. Often, the "knowledge" that people have about the industry is out-dated or simply false, due to dramatized representation in film and television. Interviewees reported disinterest and even disdain for funeral-themed programming due to its misrepresentation of their careers. As one female Embalmer said:

> I've never even seen 'Six Feet Under' [show about the funeral industry]! Everyone
> always asks me, 'Oh, you're just like 'Six Feet Under'' and I'm like 'Actually, I've never
> seen that show.' And they're like 'Oh my gosh, because I was wondering if it's just like
> that…', but I've never seen it. …I hardly ever watch funeral shows, just because I'm
> already here!

Similarly, a male Embalmer suggested that the image of deathcare employees that the public imagines was created by media depictions: "…everybody has, you know, this image of a Funeral Director/ Embalmer as this old, creepy, tall, scary guy from a movie. Usually, that's the furthest thing from the truth."

However, some deathcare employees see the teaching opportunity that death-themed shows provide. Even though the representation of the industry is not accurate, one employee believes that popular shows open the door for acceptance of deathcare: "Different shows, like the CSIs [crime-scene investigation shows] and different crime shows, people see those more and they're more interested and more open to what we do." For this reason, deathcare workers should be aware of the influence that popular media has over the images of their professions, and should work to provide accurate information that discredits these portrayals. In this way, the

shows themselves can open the door for honest discussion regarding deathcare and those involved in it and can serve as teaching opportunities.

One way that deathcare workers have found to counter this stigma through information is to become an active and well-known part of the community. This tactic is especially useful in small town and close-knit communities. Examples of community outreach include holding events, such as veterans' celebrations or holiday memorial services, donating to local food banks, schools, fundraisers, or children's organizations, providing pro-bono funerals or burials, and conducting outreach courses, such as drug awareness classes, "scared straight" programs, or retirement and estate planning seminars. By becoming more than just a place for the dead, these establishments, and therefore these employees can carve a more socially respected place in the community and in society as a whole. Activism and outreach by deathcare workers provide opportunities for this profession to be viewed in a much more positive light and allow for members of the public to quench their curiosity about the deathcare field while accessing accurate information about it from those involved.

According to Goffman (1963):

The special situation of the stigmatized is that society tells him he is a member of the wider group, which means he is a normal human being, but that he is also 'different' in some degree, and that it would be foolish to deny this difference. This differentness itself of course derives from society, for ordinarily before a difference can matter much it must be conceptualized collectively by the society as a whole. (p. 123)

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Therefore, if stigma is conceptualized and created by society as a whole, specific attributes can be un-stigmatized by society. In other words, if members of society agreed collectively that deathcare is not "weird" or "strange" or different from any other profession, the field would no longer be stigmatized. This is not to say, however, that this is a quick, easy, or even realistic scenario. Even so, it is possible to lessen the stigma associated with deathcare work by educating the public about it.

Children are taught from a young age to respect certain professions, such as surgeons and physicians. Individuals in these professions conduct many of the same actions as embalmers do, such as handling bodily fluids and cutting into human bodies. During medical school, prospective doctors even work with the dead by practicing their skills on human cadavers. Although stigma was initially attached to this practice, it has become an accepted fact. So why is it then that these medical jobs come with prestige, while deathcare comes with stigma? If dying, death, and deathcare were topics that were discussed openly in our society, people would be more comfortable with the concepts. This would lessen the stigma associated with it and could possibly transform deathcare work from a stigmatized profession to a respected one.

These discussions should begin in early childhood. Although some may claim that children do not have the capabilities to understand and comprehend death, one could argue that children are introduced to (and often fascinated by) the concept of mummification at an early age. This historical presentation of death could easily be used as a transition into discussions of death and deathcare in present day. Since findings of this study conclude that information is the key to countering stigma, this education should begin early in life in order to provide the most

understanding of it. However, it must be noted that this education and acceptance of deathcare work must not be contradicted in popular media if it is to work. If images such as creepy Funeral Directors in horror movies still existed, they would negate the positive aspects of deathcare that were being taught. It is important that all discussion and representation of these professions be in a positive light in order to directly impact the stigma associated with this work.

In summary, this research has shown that frequency of contact with bodies of decedents is not the only determinant of how much stigma a deathcare worker will feel. Job explanation and recognition also have a direct impact on this stigmatization. Frequent physical contact with dead bodies cannot be avoided by all deathcare workers. Nonetheless, the lack of recognition and understanding can be altered to lessen this stigma. The tool to accomplish this is education of the public. If and when the public gains a better understanding of this socially-demanded profession, they may also gain an appreciation and respect of it, therefore allowing deathcare workers to feel less stigmatized due to their professions.

Limitations of this Study

Although this research has been thoroughly planned and executed, the limitations of this thesis must be addressed. The use of in-depth interviewing grants better and more valid understanding of the phenomenon under study but disallows the use of nationally representative sampling. Also, since this sample was derived from the largest deathcare corporation in The United States, it is important to keep in mind that corporate-owned Funeral Homes differ greatly from family-owned establishments. In corporate deathcare, individuals are assigned job

positions, whereas in family-owned deathcare, these roles often overlap. In many states, Funeral

Directors are licensed to work as Embalmers and vice versa. The same is true for many other

positions, such as Removal Staff, Funeral Attendants, etc. However, the participants of this

study have little or no overlap in regards to job positions.

Unfortunately, the deathcare industry appears to be segregated by race and gender to

some degree. Racial and ethnic minorities often choose to host funeral services at establishments

owned by members of their demographic group. Often, this is due to language barriers or

religious reasons. The racial and ethnic segregation of deathcare facilities often means that the

employees are also of similar backgrounds. In the sample for this particular thesis, participants

were mainly of Caucasian and Hispanic descent. This is because in this particular region, the

funeral establishments owned by the corporation under study are predominately Caucasian and

Hispanic. This fact further limits the ability of this research to be applicable to all deathcare

workers, as different cultures have different norms and traditions regarding the care of the dead.

Further, in regards to deathcare employees, males and females appear to occupy separate

job positions. Embalming and Removal Staff positions were found to be male-dominated, while

Secretary and Hairdresser positions were found to be female-dominated. All efforts were made

to interview both genders in each job position. However, the apparent segregation of genders in

these positions hindered an equally-balanced gender comparison. With this in mind, there was

no overt indication that gender influenced the amount of stigmatization from the public that these

deathcare employees reported feeling.

Strengths of this Study

This research has many strengths and positive implications, however. First and foremost, my experience and personal knowledge of deathcare, particularly of Funeral Homes, Embalming Facilities, and Crematories, has opened avenues of research that outside researchers may not have access to. Because I am a similarly-stigmatized individual, participants did not feel the need or desire to perform in front of me. I am employed and allowed in the backstage area of the deathcare 'theatre', invited into the backstage humor of the 'actors', and well-versed in the jargon of the 'performance'. My presence is familiar and was non-invasive.

Second, although utilizing a relatively small sample of deathcare workers, the use of in-depth interviewing in face-to-face settings was conducive to the collection of strong and rich data. If surveys had been utilized to collect data, participants would have lost the opportunity to explain their feelings and experiences in detail, therefore making the study less valid. This detail is essential to the understanding of stigma in regards to deathcare workers. For example, interviewees provided responses that were not direct answers to questions asked. The interview questions did not specifically cover the topic of deathcare representations in popular media. However, most interviewees suggested that television shows and movies have a strong impact on the image of their professions in the public eye. Had it not been for face-to-face interviews which allowed for extended conversation, these media influences may have never come to light.

Third, this research has potential to be expanded upon at a later date. Since deathcare has been defined here as those workers employed in Funeral Homes, the definition and sample could easily be expanded to include Hospice workers, Nursing Home Staff, Home Health Aides, and

all other deathcare employees. The expansion of the sample to include these workers would make the data more representative of deathcare in general and therefore more reliable. Also of interest would be a comparison between those involved in deathcare and those involved in dying-care. These two fields are similar, yet vary greatly. Do workers in each field feel stigmatization differently? Does our society have different standards for care of those who are dying and those who have already passed away? These questions must be answered in order to complete the literature on this topic.

Further, this study bridges a major gap in the academic literature regarding deathcare workers. Studies have been undertaken in order to uncover the stigma felt and the dramaturgical techniques utilized by Funeral Directors and Embalmers. This is the first study to be conducted in order to uncover the stigma felt and the dramaturgical techniques utilized by Removal Staff, Funeral Attendants, Secretaries, Hairdressers, Courier/ Drivers, General Managers, and/ or Family Service Counselors. These employees are all involved in the deathcare industry and have been ignored for far too long. The data discovered in this analysis provide explanation of the stigma that these workers feel is placed on their jobs, and in turn, also provides techniques for countering this stigma.

In conclusion, this thesis serves many important purposes. This research was undertaken to explore, describe, and explain if the frequency of physical contact with bodies of decedents influences the amount of stigma that deathcare workers feel is placed on their jobs. It includes a population completely ignored in previous research, provides an opportunity for better understanding of a stigmatized group, and has potential to be expanded further at a later date.

The results of this study not only allow for a stigmatized population to have a voice, but also provide ways in which this population may ease the stigma placed on their careers.

As previously mentioned, this study has great potential to be expanded. There are many ways in which this thesis opens doors for further research. First, this sample included those deathcare workers who are employed in Funeral Homes, Crematories, Cemeteries, and Central Care Embalming Facilities. However, these are not the only jobs that fall under the realm of "deathcare". This study could easily be repeated and expanded to include Medical Examiners and their staff, Hospice workers, End-of-Life Physicians, Nursing Home staff, Hospital Transporters, and Home Health Aids. Also of interest would be those employees who work in other associated fields, such as casket, urn, and other funeral product manufacturers, mausoleum architects, funeral florists, and others.

Often, Funeral Homes and Central Care Embalming Facilities will contract Removal Companies to conduct many of their removals. This is done if the Central Care Facility does not have its own Removal Staff, or if they work limited hours. (One must remember that deathcare is truly a 24/7/365-type business; death happens on weekends, holidays, and at wee-morning hours.) These companies specialize solely in removals and often work 24-hour shifts. They are independent companies and may be contracted by more than one Funeral Home, Crematory, or Central Care Facility at once. Employees of these companies cross the boundaries between deathcare front- and backstage, as do Removal Staff employed by Funeral Homes and other

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facilities. It would be interesting to know if the responses of these contracted employees would differ from Removal Staff included in this study.

Interviews with other individuals who work within and close to the deathcare field would provide insight into the stigmas faced by those who work with the dying, with the dead, and with the goods and services related to death. These insights would then allow for a more comprehensive comparison of stigma in relation to frequency of contact, and between those who work with the dead versus those who work with the dying. Since positions within the deathcare field vary so greatly in job responsibilities and relation to the dead, explanations for why workers feel stigmatized may vary greatly as well.

Second, it would be extremely beneficial to understand the public's view on this subject. A nationally-representative sample was out of the scope of this thesis; however, it is an important aspect to the complete understanding of deathcare stigmatization. If the public were polled, would they dispute these reasons why the deathcare industry is so stigmatized? Does the public have opposing reasoning for the stigma associated with deathcare? The answers to these questions and more would allow for understanding into deathcare workers' views of stigma compared to the publics' views of these employees. Since the deathcare workers in this study could only report how the public reacts to them and how they feel stigmatized due to these reactions, it has yet to be determined if the public is feeling something regarding these professions that they are not verbalizing. Due to this gap in the data, individuals who are not involved in deathcare should be interviewed to determine if their reasoning behind their reactions is different than it appears.

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Finally, further research into job disclosure and explanation is needed. Previous research suggests that individuals avoid disclosing their stigmatized careers. Alternately, this research shows that those individuals who not only disclose what they do for a living but also go into detail about their actions and responsibilities at work feel less stigmatized due to their professions. This is to say that by avoiding perceived stigma and having to explain their jobs, deathcare workers may in fact be increasing stigma from the public. Research into the best approaches for explaining one's work in an appropriate and socially-acceptable way would be advantageous for the deathcare community as a whole.

REFLEXIVE STATEMENT

As both a Sociology student and a deathcare worker, this research was very important to me. Working with stigmatized populations is often difficult; however, being a part of the stigmatized sample has allowed me many advantages. First and foremost, the willingness of participants to speak freely was of utmost importance. The fact that I am from the same stigmatized career field permitted them to feel comfortable doing so. Also, my familiarity with deathcare jargon allowed the interviews to flow smoothly, without interruptions to ask for definitions of terms.

The most common responses I received when I asked interviewees what sort of reactions they received from the public when disclosing their careers was, "Well, you know!" and "I know you see it all the time." Responses such as these conveyed the necessity of these employees to relate and bond together in regards to stigma and discrimination. They also accentuated the importance of my ability as a researcher to not just recognize this stigma, but to empathize as well. This bond proved to be an imperative part of my research and gave me insight into how the findings of this study could be used to neutralize the negative feelings associated with deathcare work. Since most deathcare workers and their jobs are hidden behind closed doors in backstage areas, it was important that our discussions also took place in the backstage, as being in frontstage areas would have led all involved into performing instead of openly discussing.

I took every precaution as to avoid researcher bias, but my personal experiences influenced me to become interested in the stigmatization of deathcare workers and have certainly impacted the research. Due to the fact that I am (the only) female member of the Removal Staff,

this interview is missing from the data. Now that the data has been analyzed, however, I would

like to add that my personal experiences coincide with those of the interviewees of this thesis.

Since I have frequent contact with dead bodies, I have felt the stigma associated with physical

contact with death (*"Are they in a body bag, or do you actually… touch them?!"*). I have also

experienced a lack of job recognition, since much of the public are not aware that the Removal

Staff, not Funeral Directors or Embalmers, are responsible for picking up bodies from their place

of death.

As a member of the Removal Staff, my position crosses the boundaries of frontstage and

backstage deathcare work. I am frontstage when I am removing bodies from their place of death.

During this time, I often come in contact with the decedent's family members and close friends.

Here in the frontstage, I am required to wear a suit, to be cordial (but not overly excited), and to

represent the funeral home through dignity. My job requires me to be backstage when I am

delivering the bodies to the Central Care Embalming Facility. Here, I am only in the presence of

other deathcare staff and bodies of decedents, as family and members of the public are not

allowed. The fact that my job requires a transition between front- and backstage allows me yet

another unique insight into the dramaturgical and literal split of these settings and helps me to

understand the realities of both types of deathcare work.

Overall, my role as a researcher was highly impacted by my position as a deathcare

employee. Although this was the case, I believe that it had an extremely positive effect on my

ability to conduct this study. Participants felt more comfortable, leading to more open and

honest discussion of the topics. I could relate to and empathize with the stigma, and I was able to

recognize patterns and trends in the data that an "outside" researcher may not have. My hope for this thesis was to give a voice to a stigmatized and often unrecognized population. I believe that this goal has been accomplished, and I hope that the suggestions provide an opportunity to counter the stigma that this population feels.

APPENDIX A: IRB APPROVAL

University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Exempt Human Research

From: **UCF Institutional Review Board #1**
            FWA00000351, IRB00001138

To: **Shannon R. Simone**

Date: **February 11, 2011**

Dear Researcher:

On 2/11/2011, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review:	Exempt Determination
Project Title:	The Stigmatization of Deathcare Workers
Investigator:	Shannon R Simone
IRB Number:	SBE-11-07455
Funding Agency:	
Grant Title:	
Research ID:	N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Joseph Bielitzki, DVM, UCF IRB Chair, this letter is signed by:

Signature applied by Joanne Muratori on 02/11/2011 12:45:11 PM EST

IRB Coordinator

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APPENDIX B: INTERVIEW QUESTIONS

o   What is your position title?

o   How long have you been involved in deathcare?

o   What kind of contact, if any, do you have with bodies?

- How frequent is this contact?

- Are the bodies (*posted / not posted/ unembalmed/ embalmed/ dressed/ cosmetized / casketed [open or closed] / cremated [placed in urns or not]/ disinterred*) at the time of contact?

- Is this contact required by your employment position?

o   Do you disclose what you do for a living?

- Under what circumstances/ to whom do you [not] disclose? Why [not]?

o   Do you use any techniques to disguise or reframe your job?

o   Do you describe your employment position and/or job requirements?

o   Do you disclose your physical contact with bodies?

o   How do people react when they find out where you work or what you do for a living?

o   *(Explain stigma.)* Do you feel that you are stigmatized due to your profession?

- Why?

- What techniques do you employ to counter this stigma? *(Allow for in-depth discussion of stigma in regards to profession and frequency of contact with bodies of decedents.)*

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