

2024

Death and Grief in 21st Century America: A Literature Review on Bereavement & Attitudes Toward Death

Jordan Whitney
University of Northern Iowa

Let us know how access to this document benefits you

Copyright ©2024 Jordan Whitney

Follow this and additional works at: <https://scholarworks.uni.edu/hpt>

Recommended Citation

Whitney, Jordan, "Death and Grief in 21st Century America: A Literature Review on Bereavement & Attitudes Toward Death" (2024). *Honors Program Theses*. 951.

<https://scholarworks.uni.edu/hpt/951>

This Open Access Honors Program Thesis is brought to you for free and open access by the Student Work at UNI ScholarWorks. It has been accepted for inclusion in Honors Program Theses by an authorized administrator of UNI ScholarWorks. For more information, please contact scholarworks@uni.edu.

Offensive Materials Statement: Materials located in UNI ScholarWorks come from a broad range of sources and time periods. Some of these materials may contain offensive stereotypes, ideas, visuals, or language.

DEATH AND GRIEF IN 21ST CENTURY AMERICA:
A LITERATURE REVIEW ON BEREAVEMENT & ATTITUDES TOWARD DEATH

A Thesis Submitted
In Partial Fulfillment
Of the Requirements for the Designation
University Honors

Jordan Whitney
University of Northern Iowa
May 2024

This Study by: Jordan Whitney

Entitled: The Proper Way to Die & Grieve in 21st Century America:

A Literature Review on Bereavement & Attitudes Toward Death

Has been approved as meeting the thesis requirement for the Designation

University Honors

Approved by:

Francis Degrin, Honors Thesis Advisor

Dr. Jessica Moon Asa, Director, University Honors Program

INTRODUCTION

In modern Western society, death has been dissected and neatly packaged like meat at the grocery store. The unsavory aspects are hidden and our discomfort around dying has turned death into a commodity. In typical consumerist fashion, we are sold the “proper way” to die and grieve as a result. Funeral homes guide us through this new experience with the goal of assisting us through our grief. While most report positive experiences with funeral directors’ services, there remains evidence of overcharging and pressuring into the purchases of unnecessary additional services. This thesis explores modern attitudes and practices towards death, grief, and bereavement. My inspiration spurs from being a sixth generation monument craftsman and wanting to have a deeper understanding of grief and death. I wanted to ensure that the service we provide is ethical, in the best interests of our customers, and in line with my own core values. I explore these concerns through the existing bereavement literature and further apply my own experiences working with those that are grieving. Through this thesis I also hope to better inform others involved in the grief industry how to better serve those that have lost a loved one. I begin with a history of death attitudes in Western Civilization, then explore grief and bereavement, and finally dive into post-death practices. My research questions were:

(RQ1) How have attitudes toward death changed in the 21st century United States?

(RQ2) What can we learn from historical attitudes and practices surrounding death?

(RQ3) What strategies does the current research provide for reaching a point of Integrated Grief?

(RQ4) How can those in the grief industry better serve their clientele in an ethical way to help with their bereavement?

(RQ5) What directions are we heading with our future funeral and memorialization practices?

METHODOLOGY

I conducted an extensive literature review on grief, bereavement, death attitudes, and death customs. I read 50+ articles and several books to gather information and gain an overall understanding of these topics and their histories. I searched for articles on JSTOR and Google Scholar using keywords such as “grief,” “bereavement,” “death attitudes,” “parental grief,” “funerals,” “memorials,” “cemeteries,” etc. After reading the material, I categorized them into more specific sub-topics, although the papers often overlapped into multiple topics. These sub-topics included historical attitudes toward death; general grief and bereavement; complicated grief; traditional approaches to grief; contemporary approaches to grief; relationship contexts of grief; children’s grief and death perspectives; religion and secularism’s role on bereavement; funeral, cemetery, and memorial customs; guidelines for assisting the bereaved; and future trends. From there I wrote my literature review, identifying key themes and extrapolating answers to my research questions.

LITERATURE REVIEW

Historical Attitudes Toward Death

In antiquity, a common theme in dying was the knowledge and acceptance that one was going to die (Aries, 1974). Without antibiotics, vaccines, water purification, or modern surgery (among many other innovations), death was much more imminent in the past. Consequently, when an infection arose that would be of no concern to us today, it would often signal the beginning of the end. Having the knowledge that their time was soon to come, they prepared themselves and carried out their traditional ceremonies. Companions and family, including children, would then come and make peace with one another (Aries, 1974).

Interestingly, prior to the third or fourth century, cemeteries were kept separated from cities. It appeared that “Despite their familiarity with death, the Ancients feared being near the dead and kept them at a distance, honoring the sepulchers [the stone structures placed where they were buried]. In Rome, the law of the Twelve Tables forbade burial *in urbe*, within the city” (Aries, 1974, p. 15). They were comfortable with death but were superstitious of the dead returning to disturb the living.

However, the cult of martyrs, emerging in the third and fourth century, gradually led Christians to wish to be buried near the martyrs and saints (*ad sanctos*) in order to protect them “from the horrors of hell” (Aries, 1974, p. 16). This phenomenon and the expansion of cities eventually blurred the separation of the dead and cities, and henceforth led to the distinction between the cathedral church and cemetery becoming nonexistent. Previously, the cemeteries were at the abbeys in the countryside, not at the cathedral church. In fact, the word church was not solely the building where they worshipped, but everything around it including the cemetery (Aries, 1974). There were no markers denoting who was buried where. Christians at this time entrusted their body to the church and believed that they would all rise at the Second Coming of Christ. As cities expanded, cemeteries were inevitably incorporated into the city and negative views about the dead being near lessened.

A striking shift in the Middle Ages was the increasing concern for individuality spurring from changes in Christian belief. Prior to this, early Christians believed in a “collective destiny of the species” (Aries, 1974, p. 28), where one had no intention of escaping death, knowing that humanity was no exception to nature. This is evident in the common Early Christian image of the *Christ in Majesty* (Figure 1). In this image, Christ sits on his heavenly throne, there is no portrayal of judgment or condemnation. Those that entrusted their bodies to the church were

simply at rest and awoke in Paradise. As Aries stated, “There was no place for individual responsibility, for a counting of good and bad deeds” (1974, p. 31). This is most likely the reason that individual inscriptions had disappeared. When Christ returned, all church members awoke and arose to heaven.

Figure 1

Christ in Majesty

"Christ in Majesty -
geograph.org.uk - 1343823" by
James Yardley is licensed under
CC BY-SA 2.0.



Figure 2

Christ in Judgment

w/index.php?curid=150949



In the 13th century, the belief that all rose at the second coming of Christ shifted to a more individual notion of salvation. People now believed that the Last Judgment took place for

each person at the moment of death (Aries, 1974) as evidenced by the shift from the *Christ in Majesty* to the *Christ in Judgement* (Figure 2) portrayal that became common at this time.

Humans are portrayed both rising to heaven and descending to hell based on their Earthly doings. It is also argued that this marked the beginning of existential anxiety, at least in text. People began to ponder the meaning of their own lives, questioning their purpose, and worrying if they were living up to that purpose. Individuals were judged by the “balance sheet of his life” (Aries, 1974, p. 32). It was no longer simply a matter of believing in Christ and leaving matters in God’s hands. One had to measure their mistakes against their good deeds and try to make up for any mistakes in fear of not making it to heaven; opening the door to feelings of failure and existential dread. This point is further illustrated later by Martin Luther’s break from the Catholic Church in the 16th century. In Protestantism, the belief that “fulfilling one’s calling in *this world* is a way of achieving God’s will” arose, in contrast to the Catholic ways of repenting through confession and other means to “free themselves from the punishment that necessarily applied to those sins” (Bain-Selbo, 2022, pp. 39-40).

Coinciding with this idea was the return of inscriptions on tombstones denoting whose body was buried where. Early Christians did, in fact, include the names and sometimes portraits of the deceased on their tombs. However, this phenomenon had mostly disappeared in the last 8-9 centuries due to the idea that one entrusted their body to the church until the Second Coming. These inscriptions began to resurface in the 13th century (Aries, 1974), most likely as a cultural ripple effect of the idea of the Last Judgment on individualism.

Romanticism, with its focus on individualism and emotion, led to another shift regarding death. This period gave rise to the “romantic death” in which emotions were unbridled (Aries, 1974) and the survivors of the deceased took steps to commemorate their loved ones in larger,

more elaborate ways (discussed in more detail later). This period is also marked with “the survivors’ unwillingness to accept the departure of their loved one,” (Aries, 1974, p. 70) with bodies being preserved in alcohol or otherwise kept at home instead of being anonymously buried in the churchyard. Here we see a new phenomenon in which people are beginning to struggle with the acceptance of death. This is encompassed by Aries’ concepts of synchronous versus diachronous views of death. Up to this point, death was viewed in a synchronous way with life and nature. It was part of the natural order of things. Death was just another part of the circle of life, not the “final stage.” In a diachronous view the idea of a *break* between life and death emerged. Life and death are strictly separate in this perspective and death is final. These two perspectives are an important theme as we move later into the research on grief and finding effective strategies to deal with it. It’s further evidenced in our later discussion on the evolution of headstone motifs.

The modern world – by this I mean the last century or so – has seen many changes in relation to death, most notably because of advances in science, medicine, and the rise in secularism. People live longer on average, and many diseases and ailments that were once a death sentence have become largely curable. However, as Nuland put it, “Though we find clever ways to delay [death], there is no way to undo those plans” (2010, p. 262). Related to this struggle to accept our loved ones’ deaths, modern medicine at times prolongs death in ways that may not be in the best interest of the dying. As life expectancy has increased, so has chronic disease, turning death into an elongated, continual process (Daaleman & Dobbs, 2010). Chemotherapy can kill the cancer, but it can also lead to a longer, more painful struggle for the dying due to other causes. As Aries stated:

Death has been dissected, cut to bits by a series of little steps, which finally makes it impossible to know which step was the real death, the one in which consciousness was lost, or the one in which breathing stopped. All these little silent deaths have replaced and erased the great dramatic act of death, and no one any longer has the strength or patience to wait over a period of weeks for a moment which has lost a part of its meaning. (Aries, 1974, pp. 88-89)

Modern medicine is a wonderful thing, but at times, the priority appears to be prolonging life instead of quality of life. It also raises questions about the effects of this on the survivors' acceptance of their loss. Some may not have a satisfying goodbye out of denial. A counter movement to this is found in palliative care efforts, as seen through the rise of hospice.

These changes coupled with a decline in religiosity, advances in technology, and countless changes in our society have led us to feel somewhat lost when it comes to handling death. As a society, we have been questioning and breaking from the existing traditions and rituals around death. Through any major shift in cultural norms, there is a disorientation at the beginning in which we search for meaning and look for new and better ways of doing things, foreshadowing our search for meaning after loss discussed later. I believe we are in the middle of that disorientation, as traditional funeral practices are becoming less common, especially as the population of Baby Boomers declines. The generations to follow are discovering and establishing our own ways to handle and honor our own and our loved ones' deaths.

Bereavement and Grief

Bereavement has been defined as “the experience of having lost a loved one, not the response to such a loss. Grief refers to the psychobiological response to bereavement” (Shear,

2013, p. 406). In other words, bereavement is the overall experience of loss, and grief is the emotional response. Grief is nearly a universal, unavoidable experience. Surprisingly, however, it is relatively under-researched even though it is associated with an increased risk of mortality from many causes (Stroebe, Schut, & Stroebe, 2007). This is most likely due to traditional models of approaching grief going largely unchallenged. However, in the 1980-90s, pioneering researchers began to challenge those ideas and methodically study bereavement. The research that has been done in the last 30+ years has largely focused on spousal grief, though, and lacks diversity in socio-cultural differences. The overwhelming majority of the participants in these studies are elderly and White. The direction of research is promising though, with more studies available on the grief experienced by different demographics and types of relationships.

While I attempt to compile this research in a cohesive and concise fashion, it's important to acknowledge that grief, bereavement, and perspectives on death are incredibly individualized and complex experiences. Nothing included in this paper should be taken as a universal truth, other than the fact that we all experience grief. The review is also largely from a White Protestant perspective that does not encompass the culturally diverse population of the US. Much benefit is to be gained by further research incorporating insights from other cultures. Furthermore, grief is an emotion that can be experienced due to a variety of losses beyond death, including the end of a relationship (one's own, or an external relationship, e.g., parents divorcing), immigrating/leaving a home, financial loss, job loss, etc. But the loss of a human life is by far the most profound, and henceforth will be the focus of this thesis.

Differentiating Acute Grief & Complicated Grief

There are two separate, overarching classifications of grief: Complicated Grief and Acute Grief. As of 2022, Complicated Grief was added to the DSM-V as a mental health diagnosis. It is also sometimes referred to as Prolonged Grief Disorder. Shear (2011) stated, “Acute grief is a normal response to loss with symptoms that should not be pathologized” (p. 104).

Acknowledging the variability of grief due to the closeness of the relationship and circumstances of the loss, she posited that the “grief intensity is fairly low by a period of about 6 months. This does not imply that grief is completed or resolved, but rather that it has become better integrated, and no longer stands in the way of ongoing life” (Shear, 2011, p. 104). Introducing the important concept “Integrated Grief” where it’s acknowledged that grief never fully goes away but is integrated into everyday life. In the case of Complicated Grief, however, these symptoms persist in their intensity. Shear stated that, “For most, acute grief naturally evolves into a state of integrated grief, where the bereaved is able to re-engage with everyday activities and find interest or pleasure. About 7% of bereaved older adults, however, will develop the mental health condition of Complicated Grief (CG)” (2013, p. 405).

There has been controversy, however, on whether to pathologize grief. Interestingly, Freud also differentiated the two over 100 years ago as “mourning” (normal grief) and “melancholia” (pathologized grief). He wrote:

The distinguishing mental features of melancholia are a profoundly painful dejection, cessation of interest in the outside world, loss of the capacity to love, inhibition of all activity, and a lowering of the self-regarding feelings to a degree that finds utterance in self-reproaches and self-reviling, and culminates in a delusional expectation of punishment. (Freud, 1917, p. 543)

Shear argued that even though it is universally experienced, its universality does not negate the shock and unfamiliarity experienced. Clinicians can help ease these feelings. Freud echoed this belief when he wrote “It really only is because we know so well how to explain it that this attitude does not seem to us pathological” (Freud, 1917, p. 543). Shear (2013) pointed out that clinicians’ purpose is to relieve these symptoms, not create them. Further making the analogy that inflammation is the universal response to certain infections, but we do not question whether a clinician treating it is adversely pathologizing a natural human experience. Nonetheless, this diagnosis is one that must be made carefully and take into consideration personal and socio-cultural factors influencing one’s grief. Ways that Complicated Grief differs from Major Depression include:

- 1) Grief includes a prominent yearning for the deceased unlike depression
- 2) Positive emotions are still experienced in grief but compromised in depression
- 3) Symptoms are worst when thinking about the deceased
- 4) Grieving people tend to gravitate towards human connection whereas depressed people tend to stay alone (Shear, 2017)

Traditional Approaches to Grief Processing (Stage/Task Based Models)

Sigmund Freud & Grief Work

In 1917, Freud wrote an essay entitled “Trauer und Melancholie” which translates to “Mourning and Melancholia.” From this essay evolved the idea of “Grief Work” where one must actively work through grief, confront it, and eventually break off ties with the deceased. His claims are rooted primarily in the idea that loss is an attack on our ego and libidinal attachments. Freud seems to believe that our sexual desires and attachments are the basis of grief. He asserted

that "all libido shall be withdrawn from its attachments to that object" (Freud, 1917, p. 543). This idea of breaking bonds permeated future literature and still holds widespread popularity in societal narratives. The main criticisms of the grief work hypothesis are the lack of clarity as to what grief work entails, poor quality of operationalization, lack of sound evidence, and lack of cross-cultural application (Stroebe, 1999). I would further argue that grief is far from being limited to sexual attachments. It can be experienced even in the death of someone we didn't know personally, because of the implications and personal meanings that we attach to their death. I experienced this firsthand after the suicide of another student. I had mutual friends who I experienced grief vicariously through and further struggled to understand why someone would do that. Through later research we find that Freud's Grief Work was just one piece of the puzzle, and that the bond does not need to be permanently severed.

Bowlby's Attachment Theory

John Bowlby's Attachment Theory is likely the most influential in bereavement studies (Stroebe, 1999). His Attachment Theory is rooted in the idea that we develop attachment styles in childhood that allow us to maintain our connection to those close to us. This typically begins in childhood with our parents, allowing us to adapt to our parents' predispositions. The four attachment styles are Secure, Avoidant, Anxious, and Disorganized (Bowlby, 1969). He believed that grief reflected an attempt to remain attached to the deceased. He consequently proposed four "working through phases, whereby the bereaved person comes to terms with irrevocable loss: shock, yearning and protest, despair, and recovery" (Stroebe & Schut, 2015, p. 874). Freud's concept of grief work was heavily incorporated into his guidelines for grieving, but his later works recognized that a continued, reorganized relationship predicted better outcomes

(Lindstrom, 2002). Bowlby believed that grief work is important in order to achieve this reorganized relationship. The specific ways one does so depend on their attachment style. His work remains relevant regarding the common emotional states that people go through, but its linear process is criticized because “following a stereotypic sequence does not indicate a healthier bereavement” (Goldstein, 2018, p. 145). This is a common theme in the traditional approaches.

Elisabeth Kübler-Ross & The Five Stages of Grief

Perhaps the most well-known “how-to” on grieving comes from Elisabeth Kübler-Ross. In her 1969 book, *On Death & Dying*, she introduced her model of the five stages of grief: Denial, Anger, Bargaining, Depression, and Acceptance. The first four stages describe emotional states that the bereaved go through, ultimately leading to the acceptance of the loss in the end. It continues to be prevalent in pop culture and media, but it has largely been dismissed in the academic circles due to lack of empirical evidence, an anecdotal nature, and an overly generalized description of grief. In fact, it was what I learned in my high school sociology class, and what I had believed up until my research. As Goldstein (2018) put it, “The current status of the Kübler-Ross stages is that they are regarded as descriptive and informative, but should not be taken as a strict sequence to be accomplished in some fixed period of time” (p. 145). In a revised version, *On Grief & Grieving*, however, she addressed this, clarifying that:

They were never meant to help tuck messy emotions into neat packages... Our grief is as individual as our lives... They are tools to help us frame and identify what we may be feeling. But they are not stops on some linear timeline in grief. Not everyone goes through all of them or goes in a prescribed order. (2005, p. 7)

While perhaps outdated and incomplete, it is important to acknowledge the contributions that past theorists have made and that many of their ideas are still incorporated in contemporary models. Kübler-Ross' model empowered contemporary researchers to put those ideas to the test and develop their own models that follow.

Contemporary Approaches to Grief (Process Models)

Stroebe & Schut's Dual Process Model of Coping with Bereavement

The most convincing model I came across in my review was the “Dual Process Model of Coping with Bereavement” first proposed in 1999 by Margaret Stroebe and Henk Schut. The model was spurred by Stroebe’s prior research that exposed the shortcomings of traditional models. The first shortcoming they discussed is the lack of clarity about what was lost and what changed due to the loss, failing to recognize the wide range of losses and adjustments that must be made due to the loss of the person. For example, the widow(er) now has to handle the responsibilities that their spouse previously took care of. “Such secondary stressors also need to be dealt with and (re)appraised, just as the meaning associated with the death of the valued person” (pp. 201-202). Secondly, they addressed the dynamics of confrontation-avoidance. Traditional models view denial and avoidance as detrimental to health outcomes, perhaps even pathological. Stroebe and Schut argued that it is in fact necessary and optimal to go back and forth between confronting grief and avoiding it in a process that they coin “oscillating”. This is because of the emotional energy and distress that the bereaved experience when confronting their grief. In order to continue functioning, they need to at times “take a break” from grieving. Third, the traditional models fail to acknowledge the interpersonal context in which grief occurs, e.g., perceived difference in levels of grief between a mother and father. After all, grief does not occur

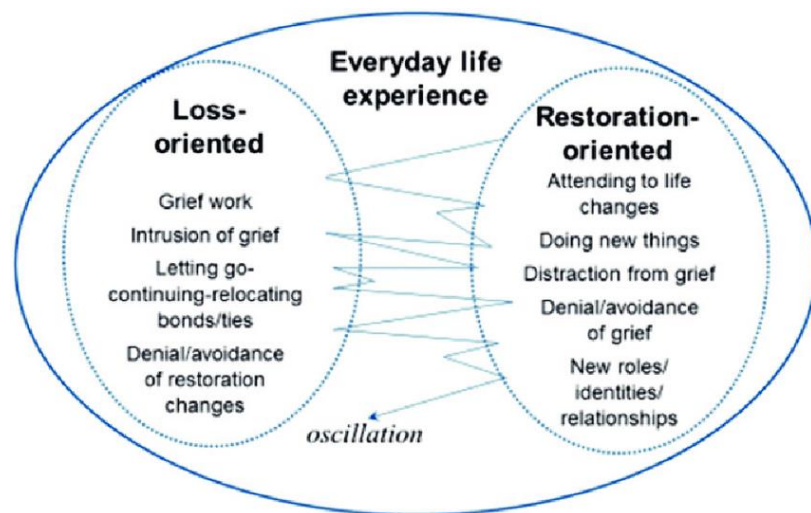
in a vacuum. Fourth, they critiqued the grief work hypothesis as being too focused on medical model outcomes:

The alternative, narrow view of functioning runs the risk that grief will be understood in terms of psychological and medical problems: Something that needs curing, needs to be overcome, is bad. There is the implicit assumption that, after the death of a close person, one must return to a positive state of mind and well-being as soon as possible. The danger, following this line of reasoning, is that human suffering, integral to grief as we know it, will be considered bad, and that the human condition should only, ideally, encompass positive states and emotions, a view that is far from universal (cf. Buddhist beliefs). (p. 203)

In our world of constant comparison via social media, it's not surprising why this narrative has persisted in American beliefs about grief. Lastly, they pointed out the "Lack of Universal Application" related to gender and cultural differences. Prior to the 21st century, most research has focused on female grief in White-American culture.

Figure 3

Dual Process Model of Coping with Bereavement



(Stroebe & Schut, 1999)

The Dual Process Model (Figure 3) incorporates much of the traditional approaches' work on coping but is distinguished by the dynamic concepts of restoration tasks and oscillation. They first distinguished two categories of coping tasks: Loss-Oriented tasks and Restoration-Oriented tasks. "Loss-orientation refers to the concentration on, and dealing with, processing of some aspect of the loss experience itself, most particularly, with respect to the deceased person" (p. 212). Traditional models fall into this category. It includes grief work, intrusion of grief, breaking bonds/relocation, and denial/avoidance of restoration changes. Restoration-Oriented refers to secondary losses and how they are dealt with. Secondary losses/stressors "include mastering the tasks that the deceased had undertaken; dealing with arrangements for the reorganization of life without the loved one; the development of a new identity from 'spouse' to 'widower' or from 'parent' to 'parent of a deceased child'" (p. 214). Restoration-oriented tasks include attending to life changes, doing new things, distraction from grief, denial/avoidance of grief, and new roles/identities/relationships.

The component that ties the two categories of tasks together is oscillation: "the alteration between loss- and restoration-oriented coping, the process of juxtaposition of confrontation and avoidance of different stressors associated with bereavement. At times the bereaved will be confronted by their loss, at other times they will avoid memories, be distracted, or seek relief by concentration on other things" (p. 216). Breaking free from the traditional stage-based models, they argued that we go back and forth between tasks in an unpredictable, personal way. The model acknowledges the benefits of denial so long that it is not extreme and persistent. They summarized their proposed model as follows:

Confrontation with the reality of loss is the essence of adaptive grieving. It needs to be done, the cognitive business needs to be undertaken, but not relentlessly, and not at the

expense of attending to other tasks that are concomitant with loss. It needs ‘dosage.’ This is the most central claim of the dual process model that distinguishes it from other formulations. (p. 220)

Torill Lindstrom (2002) echoes this sentiment, suggesting that both forcing someone away from or into grief can become obsessive and unhealthy, and that a middle ground approach must be taken. She provides the analogy of meditation, where the meditator doesn’t try to not think, but rather notice the thoughts as they come up and let them float by without judging them or forcing anything.

Continuing Bonds and Meaning Making

As discussed previously, many of the traditional approaches to coping involved breaking ties with the deceased and “moving on.” However, there is abundant evidence that this is not the case. The death of a loved one shatters our assumptive world. Degnin (2019) defined assumptive world as “the world as one has come to ‘assume’ it to be. It has to do with our basic assumptions as to the nature both of reality and of our place in reality” (p. 68). When this world is disturbed by the loss of someone who plays a significant role in it, we try to establish a new assumptive world by putting the pieces back together.

Rumination has historically been viewed as negative when coping, yet it seems to be natural and adaptive. Current literature suggests that it may, in fact, be helpful if dealt with properly (Neimeyer et al., 2021; Hastings et al., 2005). As Neimeyer et al. (2021) put it, “It appears that an active search for meaning after a loss event is adaptive if it produces a satisfactory answer to that search; however, if one is unable to find meaning in the event, persisting in a search is likely to become ruminative in character” (p. 693).

Neimeyer et al. (2021) identified four foci of ruminative, counterfactual thinking:

a) *the self* (if only I were different or acted differently); b) *the deceased* (if only he/she were different or acted differently); c) *other people* (if only others were different or acted differently); d) *the circumstances of the loss event* (if only specific things or the world in general were different). (p. 695)

They went on to discuss a powerful firsthand clinical experience for each of the foci, demonstrating their hypothesis that engaging with the counterfactual, ruminative thinking of the bereaved can help them realize other possibilities and reconstruct their narratives and meanings around the loss. Take, for instance, the mother struggling to stop blaming herself over her daughter's suicide. Her therapist asked her to invite her daughter to the session and reopen the conversation. When the mother assumed the role of her daughter, she reassured her mom (herself) that it had nothing to do with her and that she was a great mom. In less than ten minutes of imaginary conversation, the mother received the answers only her daughter could provide. It's evident that "Engaging counterfactual thinking may open up opportunities for meaning-making conversations concerning such issues as guilt, anger or helplessness" (pp. 694-5). This rumination often acts as a secondary emotion, trying to protect the bereaved from their underlying primary emotion of grief. This aligns with the Dual Process Model's oscillating between confronting the grief and avoiding it (Stroebe & Schut, 1999), and Lindstrom's view that "bonds to one's dear deceased should neither be severed nor cultivated but regarded as a natural and comforting continuation of the relationship on the level of mental representations" (2002, p. 17). It appears that the natural instinct to ruminate over the loss is perfectly normal and can be advantageous if engaged outside of solely in one's own mind.

Furthermore, Hastings et al. (2005) conducted an analysis on the content of messages written to the deceased in the support group The Compassionate Friends. Their website has a bulletin available for the bereaved to post messages to their loved ones. They concluded that this continued relationship with the deceased serves to both provide a “healthy form of cathartic emotion” and “indicate a commitment to an ongoing relationship that brings a sense of solace and meaning to one’s loss” (p. 25). It seems clear from both the research and our intuitive response that maintaining a connection to the deceased is, in fact, an important piece to integrating grief.

Elaborating further on this idea, closure is a concept dismissed by many modern bereavement scholars, yet it continues to permeate our culture’s expected response to grief. This most likely traces back to Freud and the persistent narrative of breaking ties with the dead. Berns (2011) concluded that “The most common interpretation of closure is a satisfying end to some traumatic event” (p. 49). Indeed, it’s become a marketing tool for many funeral homes, wrongful death attorneys, and the “divorce industry” (Stroebe & Schut, 1999, p. 214). It’s become especially prevalent in the funeral industry with the increased popularity of cremation. According to Funeralocity, a consumer advocate website, the national average cost of a traditional full-service burial was \$8,571, compared to a full-service cremation which was \$6,231. However, both these numbers include a viewing and service. Those that solely have the deceased cremated (direct cremation) and conduct their own practices spend on average \$2,194. As many passively joke when they come into our office, “it’s expensive to die.” Consequently, cremation has led to a considerable loss of revenue for funeral home directors when no additional services are purchased. Hence, the idea of closure is marketed heavily to maintain

their business in hopes of still being able to provide a service. After all, “In order to sell death, it had to be made friendly” (Aries, 1974, p. 99).

The idea of closure, however, is oversimplified and negates the fact that everyone grieves differently. Common reasons that people dismiss closure are: the pain never completely goes away, it provides false hope and people don't want to forget their loved ones, and that there are other ways to find hope and healing (Berns, 2011). People try to act and feel the way they are “supposed to,” according to the dominant narrative that persists. When that closure doesn't happen though, problems may arise, perhaps even leading to Complicated Grief. Accordingly, it seems that selling the idea of closure may not be in the best interests of their clients. As always, though, it's important not to entirely dismiss the idea of closure. There are grieving people who may in fact benefit from this idea, but the distinguishing factor is whether it's something they personally want or if it's coming from a societal narrative that says they should.

Contexts of Grief

The Family

Breen et al. (2019), made an important argument that while grief is often viewed as an individual phenomenon, it is in fact a family affair (defining family not just as blood relatives, but as a web of relationships). “The focus should not just be about individuals, but nor should it just be about families; instead, it is both the individual and those who comprise the family that are of interest because of their often overlapping, but not completely concordant, realities” (p. 179). Further, Birrell et al. (2020) found that “Higher levels of stress and tension in relationship to family and friends was positively correlated with level of grief” (p. 383).

Stroebe and Schut (2015) revised their Dual Process Model to include family-level coping. They defined family-level stressors as the “jointly experienced family-level matters that relate to adjustment of the family as a whole (and consequently its individual members). Family-level coping refers to working through individual- and family-level stressors as a family” (pp. 875-6). They further identified loss- and relationship-oriented tasks at the family level. Loss-oriented family tasks include family acceptance, sharing of pain of grief, adjusting as a family to the world, and relocation of the deceased within the family context. Restoration-oriented family tasks include accepting the changed family world; family-level distraction; changes in ongoing family life; and moving on as a family with new roles. (Stroebe & Schut, 2015). The interpersonal nature of grief further adds to the complexity and individualized experience that we go through when facing loss. While universal, everyone’s experience of grief is a unique and highly complex web of influencing factors.

Widowhood

The most historically researched form of grief is the loss of a spouse. Differences in life expectancy between men and women has led to the tendency for widowhood to be experienced more so by women (Balkwell, 1981). Traditionally, one of the most common hardships widowed persons face is related to finances and managing resources. While this is increasingly changing as women have worked their way into more prominent employment and away from stereotypes and norms, widows historically tend to suffer more financially than widowers. This is due to women of past generations having been socialized into dependent roles and not learning the skills in matters related to handling money and property, leaving them particularly vulnerable

(Balkwell, 1981). On the flip side, men's health can quickly deteriorate if their wives cooked all their meals and were their only source of emotional support.

Much has changed as women have broken down these barriers and gained more independence, but it remains a relevant phenomenon for both genders in the form of secondary sources of stress seen in the Dual Process Model of Coping with Bereavement. "Following spousal loss, the biggest adjustment had to be made with respect to household roles" (Stroebe & Schut, 1999, p. 214). The widow(er) must learn how to handle the tasks that the deceased took care of (e.g., finances or cooking), reorganize their life without them, and develop a new identity from spouse to widow(er). It's not a stretch to assume that the more dependent a spouse is, the more distressing their loss will be. Additionally, a common plight of elderly widow(er)s is that when they end up living with one of their children, they often play a dependent role which they find unpleasant (Balkwell, 1981). They feel that they are a nuisance, though I suspect this is largely in cultures like the US where multi-generational homes are not the norm.

When working with a widow last year, she expressed to me, "You know, the hardest part is the little things that you never gave any thought to before. Like going out to the barn and seeing something and coming back to tell him, but he's not there." Her assumptive world and her reality were in discord. This sentiment struck me deeply and is something that I've tried to keep in mind in my own marriage. This shows that grief is not inherently negative. It can also be a powerful teacher.

Parental Grief

The loss of a child is undoubtedly one of the most distressing experiences a human can go through. It goes against the "natural order of things." When working with the family of a 24-

year-old who died in a car accident, the father repeatedly said to me with watery eyes, “That damn kid, it’s not supposed to happen that way.” The loss of a child is unique in this way and often leads to the ruminative, counterfactual “if only” thinking that Neimeyer (2021) described. Attachment theory is particularly relevant in these cases. “The loss attacks the very premise of all that being a parent incorporates” (Goldstein, 2018, p. 148). Often, the loss is seen as a failure in the identity of the parent, whose role is to protect and provide for the child, even though it may have been completely out of their control.

Another major challenge with parental grief is the stress that it puts on the marriage. This stress emanates mostly from perceived differences in levels of grieving between the two parents (Stroebe & Schut, 1999). While it may instead simply be differences in their style of grieving, it can be interpreted as grieving less than and lead to resentment. It can also be that one partner is trying to protect the other partner from their own grief. “*Partner-oriented self-regulation...* refers to a dynamic interpersonal phenomenon characterized by the avoidance of talking about the loss of the child and remaining strong in the partner’s presence in order to protect the partner” (Stroebe & Schut, 2015, p. 874). Ironically, they found that holding in emotions to protect their partner had the opposite effect and instead led to increased grief for both parties. Generally, mothers tend to be more emotion-oriented surrounding the loss, whereas fathers tend to be more problem-oriented. While this is likely attributed to socialization in their gender roles, it stands to reason that if both learn to meet each other in the middle that less distress will occur and the quality of their marriage will remain stronger (Stroebe & Schut, 1999). One study quantified this intuitive idea that marital closeness is “a significant predictor of better health for bereaved couples” (Song et al., 2010, p. 278). Couples counseling can greatly reduce the risk of misinterpreting each other's grief and improve marital support through the loss.

Meaning making seems to be of the utmost importance when grieving the loss of a child. Many may feel that there is no meaning to be found in such a tragedy (Lebel, 2011). However, the reality is that it commonly helps bereaved parents integrate the loss into their lives. This was powerfully demonstrated by Walter, a grief-stricken father and grandfather who lost his son and grandson in a boating accident. In response to his incessant “if only” thinking, his therapist encouraged him to “look for painful lessons in the loss” and as a result he created an ambitious boating safety program. This didn’t mean that his grief was absolved, but it “freed him from the terrible sense of powerlessness to which his previous counterfactual rumination had consigned him” (Niemeyer et al., 2021, pp. 697-8). Illustrating that parents can find purpose and meaning through keeping their child’s memory alive and helping others deal with similar experiences.

Goldstein (2018) poignantly explains that “Their intense feelings of responsibility and failure in their role as parent to their infant, provoked by their loss, are rooted in the same attachment bonds that would strengthen their abilities as parents had the death not occurred” (p. 150). It is, in fact, the strength of the bond and love that inversely makes the pain so unbearable, yet self-blame persists in their thinking. This idea recalls Winnie the Pooh’s sentiment, “How lucky I am to have something that makes saying goodbye so hard” (Milne). In these cases, Cognitive Behavioral Therapy (CBT) – a form of talk therapy - can be tremendously effective at reducing such feelings and thought patterns. According to the Mayo Clinic, “CBT helps you become aware of inaccurate or negative thinking so you can view challenging situations more clearly and respond to them in a more effective way.” It involves identifying distorted thinking, engaging in fears instead of avoidance, role playing, and learning to self-regulate emotions (American Psychological Association, 2017). It goes beyond the reassurance given by friends and family and engages in the ruminative thoughts.

Bereavement and Grief in Children

Talking about death with children is particularly challenging and complex. Paul (2019) stated that, “Despite the importance of keeping children informed and included when someone dies, it would appear that death is an uncomfortable subject to discuss with children and this can be an obstacle to meaningful bereavement support” (p. 558). Paul found that children can talk about death, but their experiences were “contradictory and inconsistent,” finding that it was largely based on each child’s family and school life, and the larger cultural norms. Furthermore, she found that even though the topic was often avoided, death was present in many aspects of children’s lives (i.e. video games, history lessons, literature, pets, etc.). Children were aware that the communication around death was censored, they wanted to be informed about death and there was a deficit in opportunities to understand and cope with death for children. Through the focus groups it became apparent that talking about death provided an opportunity for the children to share experiences, validating and normalizing their feelings. Talking about death connected the children rather than scaring them.

In Geoffrey Gorer’s 1963 essay, *The Pornography of Death*, he pointed out that in the past, “death was no mystery, except in the sense that death is always a mystery. Children were encouraged to think about death, their own deaths and the edifying or cautionary death-beds of others” (p. 50). Gorer further pointed out that lower mortality rates due to modern medicine significantly reduced the amount of natural death that children are exposed to today, while at the same time being inversely exposed to violent death. It’s clear that while it may be uncomfortable for adults, clear and honest communication with children surrounding death must take place in an age-appropriate fashion. However, the research shows that we often don’t give them enough credit for what they can comprehend.

When faced with loss, children grieve according to their current developmental stage, and may only experience aspects of grief until they reach the developmental stage where they can process the loss (Eppler, 2008). It's not uncommon for children to revert to earlier development stages, displaying behaviors like thumb sucking as a way of self-soothing and returning to a more secure time (Wood, 2008; Hopkins, 2002). Not to be taken too rigidly, the following age ranges correspond with different aspects of a child's comprehension of death. From ages 0-2, a child is aware of the attachment figure's absence which will likely be protested. From ages 2-5, children's thinking becomes magical and imaginative, believing strongly in the power of their thoughts. This can often lead them to perceive death as temporary or reversible. From ages 5-9, most understand the concept of irreversibility, which can lead to more intense feelings around the loss. Furthermore, it is normal for them to have a delayed reaction to the loss as they begin to comprehend certain concepts. They most likely will return to the loss in years to come, viewing it from their new developmental perspective (Hopkins, 2002).

Eppler (2008) argued for an approach that encompasses the entirety of a child's emotional experience, finding that children display many resilient traits and experience positive emotions too in the face of loss. The deficit-based approach of the past has focused mostly on the emotions of sadness, anger, and fear. This is perhaps due to our cultural narrative that sadness is a negative emotion that needs to be cured, disregarding what the purposes and benefits of these "negative" emotions may be. In fact, play has been shown to be an effective coping strategy for children, "acting out death, dying, funerals, and associated feelings can greatly assist children in reducing anxieties" (Hopkins, 2002, p. 43). While it may seem inappropriate or macabre to adults, this plays an important role in children's comprehension of death.

Grief experienced by children is twofold in that they personally grieve the loss, which is then compounded by their caretakers' grief. Their caretakers may be unable to follow their usual caregiving routines, leaving the child with additional emotional needs and changes such as new household chores, financial loss, and less time with their attachment figures especially after the loss of a parent (Wood, 2008). Experiencing the death of a sibling has also been shown to have a substantial effect on cognitive outcomes. The immediate effects are stark, with an initial 9–11-point drop in cognitive outcomes like reading comprehension and mathematics and continuing to affect them for around eleven years. The negative effects are greater if the child is older at the time of loss (Fletcher et al., 2008). This again reflects the amplifying effect that caretakers' grief has on the child's grief.

Another interesting finding is “that grieving children appear to be more aware of their dream worlds than nongrieving children” (Cooper, 1999, p. 139). This could be a sign that dreaming serves an important function in the processing of the loss for children. It can further be tied to meaning making and continuing bonds, showing that imaginative, “irrational” thinking can indeed help us process a loss provided it doesn't persist indefinitely.

Social Regulation of Grief & Stigmatized Grief

Martha Fowlkes explored the social regulation of grief in her 1990 paper. She discussed how society establishes the cultural norms that “allows for the dysfunction and incapacity of the grieving person” (p. 636). Moreover, Lebel showed in his study that mourning is strongly influenced by hegemonic models and the psycho-political influence of the dominant institutions (2011). Fowlkes argued that the establishment of this “socially legitimate grief role” is imperative for overcoming grief and reintegrating into social structures (1990, p. 637).

Furthermore, she pointed out that the family context sets the standards for what is socially acceptable when grieving, but that in modern society it is often friends that perform the functions of family. She reasoned that friendships carry less social importance than family ties because of their voluntary nature, thus receiving less social support and sympathy. She argued, however, that it's not the category of relationship that determines the level of grief. It's the loss of a significant attachment figure, blood-related or not.

Fowlkes goes on to explore the social regulation of grief in stigmatized relationships such as extra-marital affairs or homosexuality. In these cases, their grief isn't undervalued by society, it's *devalued*. It's not less legitimate, it's *illegitimate*. Other examples of socially illegitimate grief include the death of a criminal, a suicide, and the mentally ill. In the case of an extramarital affair, "Secrecy obscures the ending of such a relationship socially just as it obscured its existence. There is no satisfactory outlet for the expression of loss and grief" (p. 645). Consider an example of a husband, who has been having an affair with another woman, and he dies. The widow will experience the corresponding cultural sympathy and understanding in her grief. The socially unsanctioned extramarital partner, however, will have to grieve alone even though the intensity of grief may be just the same.

Fowlkes notes that "the most unremitting stigma" at the time of her writing was in regard to homosexual relationships (p. 646). In the 34 years since the paper was published, large strides have been made in the acceptance of homosexuality, but the LGBTQ+ community continues to face discrimination and setbacks towards acceptance and destigmatization. It's also important to recognize the additional grief and trauma experienced vicariously when violent attacks are made on members of the LGBTQ+ community such as the Pulse nightclub shooting in 2016. Fowlkes writes:

Grief is necessarily closeted, consistent with the relationship itself. The death of a loved one is not in itself sufficient to establish the right to grieve; if the love is demeaned, found wanting, or inferior when measured by the standards of marital love, then the expression of grief will be similarly demeaned, found wanting, or inferior. The homosexual, then, is condemned equally for loving and for grieving the loss of love. (p. 648)

On the opposite side of this dynamic are the family members who “themselves sit in judgment of their own loss as morally illegitimate, thereby blocking the avenue for the expression and enactment of their grief” (Fowlkes, 1999, p. 647). Their own morality and worldview supersede their love for the deceased and willingness to grieve. Those grieving loss due to suicide face a similar dilemma. This is perhaps evidenced by the omission of cause of death in obituaries in cases of suicide. Those who are left behind might be angry because of religious doctrine or feeling the deceased was selfish. It seems to me, however, that this is a defense mechanism rooted in denial. It is also noteworthy that those bereaving a death due to suicide are at an increased risk of committing suicide themselves, particularly parents who lost a child to suicide (Sami et al., 2020). Indicating a need for additional support this group.

Religion & Secularism

Religion serves many functions for its practitioners, albeit often subconsciously. In order to identify and understand these subconscious functions, religion must be viewed through a functional psychological and sociological lens. In his 2022 book *End(s) of Religion*, Eric Bain-Selbo provided an overview of these psychological and sociological functions through the work of Emile Durkheim, Max Weber, Sigmund Freud, and Carl Jung. In short, he found that religion functions to help societies form and express the core beliefs and behaviors of said societies. He

further found that these beliefs and behaviors often pervade into future cultural norms in non-religious, unconscious aspects of societies. Lastly, he found that - reminiscent of Aries' differentiation between synchronous and diachronous death - "Western history reflects a gradual shift from the transcendent to the immanent – from the other-worldly to the this-worldly," (p. 46) demonstrated in the Protestant movements that began to focus more on their worldly doings.

Martin Luther insisted that through faith alone was the only path to salvation, not through purchase or repentance rituals. Arguably the most influential Protestant denomination in our society is Calvinism. Many of the 17th century settlers of the US were Calvinists, immigrating because of religious disputes. They believed that their fate in the afterlife was predetermined and unknowable. Weber argued that this led to an inner loneliness, spurring from the uncertainty of their fate. This existential anxiety was assuaged by the notion that one might be able to know God's destiny for them by looking for signs in their interactions with the world (Bain-Selbo, 2022). Easing anxiety due to uncertainty is clearly another psychological function of religion. Richard Dawkins speaks to this in his book *God of Delusion* in how gaps in scientific knowledge are often seen as evidence of God (2006). People tend to eliminate cognitive dissonance and anxiety from gaps in their understanding by leaving it to God and compartmentalizing it from their conscious. It could certainly be argued, though, that this is a positive, healthy psychological function. If uncertainty creates psychological distress, it seems that this is a way for the nervous system to regulate itself, otherwise we would be in constant survival mode. This same mechanism could very well be useful when it comes to dealing with death, but a complete denial of the possibilities could have detrimental outcomes.

Maheshvari Naidu (2012) noted the "overly clinical prescription for closure and resolution, often spelled out as detaching and 'moving on.'" All of this, I feel, elides the person

and may well dishonour both the bereaved, as well as the deceased” (p. 74). He further argued his point when he said:

In many, if not most instances, what the bereaved yearns for above all else is for the continuing presence of the loved one. In the face of the eventuality and factuality of their bereavement (they would have wished their loved ones never to have died), is their incredible deep yearning for some sense of the continuing and continued presence of those they have lost. However, it is only within a religious framework and a death specific belief in an afterlife that such a possibility can ‘make sense’... Religion appears to comfort the adherent with understandings that transcends materialism, and offers the assurance of the continued existence of the ‘person’ beyond seemingly finite clinical death. (p. 75)

I would argue that it isn’t “only within a religious framework” that a continuing bond is possible, but there does have to be a sense of imagination and an ability to think abstractly. For example, how they live on in our memories, stories, and through their descendants. Nonetheless, for those who are religious, their beliefs and worldview need to be incorporated into any grief counseling (Naidu, 2012). In their 2010 study, Daaleman and Dobbs found that stronger self-efficacy, instrumental, organizational, and physical beliefs were inversely related to the fear of death; further recommending that when working with patients who are dying, meaning making approaches should be used that incorporate one’s personal beliefs. In the end, religion is no doubt an important tool when grieving for those who practice, “But they are not the only models and today, in our more secular age, they may not even be our best models” (Bain-Selbo, 2022, p. 79). This is an important point as we move forward from traditions and look to create our own, whether religious or not.

As noted, religion serves to form and sustain community. However, it's evident now more than ever that religion is but one of many phenomena capable of creating what Victor Turner referred to as *communitas* – an intense feeling of collective solidarity (1974). Bain-Selbo gave examples of contemporary rituals such as sporting events, concerts, and even nationalism as cultural phenomena that can provide *communitas*. This is evident in the sheer number of sports logos, tractors, occupational designs, etc. that we engrave onto headstones. He quoted Durkheim when he claims that society cannot exist without collective rituals “to maintain and strengthen the collective feelings and ideas that provide its coherence and distinct individuality” (Durkheim, as cited in Bain-Selbo, 2022, p. 35). In an increasingly secular society, it's imperative that we discover new ways to find *communitas* in our grief outside of traditional religious practices. The role of traditional religious practices has significantly decreased in secular societies (Wojtkowiak et al., 2010), but loss requires meaning making and a reshaping of one's worldview. As more move away from religion, secular ways of doing so need to be established. Adjusting one's worldview entails “changing beliefs or goals, reconstructing the own identity, perceptions of growth or feeling that sense has been ‘made’” (Wojtkowiak et al., 2010, p. 365). Funeral homes are by default secular, though most remain tied to Christian tradition. Moving forward, though, there must be a focus on providing options for secular, personal rituals in making sense of a loss.

Funerals Practices, Cemeteries, & Memorialization

Memorialization and funeral practices are rapidly changing and evolving mainly due to a less religious population, changes in technologies, and the involved costs. Rumbold et al. (2021) found that these changes “are often characterized as the community ‘reclaiming’ death, dying, and bereavement” (p. 608), though others report being lost and not knowing what to do.

Post-Mortem Practices

Until recently, traditional burial has been the norm in the US. Traditional burial can be defined as buried in a casket and most likely embalmed. Through traditional burials, however, Americans annually put “20 million feet of wood, 4.3 million gallons of embalming fluids, 1.6 million tons of reinforced concrete, 17,000 tons of copper and bronze, and 64,500 tons of steel” into the ground (Vatomsky, 2018). Not surprisingly, Americans have increasingly opted for other post-mortem arrangements.

Cremation

In their 2023 annual report, the Cremation Association of North America reported that 59% of Americans opted for cremation, projecting that number to be 65.2% in 2027. Furthermore, the National Funeral Directors Association’s 2023 Report projected that by 2045 the cremation rate will top 80%. This number was a mere 3.6% in 1960 (NFDA, 2016). In Medieval times, cremation was considered a sin. It was thought that by burning the body sinners attempted to escape God’s judgement. In fact, the Catholic Church didn’t lift their ban on cremation until 1963. The main reasons for this shift can be attributed to an increasingly secular and transient society, the cheaper cost, and environmental concerns (NFDA, 2023).

In Liza Kazmier’s 2009 review of Britain’s role in the “Modern Cremation” movement, we find that cremation’s roots in the West are attributed initially to Italy, where the first modern crematory technologies were envisioned. However, it was imperialist Britain that appropriated it from India during the British Raj (1858-1947) and advocated for it the most aggressively. Its initial foothold in the West was the emerging understanding of disease and sanitation, and the First World War which sparked a new era of commemoration in response to fallen soldiers who

didn't return home. The British Cremation Society emphasized the notion that "modern cremation" was progress and embodied the ethos of a civilized and industrial nation (pp. 560-1).

As noted above, the US was much slower to adopt this practice. Perhaps as no surprise, it seems that the cost associated with embalming and full burials has been the main impetus for America's transition to cremation.

Multiple studies have looked at cremation's effects on bereavement. In fact, this was one of my first research points, wondering if cremation led to worse outcomes in grief. Both Birrell et al. (2020) and Mitima et al. (2019), however, found evidence that there is not a significant relationship between the type of funeral ceremony and levels of grief, though Birrell mentioned that their study did not take into consideration "situations such as a pandemic or other large-scale disaster, when the type of funeral may be imposed by circumstances or by government" (2020, p. 386), as was the case for many during the Covid-19 pandemic. Furthermore, Rumbold et al. (2021) found that to be effective, the funeral ritual must "move participants from one state to another, and flexibility is needed to meet their differing needs" (p. 600). In short, they found that if the family had control over how they went about their funeral arrangements and the ability to attach personal meaning, there was no relationship to the type of ceremony and grief.

On the contrary, cremation has led to various positive outcomes due to the mobility of the ashes, the opportunity to postpone decisions, and the "fluid materiality" of the ashes (Prendergast et al., 2006, pp. 884-6). The mobility of the ashes opens endless possibilities in what to do with the cremains. They can still be buried in the cemetery, scattered in a meaningful place, or kept in the home by the family. A newer trend is to incorporate the ashes into jewelry, even sending them in to be turned into a lab grown diamond. Secondly, "Cremation provided for families the opportunity to postpone the final death ritual of interring or scattering the ashes. This could allow

the decedent to maintain a presence within the family until such time that they were ready to say their final goodbye” (Rainsford et al., 2021, p. 105). In the case of an unexpected death, it may also provide the opportunity to reconcile a lost relationship that was dysfunctional. This was the case in Prendergast’s study for a participant, Maura, who lost her mother with whom she had a love-hate connection with. Her ashes remained in the home for years despite her wishes to be scattered in the garden. Maura stated, “There will come a point when I will be able to let her go, but because we weren’t a very tactile family and had a dysfunctional relationship, I feel I am doing now in death perhaps what I would have done with her in life,” refusing to “release the ashes until she had made her peace with them” (Prendergast, 2006, pp. 892-4). Through this example, we also see how ashes, in their fluid and dry materiality, have more portability and can even be split between family members or locations. “Furthermore, the ashes belong to the person as well as to the corpse but do not resemble either. They condense and transcend the qualities of the previous life” (Mathijssen, 2017, p. 34), lending themselves to symbolic applications that can be powerful for bereavement and death rituals.

Green Burial & Other Forms of Body Disposal

In her paper regarding the environmental cost of dying, Hope Babcock (2022) determined that no disposal method of human remains is devoid of at least some environmental cost, however, traditional burial is the most environmentally costly. While cremation is less environmentally costly as it takes up much less land, it has its own environmental concerns. It’s a very energy-intensive process, using a lot of fuel to heat the bodies to 1,400-1,600 degrees Fahrenheit for two to three hours, equaling the carbon emissions of a 500-mile car trip (Vatomsky, 2018). This has led to the search for other methods of body disposal such as alkaline

hydrolysis, essentially a liquid cremation, that heats the bodies for four to six hours at 300 degrees Fahrenheit in an alkaline solution requiring less energy than traditional cremation (Babcock, 2022).

Babcock determined, however, that the least environmentally costly method is the growing trend of “green burial.” The Green Burial Council defines green burial as:

A way of caring for the dead with minimal environmental impact that aids in the conservation of natural resources, reduction of carbon emissions, protection of worker health, and the restoration and/or preservation of habitat... That means no embalming, no liners or vaults, and using biodegradable containers, whether caskets, shrouds or nothing at all.

Whereas with traditional burials, embalming fluids leak into the soil (Krupar, 2018), in a green burial the body takes its natural course of decomposition and “is integrated into an ecology of death” (Krupar, 2018, p. 273). According to the Green Burial Council, as of March 2024, there are 402 registered green burial cemeteries in the US. (See Appendix A for green cemetery certification requirements)

Another post-mortem decision is donating one’s body to science. As Mary Roach writes in her book *Stiff: The Curious Lives of Human Cadavers*: “By and large the dead aren’t very talented... They can’t tell a joke, and they can’t dance for beans. There is one thing dead people excel at. They’re very good at handling pain” referring to the cadavers used in crash tests (2021, p. 87). While we’re all aware of the use of cadavers in medical schools, you may be unaware of what some of those studies entail. The University of Tennessee boasts the world’s leading “body farm,” where some choose to donate their body for the study of decomposition, advancing criminal forensics (Roach, 2021). The bodies lay out in a variety of climates, exposed to the

elements while researchers study their decay. According to their website, the university's Forensic Anthropology Body Donation Program has had 1,800 donations so far, with over 4,000 registered future donors.

Cemeteries & Memorialization

“Cemeteries serve both functional and emotional purposes. They provide for disposal of corpses and, far more important, provide a place where the living can communicate with the dead.” - Richard V. Francaviglia

Francaviglia came to the conclusion in his 1971 review that cemeteries are a microcosm of the cultural landscape, a reflection of society. Early American settler burial sites were typically small, unorganized spaces with simple stones bearing minimal inscriptions (Hijya, 1983; Sloane, 2010). James Hijya gives the following three reasons for the simple stones: the first is that the colonists lacked the tools, skills and wealth; second, the idea that “in comparison to God, man was a piece of valiant dust”; and finally, the theological belief that the body was unimportant after the soul had left it (p. 342).

Figure 4

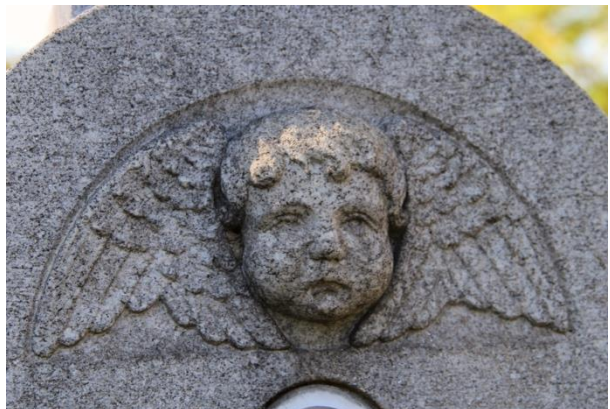
Death's Head



"NS-08187 - Samuel Mack's Death Head - Sign" by archer10 (Dennis) is licensed under CC BY-SA 2.0.

Figure 5

Angel Carving

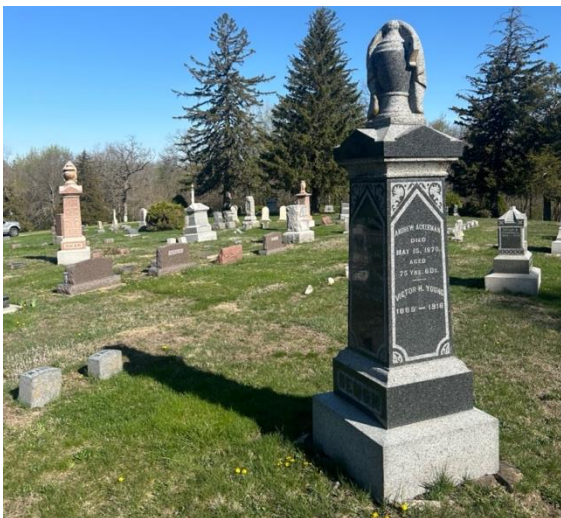


"angel from Branga headstone" by CS_McMahon is licensed under CC BY 2.0.

Hijiya (1983) identified the next motif to predominate New England from the 1670s to the mid 1700's stone carvings as the "Death's Head," a skull, often with wings (Figure 4). This served the purpose of reminding the living that death was inevitable. In the vein of "Memento Mori," the skulls reminded the early Puritan colonists that they were going to die. By the revolution, the Angel (Figure 5) had surpassed the skull as the most common motif in American cemeteries. It seems that through the Age of Reason, Americans began to believe in the goodness of mankind and an anticipation of paradise in heaven. This marked the beginning of American settlers' transition from Aries' synchronous to diachronous view of death. "What is transformed around 1800 is not merely Puritanism but Western civilization; what goes into decline is not merely Calvinism but Christianity, or at least that Platonic kind of Christianity which emphasizes the afterlife rather than this life" (Hijiya, 1983, p. 351).

Figure 6

Draped Urn



Original photo

Figure 7

Willow Carving



"Eliza Hagaman headstone" by smallcurio is licensed under CC BY 2.0.

Following this shift comes the Draped Urn (Figure 6) and Willow carvings (Figure 7) in the late 18th and early 19th centuries. The urn became a common cemetery symbol due to a revived interest in Ancient Greece. It symbolized death, even though cremation was ironically nonexistent at the time. The drapery covering the urn is often interpreted to represent the veil between life and death, further emphasizing a diachronous view of death. The willow represented mourning over someone's death, which in the 19th century became the norm in America (Hijiya, 1983), reflecting the shift to Romanticism that Aries noted. Mourning was tolerated, in fact, encouraged:

What had happened by the nineteenth century was that death had ceased to be a transcendental phenomenon and had become a social one; the most important relationships had become horizontal (between dead people and living ones) rather than vertical (between man and God). Instead of expressing fear of hell or hope for heaven, people now were more likely to express sadness at the demise of others... despite the persisting religious sentiment, there was a notable new emphasis on human existence. (Hijiya, 1983, p. 354)

In the context of the gravestone, the Protestant configuration towards the Earthly world was in full effect. This paradigmatic shift led to what Hijiya (1983) refers to as the "Monumental" period of late Victorian America. He argued that the purpose of these monuments was to remind us of an individual life as opposed to our mortality and death seen in earlier motifs. They did this by the large increase in individualization and their sheer size. Like the Urn-and-Willow, the Monument's perspective toward death was retrospective, focusing on the life before. However, whereas the Willow wept over a life lost, the Monument *demand*ed a life be remembered with its increasing size and more individualized designs.

Hijiya (1983) asserted that the First World War gave rise to the “Modern Plain Style” with “its high casualties in the service of high ideals” giving way to “an army of more or less identical stones” (p. 357). While I think that there’s some weight to his claim, I believe that it’s greatly oversimplified. First, to attribute this trend solely to that cause seems lazy when one takes the Great Depression and future wars into consideration, not to mention countless other cultural shifts. I would expect the Great Depression to be a larger contributor to this as many faced reduced wages or were laid off. An ornate headstone wouldn’t have been an option for most and I expect humility and frugality resulted at a societal level. Secondly, one need only walk through a few cemeteries and see the individualization and ornamentation that remains throughout the last 100 years. In spite of my personal bias, new technologies have undoubtedly continued to innovate memorialization from laser etchings and QR codes on monuments to evolving digital memorials outside of the traditional death-care industry. With these innovations, however, comes a continual search for meaning. The discussion that follows hopes to contribute to that search.

DISCUSSION

RQ1: Changes in Attitudes

I discovered three overarching themes in attitude shifts towards death over time. One, it’s become increasingly retrospective. In other words it’s become much more oriented to the Earthly life that came before it as opposed to the afterlife. Second, there has been a struggle with the acceptance of death corresponding with advances in science and medicine. Lastly, we’re in the midst of a search for meaning and our own traditions.

The retrospective orientation on death is evidenced through the examples of the Urn-and-Willow monument motif and the shifts in Christian doctrines that led to a focus on one’s Earthly

doings. These shifts included the ideas that the Last Judgment took place at the moment of death for each person (Aries, 1974), Calvinists' deterministic view of fate and the resulting search for signs of redemption (Bain-Selbo, 2022), and the rise of secularism in America.

As advances in modern medicine have been made, death has become a much more prolonged process, especially in the American age of fast food and pharmaceuticals. According to the CDC, the obesity rate increased from 2000 to 2020 from 30.5% to 41.9%. One could argue that the dying process begins at a very young age for some and drags on for decades due to severely poor health, temporarily escaping death one pill or surgery at a time.

Lastly, it seems that there is a disorientation happening as we break from traditional death rituals and try to establish new ones. This provides a great opportunity to "reclaim death", yet it also risks that some remain lost in this liminal state. Moreover, it can lead to family conflict when decisions about rituals are disagreed upon (Birrell et al., 2020; Roberts, 2010). This can especially be the case if no guidance or decisions were made by the deceased before they passed away. This is further seen by the subjective meaning attached to the ashes in the case of cremation. For some they may be a conduit for continued relationships, for others scattering them can symbolize freedom (Mathijssen, 2017). In both cases, positive outcomes can result from the death rituals, but the opportunity for conflict between the survivors remains.

RQ2: Ancient Attitudes Benefit to Modern Society

I acknowledge the temptation to romanticize the past, but a great deal can, in fact, be learned from our ancestors. The current trends provide an opportunity to create new, meaningful rituals that help us navigate the liminal state of grief, and history is one of our greatest databases

for doing so. I identified two themes from antiquity that I believe would greatly benefit modernity. One is the acceptance of death, and the other is an increase in palliative care.

We saw the struggle to accept death arise through the uncertainty of one's fate, and through the Romantic period when people struggled to let go of the dead. This "defiance" towards death as Hijiya (1983) called it, was illustrated by the examples of Jeremy Bentham – who wished to be permanently embalmed and displayed at the University of London – and keeping clippings of loved ones' hair. This phenomenon appears to have continued as people struggle to part with ashes and pets are preserved and displayed through taxidermy. I believe that a return to the synchronous view of death is one of great value to contemporary society regardless of spiritual beliefs. "Facing one's fear of death, sitting with that sense of uncanniness and discomfort, has an enormous amount to teach us about living... If this fear is fully engaged, rather than pushed away, it can be transforming" (Degnin, 2019, p. 15). Degnin argued that one has to know how to die in order to know how to live. By this he means accepting that life will end, possibly with no afterlife. In doing so we ask ourselves what it is that makes our lives worth living. This idea is compatible not just with religions, but with the secular as well, and I believe there is great comfort to be found in this idea. Humanity's views of being separate from nature can only lead to distress when nature inevitably takes its course.

The Mayo Clinic defines Palliative Care as "specialized medical care that focuses on providing relief from pain and other symptoms of a serious illness." As Aries pointed out, it's impossible to know which death is the real death in today's age of advanced medicine. This is most evident in the case of advanced cancers, when the chance of remission is minimal. The dying are faced with the option of going through chemotherapy or radiation which will kill the cancer but can also kill everything else with it, leaving them feeling even worse in their last

months of life. Or they can choose to accept their fate, let the cancer take its natural course, live their remaining life to the fullest, and only make efforts to ease this final transition in life. This is where palliative care comes in. The Hospice Movement, with roots in the US tracing back to the 1970s, has made incredible contributions towards incorporating palliative care into end-of-life care. The Hospice Foundation of America states that hospice care is “Medical care for people with an anticipated life expectancy of 6 months or less, when cure isn’t an option, and the focus shifts to symptom management and quality of life.” They incorporate a holistic approach that takes the physical, psychosocial, and spiritual needs of the dying and the family caregivers. Fortunately, due to the efforts of the Hospice movement, this is already an increasingly common practice in modern times. However, the taboo nature of death for some people leads them to avoid making any advanced arrangements and planning that can drastically ease the burden of those left behind.

RQ3: Effective Strategies for Modern Bereavement

There is overwhelming evidence that the continued relationship with the deceased is a natural and beneficial part of the grieving process. These behaviors should not be pathologized or stigmatized and should instead be engaged in with the bereaved. In death there is an “absent presence” where “whomever is absent is so strongly missed, their very absence is *tangible*” (Maddrell, 2013, p. 505). Maddrell went on to further say:

Rather than being the consciousness of what is absent, it is the now absent deceased having continuity of presence, being given presence through the experiential and relational tension between the physical absence (not being there) and emotional presence (a sense of still being there), i.e. absence-presence is greater than the sum of the parts.

Absence is not merely a 'presence' in and of itself, but rather the absent is evoked, made present, in and through enfolded blendings of the visual, material, haptic, aural, olfactory, emotional-affective and spiritual planes, prompting memories and invoking a literal sense of continued 'presence', despite bodily and cognitive absences. (p. 505)

Despite Freud's assertions that we must break ties with the deceased, it seems their continued presence is inevitable.

In Latin countries the idea of continuing bonds is illustrated beautifully by El Día de los Muertos, when the living reconvene with their ancestors. Having a holiday to practice this each year allows for a socially sanctioned, annual opportunity for this continued bond. While Memorial Day in America has historically served this purpose, observance and visits to the cemetery have significantly diminished in the last two decades.

Stroebe and Schut's Dual Process Model further shows that "oscillating" between actively confronting one's grief and taking time off from processing is necessary. Confronting grief is the essence of the grieving process (Stroebe & Schut, 1999), but "The daily tasks and social encounters of most people's lives have innumerable connections (through classical and instrumental conditioning) to positive associations and experiences" (Lindstrom, 2002, p. 19). In other words, as difficult as it may be, re-engaging with one's routines and relationships is imperative.

We've seen through research and our own lives that grief affects everyone in infinitely different ways. When talking with those who are bereaved, our responses must be led from a place of compassion that recognizes this and never "prescribe" a one-size-fits-all, guaranteed approach. And finally, we must recognize that most of us are not trained psychologists or therapists that are equipped to handle more complicated cases of grief in which the help of a

professional should be sought out. The least we can do, however, is to be there for them in whatever way they need whether it's a shoulder to cry on or a conversation about something unrelated to help get their mind off it even if just for a bit.

Lastly, we must recognize the good that can come from grieving. The feelings associated with grief are not inherently negative. "The very fact that we miss someone so intensely can be a testament to how rich it was to have them in our lives and to how much we valued that time together" (Degnin, 2019, p. 87). Our pain is strong because our love was stronger. Grief can, in fact, make our relationships outside of the loss stronger. When one of my grandfathers died, I was reconnected with my cousins who over the years I grew apart from. Since this experience I've remained much closer with many of them, and there's a good chance that wouldn't be the case without the *communitas* we shared in grief and the reminder that life is temporary and to not take others for granted. In other cases, like Maura's, it can provide an opportunity to reconcile dysfunctional relationships and inner distress that we face in our lives. One thing that is for sure is no matter who you are, you come out of grief a changed person, whether it be a small or big change.

RQ4: Guidelines for the Death-Care Industry

Loss can put surviving loved ones in an extremely vulnerable position. As Gentry et al. (1994) put it, "The magnitude of the loss is such that, for many survivors, life processes seem to shut down" (p. 129). Because of this, those in the death-care industry have a strong ethical responsibility to maintain the bereaved's best interests. Largely in response to Jessica Mitford's 1963 exposé on the funeral industry, which brought to light how some took advantage of those in grief and shock, and a study by the FTC regarding price variances among funeral homes, the

FTC implemented the Funeral Rule to protect consumers. According to the FTC's website, this rule gives consumers the right to get price information over the phone, have no obligation to purchase services they don't want, and receive an itemized receipt. The vast majority report positive experiences with funeral transactions, but instances of insensitivity and overcharging nonetheless remain (Gentry et al., 1994). A further guideline that I propose is having a physical price list that families can see. This is something that our company has done for decades, and it gives families a sense of peace knowing that our prices are set and we're not trying to see how much money we can squeeze out of them. Unfortunately, I've heard plenty of horror stories of monument companies doing just this, and even seen numerous quotes that customers bring into us that are up to triple what we charge for the same monument. Another option that can be provided is what we refer to as our "Economy Line Monuments." With these, we provide a less expensive option for families that are looking for very simple memorials and don't want to spend much money. If our goal is to assist families through the grieving process, we must provide flexible options for all or at the very least help point them in the right direction.

While families nowadays often purchase their headstone prior to their death, many still come in after the loss of a loved one. In these cases, employees must be equipped to communicate with those that are grieving. For instance, a customer may respond with anger to the status of their stone. It's important to not respond with reciprocated hostility or take this personally. Instead, it should be met with compassion and a solution-based approach where we find a way to meet their desires. I experienced this just last year when a customer called and in a hostile tone asked me if I really thought that the design for their monument looked okay. I was taken aback, not knowing right away what she was referring to, but asked questions to decipher what she didn't like about it. After clarifying what she was looking for, I provided an updated

proof that the family loved. When we installed the monument, she came and apologized to me, saying that she was having a bad day when we had talked and had been struggling going back and forth with her family over the design.

As was evident in this example, when working with multiple family members, it's very common for conflict to arise. "The fact that family members grieving the same loss grieve simultaneously but differently, communicating differently, and seeking flow through different experiences, often leads to disharmony within the household" (Gentry et al., 1994, p. 134). For the most part, the service provider should mostly stay out of this, but can also try to facilitate by giving suggestions and other creative options that may serve as a win-win.

While the funeral director or the monument craftsman are not grief counselors, they should still equip themselves with skills in handling those grieving. Having grief resources and information available is an easy and helpful service to provide. This includes understanding their vulnerable state and ensuring that they aren't feeling compelled to make any rash decisions. On the contrary, families should be encouraged to sleep on it and come back after some reflection (provided that this doesn't add extra stress to the family). The job of the monument salesman is not to upsell, but to simplify the process and discover the customer's vision and bring it to life. The monument must be a representation of the individual providing their descendants the ability to reconnect and contemplate.

RQ5: The Future of Memorialization & Funeral Practices

The wheels of change turn slowly in the monument and funeral industries, but they are by no means immune to advances in technology. Pure black granite imported from China and India has provided a canvas for the photorealistic laser etchings that are prevalent in today's cemetery.

Two hundred years from now, visitors will be able to see exactly what the deceased looks like. A more recent development has been adding QR codes onto stones that will lead the viewer to a link, perhaps of the deceased singing, playing piano, or their photography.

After inventing the phonograph, Thomas Edison predicted that it would be used to keep the voices of our dying loved ones (Hijiya, 1983). While the phonograph may not have resulted in this for the average person, the technology did allow for us to experience performances of artists from before we were alive. It is clear that while they are no longer physically here, they continue to be present in our lives. This same phenomenon remains as home video cameras became prevalent and now smart phones with cloud storage allow us to record anything we want. This leaves us with a new phenomenon (problem? blessing?) when someone dies. Instead of just their accumulated “stuff” that was stored in the basement and garage, we’re also left with a digital presence and accumulation of “stuff.” What do we do with it all? When someone dies do we take their Facebook page down? Do we go through the tens of thousands of photos in their cloud storage and incorporate the ones we want into our own tens of thousands of photos of sunsets we’ll never look at again? Whether it’s a gift or a hassle will most likely be a different answer for everyone, but in any case, it’s certainly an added complication.

MIT professor William Odom leads a team that has been developing new ways of honoring our loved ones. They aimed to “create computational artifacts that could enable people to ‘open up’ by initiating and exploring the experience of honoring a loved one’s life and then bring the experience ‘to a close’ when desired” (2018, p. 57). They conducted design-led research and conceptualized Timecard, based on the UK’s cultural context, and Fenestra, based on Japan’s. Both were a digital photo collection designed to be placed in the home. With Timecard, the user uploads photos with a date stamp, and a photo timeline is created providing a

chronological story of their lives that can be explored. Fenestra, on the other hand, was largely inspired by “the butsudan, a Japanese Buddhist home altar” (p. 61). In this design, pictures appear randomly, and are guided by the “candlelight” that is wirelessly connected. When the candlelight shimmers, the photos do as well. When it goes out, the photos disappear. Their decisions were guided by Japanese ceremonies and rituals that hoped to spark contemplation in the face of a lost loved one.

In the midst of the “Age of Artificial Intelligence,” what roles will AI serve in commemorating the dead? It won’t carve a stone (yet anyways), but could it take the place of a salesman assisting a grieving mother? With all the grief research on the internet at its disposal could it provide better care and services? The answers to these questions remain to be seen, but it does have great potential as a tool for those in the death-care industry. I struggle to see a future in which the bereaved would prefer care from AI technologies alone. I’m certain most would want to work with an actual human, but I do think it can assist greatly. As a matter of fact, I used an AI software, Midjourney, to generate an image that we etched onto a headstone. The customer had sketched a scene that she wanted on her and her husband’s monument that was an irregular shape. As I struggled to find images online that were similar and fit the unique shape we needed, I had the idea to try using AI. It was able to generate a photo close enough that I was then able to modify in Photoshop to fit exactly how we needed it to. Furthermore, we’ve already seen Tupac and Michael Jackson perform “live posthumously” – quite the oxymoron. Will headstones someday project similar holograms of the deceased at the push of a button? QR codes attached to monuments already somewhat function in this way, so perhaps it’s not as far-fetched as it seems. With AI holograms, however, communicating with the dead and continuing bonds take on entirely different meanings. Could their consciousness be uploaded to where survivors could

have an actual conversation with them? I foresee the consequences of such a possibility far outweighing the benefits.

While technologies like Timecard and Fenestra may or may not establish themselves in mourning and remembrance rituals, these ideas provide a framework for establishing new rituals that bring together the digital and physical world in a culturally mindful way as we break away from the traditional molds. The rise of cremation has increased options when it comes to services, and the Covid-19 pandemic further broke down norms and expectations that a funeral need to be held right away. Families are now planning services months in advance, easing the preparations that all involved need to make, from gathering photos for the service to requesting time off work. This is especially beneficial as families become more geographically distanced from each other. The bereaved are no longer forced to drop everything in their daily lives or make decisions when they are in a compromised state. Some funerals are even livestreamed for those who can't travel. In the wake of endless possibilities, the challenge that remains is coming up with our own personally meaningful rituals that help us move through this liminal state, reconstructing narratives and finding meaning through our loss.

CONCLUSION

“If we dislike the modern pornography of death, then we must give back to death – natural death – its parade and publicity, re-admit grief and mourning. If we make death unmentionable in polite society - ‘not before the children’ - we almost ensure the continuation of the ‘horror comic.’ No censorship has ever been really effective.”

(Gorer, 1963, p. 52)

In this thesis I explored how attitudes related to death have evolved over the centuries and their implications on bereavement today. I found that we're in a rediscovery state as we part from the traditional death rituals common in the last 100 years, testing what works for us and what does not. I found that traditional stage-based models of grief processing are oversimplified and lack depth. Newer process models such as Stroebe and Schut's Dual Process Model of Coping with Bereavement provide a much more nuanced and personal framework that is backed by empirical research. Furthermore, professionals in the death-care or grief industry carry a major ethical responsibility to ensure that their services are in the best interests of those who are in a compromised cognitive state. The major limitation of this review is that it is largely from a White Christian perspective. Future research should look to incorporate different cultures and religions. As we continue this search for our own rituals surrounding death, we have the opportunity to create unique and deeply meaningful traditions that pull from multiple time periods, doctrines, and cultures. This search is an individual one that will present different answers to all, but it is one that must be conducted if we wish to find meaning through our loss.

Appendix A

Green Burial Council
Cemetery Certification Standards

Revised and adopted December 18, 2019

	Standard	Hybrid Cemetery	Natural Burial Grounds	Conservation Burial Grounds
1.	Accurately represent earned level of GBC certification in marketing materials, websites, and conversations with the public, clients, and the media.	✓	✓	✓
2.	Provide clients and families with the opportunity to participate in the burial and ritual process, in keeping with state law and with these standards.	✓	✓	✓
3.	Accept for burial only decedents that have not been embalmed or those embalmed only with GBC-approved, nontoxic chemicals.	✓	✓	✓
4.	Prohibit the use of a vault (partial, inverted, or otherwise), a vault lid, concrete box, slab or partitioned liner in the burial plot.	✓	✓	✓
5.	All burial containers, shrouds, and other associated products made only of natural, biodegradable materials.	✓	✓	✓
6.	Develop a <i>Maintenance and Operations Manual</i> to be utilized by all staff members, contractors, and volunteers to implement site goals, policies, and best practices.	✓	✓	✓
7.	Establish an endowment fund to ensure the long-term maintenance of the site by setting aside at least 10% of all burial plot sales.	✓	✓	✓
8.	Conduct an <i>Ecological Impact Assessment</i> , starting with a property baseline document that includes existing ecological conditions and sensitive area analysis. Update periodically to assess future property/habitat conditions and plant inventory.		✓	✓
9.	Restrict access and burial operations within sensitive areas as identified in the <i>Ecological Impact Assessment</i> .		✓	✓
10.	Use operational and burial practices that have no long-term degradation of soil health, plant diversity, water quality, and ecological habitat.		✓	✓
11.	Limit the type and size of memorial markers so that they do not impair the ecological conditions and aesthetic of the natural cemetery landscape.		✓	✓

12.	Site conditions as identified in the <i>Ecological Impact Assessment</i> and sensitive areas analysis, will restrict burial density on the property; therefore, Natural and Conservation burial grounds will have limits to allowable burial density. For Natural Burial, the cemetery's average density shall not exceed 500 burials/acre. For Conservation Burial, average density shall not exceed 300 burials/acre. Burial density of sensitive areas may be transferred to less restricted areas on the property to maximum densities of Natural Burial - 600/acre, Conservation Burial - 400/acre.		✓	✓
13.	Establish and apply strategies that conserve, preserve, enhance, or restore the historic native or natural habitat and flora of the region.			✓
14.	Conserve or restore a minimum of 20 acres, or 5 acres if contiguous to other protected land.*			✓
15.	Operate in conjunction with a government agency or a nonprofit conservation organization that has legally binding responsibility for perpetual monitoring and enforcement of the easement.			✓
16.	Guarantee preservation of the burial ground by deed restriction, conservation easement or other legally binding and irrevocable agreement that runs with the land and is enforceable in perpetuity.			✓

**All existing certified burial grounds not meeting these changed standards shall be grandfathered and allowed to maintain their current GBC classification.*

References

- Allahyari, R. A. (2003). Review Essay: Analyzing Emotions: Prisms, Transferences, Rituals, and Histories. *Sociological Forum*, 18(4), 643–652.
<https://doi.org/10.1023/b:sofo.0000003007.20787.66>
- American Psychological Association. (2017). *What is Cognitive Behavioral Therapy?*
<https://www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioral.pdf>
- Ariès, Philippe. (1974). *Western attitudes toward death: From the Middle Ages to the present*. Baltimore, Johns Hopkins University Press.
- Babcock, H. M. (2022). The High Environmental Cost of Dying and What if Anything Can be Done About it. *Virginia Environmental Law Journal*, 40(152), 152-168.
- Bain-Selbo, E. (2022). *The end(s) of religion: a history of how the study of religion makes religion irrelevant*. Bloomsbury Academic.
- Balkwell, C. (1981). Transition to Widowhood: A Review of the Literature. *Family Relations*, 30(1), 117. <https://doi.org/10.2307/584245>
- Berns, N. (2011). Chasing “Closure.” *Contexts*, 10(4), 48–53.
<https://doi.org/10.1177/1536504211427869>
- Birrell, J., Schut, H., Stroebe, M., Anadria, D., Newsom, C., Woodthorpe, K., Rumble, H., Corden, A., & Smith, Y. (2020). Cremation and Grief: Are Ways of Commemorating the Dead Related to Adjustment Over Time? *OMEGA - Journal of Death and Dying*, 81(3), 370-392. <https://doi.org/10.1177/0030222820919253>
- Breen, L. J., Szyllit, R., Gilbert, K. R., Macpherson, C., Murphy, I., Nadeau, J. W., Reis e Silva, D., & Wiegand, D. L. (2018). Invitation to Grief in the Family Context. *Death Studies*, 43(3), 173–182. <https://doi.org/10.1080/07481187.2018.1442375>

Centers for Disease Control and Prevention. (n.d.). *Centers for Disease Control and Prevention*.

<https://www.cdc.gov/>

Cooper, C. A. (1999). Children's Dreams During the Grief Process. *ASCA Professional School Counseling, 3*(2), 137-139.

Daaleman, T. P., & Dobbs, D. (2009). Religiosity, Spirituality, and Death Attitudes in Chronically Ill Older Adults. *Research on Aging, 32*(2), 224–243.

<https://doi.org/10.1177/0164027509351476>

Degnin, F. (2019). *Facing Death Facing Oneself*. Cognella Academic Publishing.

Eppler, C. (2008). Exploring Themes of Resiliency in Children after the Death of a Parent.

Professional School Counseling, 11(3), 2156759X0801100.

<https://doi.org/10.1177/2156759x0801100305>

Federal Trade Commission. (n.d.). *Federal Trade Commission*. <https://www.ftc.gov/>

Fletcher, J., Vidal-Fernandez, M., & Wolfe, B. (2017). Dynamic and Heterogeneous Effects of Sibling Death on Children's Outcomes. *Proceedings of the National Academy of Sciences, 115*(1), 115–120. <https://doi.org/10.1073/pnas.1709092115>

The University of Tennessee Knoxville Forensic Anthropology Center. (n.d.). *The University of Tennessee Knoxville Forensic Anthropology Center*. (n.d.). <https://fac.utk.edu/>

Fowlkes, M. R. (1990). The Social Regulation of Grief. *Sociological Forum, 5*(4), 635–652.

<https://doi.org/10.1007/bf01115395>

Francaviglia, R. V. (1971). The Cemetery as an Evolving Cultural Landscape. *Annals of the Association of American Geographers, 61*(3), 501–509. <https://doi.org/10.1111/j.1467-8306.1971.tb00802.x>

Freud, S. (1917). Mourning and Melancholia. *The Journal of Nervous and Mental Disease*, 56(5), 543–545. <https://doi.org/10.1097/00005053-192211000-00066>

Funeralocity. (n.d.). *Funeralocity*. <http://www.funeralocity.com>

Gentry, J. W., Kennedy, P. F., Paul, K., & Hill, R. P. (1995). The Vulnerability of Those Grieving the Death of a Loved One: Implications for Public Policy. *Journal of Public Policy & Marketing*, 14(1), 128–142. <https://doi.org/10.1177/074391569501400112>

Goldstein, R. (2018). Parental Grief. In J. Duncan & R. W. Byard (Eds.), *SIDS sudden infant and early childhood death: the past, the present and the future*. 143-150.

University Of Adelaide, South Australia University of Adelaide Press.

Gorer, G. (1955). The pornography of death. *Encounter*, 5(4), 49-52.

Green Burial Council. (2019). *Green Burial Council*. <https://www.greenburialcouncil.org/>

Hamdan, S., Berkman, N., Lavi, N., Levy, S., & Brent, D. (2019). The Effect of Sudden Death Bereavement on the Risk for Suicide. *Crisis*, 41(3), 1–11. <https://doi.org/10.1027/0227-5910/a000635>

Hastings, S. O., Hoover, J. D., & Musambira, G. W. (2009). “In My Heart for Eternity”: Normalizing Messages to the Deceased. *Storytelling, Self, Society*, 1(2), 11-25. <https://doi.org/10.1080/15505340509490263>

Hazen, M. A. (2008). Grief and the Workplace. *Academy of Management Perspectives*, 22(3), 78–86. <http://www.jstor.org/stable/27747464>

Hebert, R. S., Schulz, R., Copeland, V. C., & Arnold, R. M. (2009). Preparing Family Caregivers for Death and Bereavement. Insights from Caregivers of Terminally Ill Patients. *Journal of Pain and Symptom Management*, 37(1), 3–12. <https://doi.org/10.1016/j.jpainsymman.2007.12.010>

- Hijiya, J. A. (1983). American Gravestones and Attitudes toward Death: A Brief History. *Proceedings of the American Philosophical Society*, 127(5), 339–363.
<http://www.jstor.org/stable/986503>
- Hopkins, A. R. (2002). Children and Grief: The Role of the Early Childhood Educator. *Young Children*, 40-45.
- Kazmier, L. (2009). Leading the World: The Role of Britain and the First World War in Promoting the “Modern Cremation” Movement. *Journal of Social History*, 42(3), 557–579. <https://doi.org/10.1353/jsh/42.3.557>
- Krupar, S. R. (2017). Green death: sustainability and the administration of the dead. *Cultural Geographies*, 25(2), 267–284. <https://doi.org/10.1177/1474474017732977>
- Kübler-Ross, E. (1969). *On death and dying*. Routledge.
- Kübler-Ross, E., & Kessler, D. (2014). *On Grief & Grieving: Finding the Meaning of Grief Through the Five Stages of Loss*. Simon & Schuster.
- Laes, C. (2015). Children, Burial and Death. New Perspectives for the History of Childhood in Antiquity. *L'antiquité Classique*, 84(1), 259–269.
<https://doi.org/10.3406/antiq.2015.3875>
- Lebel, U. (2011). Panopticon of Death: Institutional Design of Bereavement. *Acta Sociologica*, 54(4), 351–366. <https://doi.org/10.1177/0001699311422089>
- Lindstrom, T. (2002). “It Ain’t Necessarily So” ... Challenging Mainstream Thinking About Bereavement. *Fam Community Health*, 25(1), 11-21.
- Maddrell, A. (2013). Living with the deceased: absence, presence and absence-presence. *Cultural Geographies*, 20(4), 501–522. <https://doi.org/10.1177/1474474013482806>

- Mathijssen, B. (2016). The Ambiguity of Human Ashes: Exploring Encounters with Cremated Remains in the Netherlands. *Death Studies*, 41(1), 34–41.
<https://doi.org/10.1080/07481187.2016.1257882>
- Mayo Clinic. (2024). *Mayo Clinic*. <https://www.mayoclinic.org/>
- Mitford, J. (1963). *The American way of death*. Fawcett Crest, Vintage Books.
- Mitima-Verloop, H. B., Mooren, T. T. M., & Boelen, P. A. (2019). Facilitating Grief: An Exploration of the Function of Funerals and Rituals in Relation to Grief Reactions. *Death Studies*, 45(9), 1–11. <https://doi.org/10.1080/07481187.2019.1686090>
- Naidu, M. (2014). Belief and bereavement: the notion of “Attachment” and the grief work hypothesis. *Journal for the Study of Religion*, 25(2), 71–88.
- Neimeyer, R. A., & Currier, J. M. (2009). Grief Therapy. *Current Directions in Psychological Science*, 18(6), 352–356. <https://doi.org/10.1111/j.1467-8721.2009.01666.x>
- Neimeyer, R. A., Picho-Prelorentzos, S., & Mahat-Shamir, M. (2019). “If only...”: Counterfactual thinking in bereavement. *Death Studies*, 45(9), 692-701.
<https://doi.org/10.1080/07481187.2019.1679959>
- Nuland, S. B. (2010). *How we die: reflections on life's final chapter*. Vintage Books.
- Odom, W., Uriu, D., Kirk, D., Banks, R., & Wakkary, R. (2018). Experiences in Designing Technologies for Honoring Deceased Loved Ones. *Design Issues*, 34(1), 54–66.
https://doi.org/10.1162/desi_a_00476
- Paul, S. (2019). Is Death Taboo for Children? Developing Death Ambivalence as a Theoretical Framework to Understand Children’s Relationship with Death, Dying and Bereavement. *Children & Society*, 33(6). <https://doi.org/10.1111/chso.12352>

- Prendergast, D., Hockey, J., & Kellaher, L. (2006). Blowing in the wind? Identity, materiality, and the destinations of human ashes. *Journal of the Royal Anthropological Institute*, 12(4), 881–898. <https://doi.org/10.1111/j.1467-9655.2006.00368.x>
- Rainsford, S., Phillips, C. B., MacLeod, R. D., & Wilson, D. M. (2019). Funeral and interment practices of rural residents: A mixed methods study. *Death Studies*, 45(2), 101–109. <https://doi.org/10.1080/07481187.2019.1616853>
- Roach, M. (2021). *STIFF: the curious lives of human cadavers*. W. W. Norton.
- Roberts, P. (2011). What Now? Cremation without Tradition. *OMEGA - Journal of Death and Dying*, 62(1), 1–30. <https://doi.org/10.2190/om.62.1.a>
- Rumbold, B., Lowe, J., & Aoun, S. M. (2020). The Evolving Landscape: Funerals, Cemeteries, Memorialization, and Bereavement Support. *OMEGA - Journal of Death and Dying*, 84(2), 596–616. <https://doi.org/10.1177/0030222820904877>
- Shear, M. K., Simon, N., Wall, M., Zisook, S., Neimeyer, R., Duan, N., Reynolds, C., Lebowitz, B., Sung, S., Ghesquiere, A., Gorscak, B., Clayton, P., Ito, M., Nakajima, S., Konishi, T., Melhem, N., Meert, K., Schiff, M., O'Connor, M.-F., & First, M. (2011). Complicated Grief and Related Bereavement Issues for DSM-5. *Depression and Anxiety*, 28(2), 103–117. <https://doi.org/10.1002/da.20780>
- Shear, M. K., Ghesquiere, A., & Glickman, K. (2013). Bereavement and Complicated Grief. *Current Psychiatry Reports*, 15(11). <https://doi.org/10.1007/s11920-013-0406-z>
- Shear, M. K., Muldberg, S., & Periyakoil, V. (2017). Supporting Patients who are Bereaved. *BMJ*, 358, j2854. <https://doi.org/10.1136/bmj.j2854>
- Sloane, D. C. (2010). Memory and Landscape: Nature and the History of the American Cemetery. *SiteLINES: A Journal of Place*, 6(1), 3–6.

<http://www.jstor.org/stable/24884162>

Song, J., Floyd, F. J., Seltzer, M. M., Greenberg, J. S., & Hong, J. (2010). Long-Term Effects of Child Death on Parents' Health-Related Quality of Life: A Dyadic Analysis. *Family Relations*, 59(3), 269–282. <https://doi.org/10.1111/j.1741-3729.2010.00601.x>

Stroebe, M., & Schut, H. (1999). The Dual Process Model of Coping with Bereavement: Rationale and Description. *Death Studies*, 23(3), 197–224. <https://doi.org/10.1080/074811899201046>

Stroebe, M., Schut, H., & Stroebe, W. (2007). Health outcomes of bereavement. *The Lancet*, 370, 1960–1969.

Stroebe, M., & Schut, H. (2015). Family Matters in Bereavement. *Perspectives on Psychological Science*, 10(6), 873–879. <https://doi.org/10.1177/1745691615598517>

TURNER, V. (1974). *Dramas, Fields, and Metaphors: Symbolic Action in Human Society*. Cornell University Press. <http://www.jstor.org/stable/10.7591/j.ctv75d7df>

Vatomsky, S. (2018, March 22). *Thinking About Having a “Green” Funeral? Here’s What to Know*. The New York Times. <https://www.nytimes.com/2018/03/22/smarter-living/green-funeral-burial-environment.html>

Vig, P. S., Lim, J. Y., Lee, R. W. L., Huang, H., Tan, X. H., Lim, W. Q., Lim, M. B. X. Y., Lee, A. S. I., Chiam, M., Lim, C., Baral, V. R., & Krishna, L. K. R. (2021). Parental Bereavement – Impact of Death of Neonates and Children Under 12 Years on Personhood of Parents: A Systematic Scoping Review. *BMC Palliative Care*, 20(1). <https://doi.org/10.1186/s12904-021-00831-1>

Wojtkowiak, J., Rutjens, B. T., & Venbrux, E. (2010). Meaning Making and Death in a Secular Society: A Dutch Survey Study. *Archive for the Psychology of Religion*, 32(3), 363–373.

<https://doi.org/10.1163/157361210x532059>

Wood, F. B. (2008). Helping Young Children Cope. *Young Children*, 28-31.

2023 Annual Statistics Report. Cremation Association of North America.

www.cremationassociation.org