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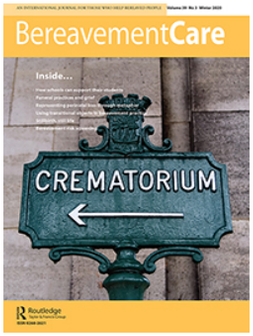
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Funeral practices and grief



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Abstract: Does restricting the ceremonial/ritual arrangements around a cremation to a minimum have a negative association with grief over time? This question has increasingly concerned professionals in the funeral industry as well as those in healthcare capacities working with bereaved persons. We examined the relationship between cremation arrangements and levels of grief. Bereaved people in the UK completed questionnaires 2 to 5 months post-loss and a year later (N=233 with complete data). Complexity of the cremation service was not significantly related to grief; neither was satisfaction with arrangements (which was typically high). Results suggested that it makes no difference to grief whether a more minimalistic or elaborate funeral ceremony is chosen under conditions where the bereaved feel free to make choices that best suit their situation. We concluded that the funeral industry seems to be offering bereaved people an appropriate range of cremation arrangement choices to meet their needs. Important limits to generalizability are discussed. That funeral services serve multiple functions for bereaved persons is emphasized.

Keywords: grief, bereavement, mourning, cremation, funeral

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Background to our study

It is often thought that the funeral has an impact on grief: engaging in cremation or burial activities is understood to help one through the emotional pain following the loss of a close person. The scientific literature also sometimes attests to benefits of participation in funerals, emphasising the many functions that it may serve (see Lensing, 2001). From this it seems plausible that a decision to minimalise the funeral would have a negative impact on adjustment to the loss of a loved one.

Recently, there have been rapid and significant changes in funeral services, some of which have minimalised the nature of ceremonial events surrounding body disposal. These have, until the past few months (i.e. before the Coronavirus pandemic), come about largely to meet contemporary societal and consumer needs, with bereaved people having the choice to decide themselves about the nature and extent of arrangements. Developments in funeral practices have been particularly manifest in the UK. Two features of these changes are relevant here. First, the percentage of cremations has been more than 70% since 1992 and is still steadily growing (The Cremation Society, 2018). Second, the range of funeral options has been considerably extended, including an increase in the offer and selection of 'direct' and 'unattended' cremations (Royal London National Funeral Cost Index Report, 2016). While such contemporary changes in practices were designed to better meet the needs of bereaved people, given beliefs about the functions of funerals, the question must be asked: do these changes, particularly those relating to minimalising funerals, have the paradoxical consequence of actually worsening the upset associated with bereavement?

In our view there is urgent need to gain information about the impact of participation in formal ceremonies on the adaptation over time of bereaved people to their loss. To contribute to this endeavour, we designed an empirical study examining whether the concerns about a relationship between funerals and grief were justified. Our aim in writing this brief account for *Bereavement Care* is to provide an accessible report. A longer scientific article is to appear in *Omega*: *Journal of Death and Dying* (Birrell et al., 2020). There readers will find fine-grained details of the design, methods and results of our study.

Our research question was whether the choices bereaved people make regarding their options for funeral arrangements relate to their experience of grief and to the course of their grieving over time. What did we expect to find? An extensive body of literature has accumulated on the functions of funeral ceremonies, reporting a variety of funeral-related functions (see Birrell et al., 2020). For example, there was some evidence that specific features, such as having had the opportunity to 'say goodbye', were associated with lower levels of grief. However, at the time we designed our study the actual question posed above had not been empirically addressed. One more recent study became informative. Mitima-Verloop, Mooren, and Boelen (2019) studied the association between evaluations by bereaved people of the funeral with their grief reactions. This questionnaire study was carried out longitudinally (at six months and three years after loss). Contrary to common beliefs, these investigators found little impact of evaluations of the funeral with grief reactions over the course of time (although people did consider the funeral customs helpful). The authors emphasised the need for extended investigation. They drew attention to the fact that very few empirical studies have examined the impact of performing rituals on adaptation to the loss of a loved one and to the paucity of research examining whether 'a good funeral' helps in coming to terms with the loss.

Although we had originally been rather convinced that there would be a relationship between funerals and grief and that minimising the extent of ceremonial arrangements (e.g. unattended or direct cremation) would be associated with higher levels of grief, the well-designed study of Mitima-Verloop et al. (2019) led us – albeit tentatively – not to expect close associations between cremation choices and grief under normal circumstances.

Our study: cremation and grief

Against this background, we designed our longitudinal, quantitative investigation. Specifically, we examined components of cremation services, given the previously mentioned recent increase in variety of cremations. We looked at arrangements which bereaved relatives themselves select, the choices they make for particular cremation services, and how these related to grief and grieving over time.

The participants in the study, conducted in the U., had experienced the death of a significant person two to five months before the start of the project. Questionnaires were sent to them at two time-points (T1 and T2 below), a year apart, in April, 2018 and April 2019. The response rate at T1 was low (13.5%), but given the relative recency of bereavement, this was probably to be expected. However, a vast majority of these participants returned questionnaires at T2, so that our sample of 'completers' (those providing the necessary information at both time points) consisted of as many as 233 bereaved people (88.6% of the original participants). When we compared our completers with those who had dropped out of the study between T1 and T2, we found no differences in age, gender, number of cohabitants, marital status, educational level, income or financial change since the loss, or religious affiliation. By contrast, the work situation was different: disabled, self-employed and part-time employed dropped out relatively more often. Characteristics of the deceased were similar

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regarding age, gender and cause of death. No significant differences were found between the two groups either in levels of grief at T1. So, while keeping in mind the work situation difference, we concluded that no major differences distinguished those who completed versus dropped out of the study.

The T1 questionnaire consisted of four sections, providing: 1. Demographic/background information (e.g. income; education; religious commitment; had the participant sought professional help?). 2. Information about the deceased and the loss (e.g. age; gender; cause of death; nature and perceived quality of the relationship with respondent). 3. This section addressed the funeral arrangements (including factual information; main aspects of funeral decision-making process; respondent's evaluation/feelings about the cremation; possible regrets about decisions made). 4. This section addressed the respondent's experience of grief and grief-related health and other related psychological phenomena. The T2 questionnaire basically followed similar lines.

In this report – to be concise – we confine description to those measures central to the question on the role of funerals in grief. (We included a wide range of additional measures of psychosocial functioning e.g., rumination, loneliness, general health, relationships with others. These resulted in similar findings to the ones presented for grief.) We constructed our own indices to examine *components of cremation*, covering the specifics of the ceremony noted above, as well as interpersonal harmony/conflict in the decision-making process, overall satisfaction, and satisfaction about the components. The category 'direct cremation' (DC) was of special interest to us, defined as the situation in which there was no attended service at the crematorium (with or without committal) and no service elsewhere with the coffin.

We measured grief using the *Inventory of Complicated Grief-revised (ICG-r)*, a well-known, validated measure of grief manifestations (see Prigerson & Jacobs, 2001). Items include longing/yearning for the person who died, difficulties accepting the loss, avoidance, bitterness/anger, and functional impairment symptoms.

Characteristics of our participants are given in Table 1. Some features merit further comment, particularly to keep in mind when thinking about the generalisability of our findings (we elaborate on this in discussion). Notably, the deceased person was quite old, on average above the age of 80, with most deaths occurring after a long illness. Nearly all our respondents considered that they had (had) a very close or close relationship with the deceased. For other characteristics, the table generally shows a spread across subgroups, for example, according to income or education. Religious affiliation reflected only those belief systems for which cremation is sanctioned. We did not have any participants from other religious groups. Not shown in the table, but noteworthy too, were patterns relating to changes in income: our analyses showed that the higher the income, the smaller the chance of suffering a decrease in income after the loss and the higher the chance of financial increase after the death.

Table 1. Participant characteristics (N=233):

Age (T1)	Mean=64 years (SD=11) Mean age of deceased=81 years (SD=12)
Gender	Female=69% Male=31%
Marital status (T1)	Married or living together=50% Widowed=37% Separated or divorced=5% Single=8%
Education	Some secondary school=2% Completed secondary school=22% Some college or university=16% A college or university degree 26% Post-graduate degree=12% Other professional qualifications=23%
Religious affiliation	Christian=64% No religious affiliation=23% Agnostic=3% Atheist=4.3% Humanist=4% Buddhist=1%
Work situation	Retired=61% Employed: full-time=19% part-time=13% Self-employed=4% Homemakers=3% Disabled=4%
Household income	Low (less than £26.000)=42% Middle (£26.000 - £46.000)=32% High (over £46.000)=26%
The deceased was a:	Parent: mother=34%, father=17% Partner: wife=10%, husband=25% Sibling: sister=1%, brother=2% Child: Son=2%, daughter=0% Grandparent=1% Other (family; friend)=8% [Next of kin=90%]
Cause of death	Longer illness=62% Sudden illness or health problems=29% Accident=2% Other causes=8%
Relationship to deceased	Very close=87% Somewhat close=10% Not very close (at all)=3%

In answer to our questions about the cremation service, the vast majority (93%) made mention of a regular service at the crematorium either with (88%) or without (3%) the

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coffin present, or elsewhere with the coffin present (13%). Seventeen participants (7%) reported not having organised such a service, and these we considered as an unattended or direct cremation (DC) in the original meaning of the word (a proportion not out of range of the selection of this type of funeral service in general). Among this latter group there were seven deceased partners, eight parents and two other relationships. Given that they represented the most 'minimalisation' regarding ceremonial choices, we were particularly interested to compare their grief (over time) with the others. Though a small group, it was sufficient for (limited) statistical comparisons with the others.

Before we move on to these subgroup comparisons, we need to look at grief among all our participants, to give an overall picture. In general, we found the average level to be within the 'normal' range, with scores decreasing between T1 and T2. Female participants reported higher levels of grief than men (as quite systematically found in research), but this difference did not quite reach statistical significance. There were no differences in grief across the range of ages. Not unexpectedly, grief was highest – quite considerably – following the loss of a partner compared with parents and other losses (there were not enough participants in some categories, such as loss of a child, to allow for separate analysis). Likewise, as frequently reported in other studies, those who were bereaved following a sudden death scored substantially, significantly, higher at both time points, than those bereaved following a long term illness. The level of income (according to the categories listed in Table 1) showed no difference in grief, but the extent to which income changed after the loss indeed made a difference: the highest grief levels at both T1 and T2 were experienced by those encountering income decrease (with indications that the relationship with income change on grief was actually quite similar for all the three income groups). Perhaps those who struggle with their grief experience decreased ability to work/earn income.

So far, our findings on the background information seemed to be what one would expect, in line with the body of knowledge already acquired in the bereavement field. Our participants differed according to well-established 'risk factors' (those that increase vulnerability to grief complications/health detriments), showing differences in directions typically found in reviews of this body of literature (e.g. Burke & Neimeyer, 2013).

Turning to the important question about the relationship between cremation choices and grief on which our project hinges, we looked at the levels of grief according to cremation arrangement choices. We compared levels and course of grief between those who had a service at the crematorium or elsewhere with the coffin present and those who had a direct cremation. We found no significant differences between these groups, not even a tendency was seen in the direction of more grief with more minimalistic ceremonies. Neither were there any differences in the course of grief between these groups over time. We were surprised at these results; they challenge any assumption that funeral choices and consequent attendance at a more or less minimalistic ceremony actually make a difference to one's grief. Wanting to probe more deeply, we performed analyses on relevant background variables (e.g. age of participant, age of deceased, relationship with/closeness to deceased, cause of death, income/income change), to try to detect any differences between DCs and traditional cremations. We found no significant differences at all. Perhaps most notably, although partners were grieving more intensely over their loss than adult children who had lost a parent, there were hardly any differences between these groups in how dimensions of cremation were related to grief.

Some additional patterns emerged, of close interest to our main theme. One of these concerned viewing the body, as facilitated by the funeral director. Participants were asked whether or not they had chosen to view the body. Our results showed a difference for partners of the deceased (those whom we noted, had the highest average levels of grief). Participants who viewed the body of their partner reported higher levels of grief at T1 and T2 than those who did not (even though it had been possible). For those who lost a parent, viewing the body was not related to the level of grief at either time point. We have to take care interpreting this finding. It could be that viewing the body provided an opportunity for those grieving more intensely to take leave, to say goodbye. It seems less plausible that viewing the body under normal circumstances heightens grief (possible exceptions being those where the body was badly damaged due to an accident). Indeed, results of previous studies have shown that persons who had been able – specifically – to say goodbye with the body present for viewing, had lower grief over time (e.g. Wijngaards et al., 2008). Taken together, the results of this previous study and ours are puzzling: is it that our highly-grieving partners did not view the body to say goodbye but to stay close? This requires further investigation beyond the scope of our study.

Disposal of the ashes is often considered to be a meaningful, impactful part in the funeral process. Accordingly, we had asked about arrangements regarding the ashes. One of the analyses we conducted was a comparison between three groups (the ones large enough for analysis): those who had buried or scattered the ashes with friends and family present (carried out by 69.7%); those where the ashes were retained by the family (25.7%); and those who had scattered or buried the ashes without the presence of family and friends (19.7%). (Participants sometimes endorsed more than one subcategory within the three constructed groups, therefore the percentages do not add up to 100%.). The level of grief differed between these three groups, at both T1 and

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T2. Grief was highest for those who still retained the ashes, with changes in grief over time following a similar pattern for all three groups. What does this signify? There are different possibilities, for example retaining the ashes could indicate an unwillingness to 'let go', or it could be that having the constant reminder of the deceased person could intensify one's grief. Further investigations can help to unravel such possibilities.

One final topic in our investigation merits reporting, not least because it is one that funeral directors and their staff work hard to achieve, namely satisfaction with the funeral. It is important here, because one could surmise that satisfaction may be related to levels of grief, even if choices of funeral arrangements are not. Participants responded to statements such as 'I felt the service was personal and appropriate for the person who died' and 'I found the service helpful and/or consoling'. There was some variability (enough for us to examine associations), but on average participants turned out to be happy with the funeral service. However, unexpectedly, the overall level of satisfaction with the cremation did not turn out to be related to levels of grief at T1 or T2, nor did responses to a specific question about satisfaction with the cremation day itself show any relationship with level of grief.

Discussion

What have we learned from our study? The results suggest that there are no particularly impactful relationships between the aspects of cremation studied here and levels of grief, nor in relationship to changes in levels of grief as long as a year later. The concern that bereaved persons would suffer more intensely as a result of cuts in ceremonial activities has not been confirmed in this study. Differences in the actual arrangements turned out to be unrelated to grief. Even satisfaction with the cremation was not a predictor of grief. Our study provides no evidence for considering direct cremation to be a risk factor for grief, neither in the period a few months post-loss, nor substantially later, a year subsequently. It is noteworthy that other, established risk factors *were* related to high levels of grief among our participants (e.g. sudden death compared with long illness; loss of a partner compared with parent), suggesting that the latter are substantially more important variables than funeral related ones. While we are cautious in drawing the above conclusions on the basis of our own study alone; the fact that they are in line with those of Mitima-Verloop et al. (2019) gives them more weight. However, in a recent review of (pre-Covid-19) studies on the relationship of funeral practices and bereaved persons' mental health, Burrell and Selman (2020) suggested that alternative ways of commemorating the deceased person may compensate possible effects of minimalisation of services or lack of attendance at the funeral, noting ''the benefit of after-death rituals including funerals depends on the ability of the bereaved to shape those rituals and say goodbye in a way which is meaningful to them' (p. 1).

Our results relate to cremation and grief specifically. It would be wrong to conclude that funerals are unimportant. The fact that funeral customs are incorporated into nearly all cultures of the world and across historical periods speaks to their many functions (see Hoy, 2013; O'Rourke, Spitzberg, & Hannawa, 2011). Intuitively, it is not hard to imagine how funerals may help or console, for example by providing a way to enable the deceased person's death to be recognised. Empirical studies have also shown that they serve many functions for bereaved persons (see Birrell et al., 2020). For example, a recent study published in *Bereavement Care* highlighted the support bereaved people derive from funeral directors, pinpointing their role as advisors, people who are highly valued among those who provide support (Rumbold, Lowe, & Aoun, 2019; see also Lowe et al., 2019). Notably, the authors reported that 80% of their participants continued to recognise the funeral director as a source of constructive support as long as 6 to 18 months post-funeral. Nearly all (more than 90%) of the participants in the Rumbold et al. (2019) study said this help was quite or very helpful – a conspicuously high percentage, being just behind that for family and just ahead of friends, with GPs behind these in perceived helpfulness. The words of Lensing (2001) bring the message home. Those offering funeral home services '… serve, console, educate, listen, advise, suggest and empathise before, during and after a death occurs. And that is the very essence of funeral service' (p. 57).

Our study had both strengths and limitations. We already mentioned the limitation regarding the T1 response rate. Nevertheless, the number of participants was large enough to compare groups according to their choices and decisions regarding components of cremation, and the low attrition rate between T1 and T2 enabled us to conduct the statistical analyses essential for addressing the research question. A potential bias must also be considered: participation was – obviously – on a voluntary basis. We do not know whether the bereaved people who chose to respond to our questions were more similar, less similar or the same in certain ways (e.g. in satisfaction with the funeral service) compared with those who turned the request down. On the other hand, participants actually represented quite a 'normal' segment of the population in terms of their socio-demographic characteristics and grief levels. As such, they can probably be considered rather typical of the range of clients encountered by funeral service providers, at least in the UK (the findings may not apply to cultures with very different funeral customs and rituals).

There are additional limits to generalisation. Future research needs to investigate whether our results are replicated among the minority of people with complications in their grieving process. Our investigation did not focus

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specifically on this subcategory. It seems possible that an important source of difficulties for clients diagnosed with complicated grief could relate to adverse funeral events (e.g. if the disposal of the body were seen to have gone seriously wrong).

Perhaps most important of all in light of recent developments, it is critical to take into consideration that our main finding – the lack of relationship between funeral components and grief – may *not* apply in situations such as a pandemic, when the type of funeral may be imposed by circumstances or by the government. Being forced to accept a low attendance at a funeral, unwitnessed or direct cremation is different from making arrangements of one's own choice. We want to emphasise that our investigation was confined to those in a position to make a 'free' choice (for whatever motive; and with potential constraints relating to circumstances of the death, etc), not an enforced policy where funeral arrangements are at odds with what bereaved people would wish for the deceased, for themselves, and for their family and friends. No attention was paid to the issue of experiencing bereavement at a time of enforcement of restrictions, nor to other changes, for example, regarding the impact of societal attention to death from Covid-19.

What do our results say about the provision of services by the funeral industry? Our study was designed in the first place to inform policymakers and the funeral industry of possible impacts of changing cremation practices on their bereaved clients. The results are, on the one hand, reassuring (so far as they go, given the limitations noted above). The needs of participants in our study seem to have been well met by the current, available services on offer by the funeral service providers. This is reflected in participants' high levels of satisfaction, whatever way they had organised the cremation service. Furthermore, the finding that we puzzled over, that partners who viewed the body had higher grief scores than those who chose not to, may even reflect the fact that the available options fit the needs of different subgroups of bereaved clients. Our results also indicate that the participants made use of a range of services, from those involving minimal to very extended ceremonies. Reasons for choices are undoubtedly multiple and complex, but perhaps clients of today, such as those in our study, feel more freedom to make arrangement for disposal of the body in their own ways. One could speculate that holding a 'minimal' ceremony is no longer so stigmatised (so long as it is well-organised and conducted, and does not appear to be 'cheap'in any way). We still have much to learn about motives underlying choices in the face of diverse contemporary options (e.g. why people overstretch themselves financially in selecting certain body disposal choices, see Corden & Hirst, 2013). So replication and extension of our investigation is needed, along lines we have already illustrated. In particular, though, throughout this endeavour, one must be very cautious about making inferences of causality from studies with designs such as ours.

It seems fair to – cautiously – conclude that providing a wider range of (more minimal) services does not have the negative consequence that was feared, for bereaved persons such as those in our study. There were no emerging, systematic patterns of results showing negative, harmful associations between aspects of cremation and levels of grief over time. The available offers provided by the funeral services seemed appropriate for clients like our participants, who use these options in various ways, according to their personal preferences and needs. ■

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Disclosure statement

The authors declare that there is no financial interest or benefit arising from the direct application of this research.

Authors' note

The research question was formulated in close collaboration with Dignity Funerals. The content of this report has been written fully independently of the funding agency. Co-author YS of Dignity Funerals facilitated the study by providing necessary data-access (confidentiality observed), but did not participate in the design, analyses or interpretation of the data.

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