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**Mortality, Morality, and the Marketplace:  
Empathetic Improvisation and The Double Duty of Care in Service Encounters  
with Bereaved Consumers**

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**Abstract**

In the field of death studies, there is growing recognition that other people, culture and the dead themselves shape individual experiences of bereavement. Service encounters are a key but under-researched site for examining these interactions, broader relationships between mortality, the marketplace and consumer culture, and their implications for consumer wellbeing. This interpretive study explores service encounters from the perspective of bereaved American consumers. Our data suggest that bereavement rendered service encounters doubly heterogeneous, and that continuing bonds between the living and the dead often placed a double duty of care on service providers, since the interests of the dead as well as the wellbeing of survivors were at stake. From the bereaved consumer's perspective, this double duty of care seems more likely to be discharged through empathetic improvisation rather than standardised performances of saccharine sensitivity by service providers.

# **Mortality, Morality, and the Marketplace: Empathetic Improvisation and The Double Duty of Care in Service Encounters with Bereaved Consumers**

## **Introduction**

As Walter (1999, xiii) observes, ‘those who are bereaved often find other people, culture and the dead as much of an issue as their own inner psychological journey’. Clearly, not every death is mourned and peoples’ response to loss is bound up with personal, social, situational and cultural contexts. Despite the many ways that the loss of a loved one may be experienced or displayed, it is generally a major challenge to wellbeing (Neimeyer 2001; Parkes, Laungani and Young 2015). The consumption practices that ensue can be infused with powerful emotions such as love, obligation, regret and revenge, with implications for past and future social relationships (Szmigin and Canning 2015). As highlighted by continuing bonds theorists (Klass, Silverman and Nickman 1996; Walter 1999), the relationships following a death are not only between the living, but also between the living and the dead.

Service encounters constitute a key site for exploring how bereaved consumers experience other people, culture and the dead. They are also a site where consumer vulnerability may be heightened. In Western developed economies, bereavement requires people to engage with a plethora of unfamiliar service providers at a time when it is likely that their decision-making is impaired, their emotions are raw and their assumptive world has been destroyed (Gentry, Kennedy, Paul and Hill 1994; Parkes and Prigerson 2013). The limited literature on this topic highlights the need to protect those who have lost a loved one from unscrupulous or unthinking service providers (Mitford 1963, 1998; Gabel, Mansfield and Westbrook 1996; Quilliam 2008; Bailey 2010). More than two decades after Gentry et al’s (1994) pioneering study, however, relatively few scholars - in marketing, consumer research or death studies - have studied death-related services from the perspective of bereaved consumers. Thus, for example, Bailey (2010) examines funeral director accounts of their interactions with bereaved clients, while Szmigin

and Canning (2015) explore consumers' funeral-related dealings with family members rather than service providers, and Gabel et al (1996) and Holloway et al (2013) include but do not focus on bereaved consumers in their funeral studies.

Beyond funeral directors, a wide range of 'deathworkers' come into contact with bereaved people, including counsellors, therapists and psychiatrists; medical, hospital and care home staff; clergy and funeral celebrants; police, pathologists, and coroners (Walter 2005). Settling a deceased person's affairs also requires survivors to deal with a range of financial and legal service providers (Gentry et al. 1994; Quilliam 2008). After a death, survivors soon find themselves shopping for groceries again, commuting to work, paying bills, and engaging with the minutiae of a consumer's daily life. Thus, a whole host of service providers may come into contact with grieving people, and however fleeting or unexpected such encounters may be, the way that they unfold can affect the wellbeing of both parties, well beyond the immediate aftermath of a death (O'Donohoe and Turley 2006, 2007).

This paper, then, seeks to contribute to understanding of death in consumer culture by exploring the implications of continuing bonds, heterogeneous bereavement responses and the myriad service settings and contexts affected by death for consumer wellbeing *in extremis*. It does so by exploring fourteen bereaved American consumers' experiences, including but not limited to their encounters with traditional deathworkers in the immediate aftermath of a loss. While the study highlights the complexities and contingencies surrounding bereaved consumers' experiences of service encounters, it also identifies the importance and challenges of improvised empathetic responses from service providers, who may help or hinder consumers as they negotiate the vicissitudes of life without their loved one. In order to contextualise and conceptualise these findings, the paper first reviews prior research on the nature of service encounters, particularly those involving bereaved customers.

## **Service encounters and consumer wellbeing**

Contemporary consumers are immersed in a service web-scape, their everyday lives shot through with a variety of service encounters - routine and rare, public and private, desired and dreaded. Much service research has privileged relatively brief, banal, and boring encounters (Price, Arnould and Deibler 1995; O'Donohoe and Turley 2007), although some studies have explored lengthy, intense service encounters involving extraordinary experiences such as river rafting (Price, Arnould and Tierney, 1995) or climbing Mount Everest (Tumbat and Belk, 2012). Even for unexceptional services, Bradley et al. (2010, 2013) suggest that the success or failure of a service encounter revolves around three key dimensions: the task itself, the relationship between the parties, and each party's sense of self. While all three dimensions have implications for wellbeing, self-related behaviours in particular 'tend to protect and enhance personal fulfilment and wellbeing' (Bradley et al. 2013, 518).

The variability, complexity and contingency of service encounters pose particular challenges for researchers, practitioners and policy-makers seeking to enhance consumer wellbeing. Traditional service research has tended to focus on the role and impact on the individual consumer as co-creator of the encounter, at the expense of exploring both the socio-cultural system such encounters are embedded in as well as outcomes that are more collective than individual in nature (Anderson 2010; Anderson and Ostrom 2015).

Researchers and policy-makers are increasingly interested in the conditions, contexts and characteristics of consumer vulnerability (Hamilton, Dunnett and Piacentini 2016) and in the relationship between services and wellbeing (Anderson and Ostrom 2015). For Baker, Gentry, and Rittenburg (2005, 134) consumer vulnerability is related to power imbalances in the marketplace, arising '...from the interaction of individual states, individual characteristics, and external conditions'. Gabriel (2015, 617) argues that in situations where service consumers are vulnerable, there is a duty of care on providers 'to provide an effective and safe service, but also to treat the other with respect and consideration'. However, the ways in which services can increase or reduce consumer vulnerability are not well understood (Ostrom et al. 2015). Furthermore, relatively little is known about the consumption of services that are 'stressful

because of the very reason they are being consumed' (Anderson and Ostrom 2015, 247); such services are often experienced by consumers at their most vulnerable, and when consumers are vulnerable, it is services rather than products that they typically need, seek out (Davis and Pechmann 2013) or even have imposed upon them (Plaud and Guillemot 2015).

In a healthcare context, Gabriel (2015, 618) refers to 'potentially explosive emotions (including fear, anger, despair, anxiety, disappointment, and physical pain)'. Highly charged service encounters require staff to engage in significant emotional labour, managing a range of feeling and display rules (Hochschild 1983), with implications for the wellbeing of both parties (Arnould and Price 1993; O'Donohoe and Turley 2006, 2007). Bolton (2000) identified four ways that nurses manage their emotions, finding their own balance between institutional, cultural and personal feeling rules. Thus, emotion management was *prescriptive* when undertaken in accordance with organisational or professional rules of conduct, *pecuniary* when undertaken for commercial/financial gain, *presentational* when it followed general social rules, and *philanthropic* when it was given as a gift.

### **Bereaved consumers and service encounters**

Clearly the impact of a death on survivors is shaped by many factors, such as the age of the deceased; the closeness of the relationship and the extent to which their daily lives were intertwined; whether the death was sudden or expected, peaceful or traumatic; and the social support provided for survivors (Neimeyer 2001). Cultural contexts and religious beliefs may also shape how people experience and respond to loss (Parkes, Laungani, and Young 2015). Generally, however, bereavement, particularly in the immediate aftermath of a loss, creates the conditions for vulnerability (Parkes 1995). The death of a spouse tops the ranking of major life stressors in the highly influential social readjustment rating scale developed by Holmes and Rahe (1967), with the death of a close family member not far behind. Pillow, Zautra and Sandler (1996, 381) refer to the systemic 'ripple effect' of major stressors such as bereavement, since 'continuing minor stressors emanating from these stressful situations account for ongoing psychological distress'.

The vulnerability often associated with bereavement gives a distinct complexion to the service encounters that ensue, as does their involuntary character; many services at this time may be approached reluctantly, even with a sense of dread (Plaud and Guillemot 2015). Bereavement also leaves service consumers more vulnerable to the asymmetries of information, emotion, and expectations explored in other contexts by Price et al (1995b) and Gallouj (1997). Not only are people's emotional and mental resources likely to be significantly depleted or diverted elsewhere; they may also be using a service for the first time, and lack the requisite knowledge and expertise to engage fully with the service provider for whom these transactions are routine (Gentry et al 1994; Quilliam 2008). Both service providers and consumers may find service failure particularly distressing in the wake of a bereavement. In this context, the most obvious service failings may be task-related (Bradley et al. 2013), for example, flowers arriving too late for the funeral. Given the emotional and liminal nature of bereavement, relational and self dimensions may also matter a great deal, and be intertwined with task failures. In this context, O'Donohoe and Turley (2007) refer to 'fatal errors' – critical, irreversible mistakes in highly-charged settings that affect us as 'people first and consumers second' (Schneider and Bowen 1999). For example, a delayed or diverted flight may cause someone to miss the chance to say goodbye to a dying relative.

The liminality of loss is well documented (Gentry et al 1994, 1995; Dobscha 2016); bereavement can tear survivors from the familiar world, placing them in a parallel universe where, in the absence of a loved one, routines, social structures and relationships become imbued with an uncanny combination of the familiar, the strange and the surreal (Neimeyer 2001). This is a time when the 'doubleness of death' looms large in the lives of survivors (Wright and Flemons 2002); their distress and disorientation is occasioned not only by their loss, but by their astonishment that others can continue on with their daily lives oblivious or indifferent to the fact that someone special and loved has just died.

The implications of liminality for death-related service encounters are highlighted by Holloway et al (2013, 43), who found that the dead occupied the social space between the moment of death and the funeral service 'in ways which were quite different from either their preceding

status as a dying person...or their subsequent status as a “loved lost one”’. This was manifest in their influence over the shape and content of the funeral, with their perceived wishes paramount in many survivors’ endeavours. This suggests that the liminal period involves survivors in transforming a relationship that had operated on several levels into one dominated by ‘symbolic, internalized and imagined relatedness’ (Shuchter and Zisook 1993, 14). Indeed, there is now widespread acceptance in the thanatological literature that functional grieving is more about reconfiguring our bonds and relationships with the deceased than relinquishing them (Klass, Silverman, and Nickman 1996). As Shuchter (1986: 116) argues:

Human attachment bonds are established and maintained at emotional levels so deep that the mere fact of physical death cannot truly disrupt these bonds. Our biological and psychological apparatus will not permit it.

Many ways of continuing bonds with the dead have been identified in previous studies, such as feeling their presence (Zisook and Shuchter 1986), maintaining a ‘dialogue with the departed’ (Turley 1995) as well as talking to others about them (Walter 1999). Other practices that have been characterised as ways of continuing bonds include using objects or visiting places associated with the dead; including them in rituals; internalising their values; undertaking projects in their honour; reviewing their life stories; and reflecting on their legacy (Unruh 1983; Klass et al 1996; Valentine 2008). The social and symbolic nature of these practices suggests that service encounters are occasions where consumers may feel their continuing bonds with the dead are supported or suppressed.

Given the many ways that bereavement may inflect experiences of service encounters, it is hardly surprising that ‘working in a commercial relationship with highly vulnerable and emotional clients is central to the funeral director’s job’ (Bailey 2010, 209). Although the British funeral directors interviewed by Bailey were conscious of revenue, time and profit pressures, their accounts of dealing with bereaved people were dominated by presentational and philanthropic emotional management (Bolton 2000), motivated by sympathy and compassion. While these interviewees might be expected to present themselves as caring, many clients of



UK funeral undertakers characterised their services as ‘above and beyond what could reasonably be expected’ (Office of Fair Trading 2001, 45).

In the aftermath of a death, service providers often meet with multiple family members, each with their own grief, their personal relationship with the dead person, and perhaps different views about the desired outcome from the encounter (Pincus 1976). Even if only one family member is present, he or she may be acting on behalf of others, or even against their wishes (Szmigin and Canning 2015), adding to the complexity and potential for tension around the service encounter.

Bereaved people’s service encounters are not confined exclusively to their dealings with ‘deathworkers’ or ‘transition technologists’, so the question of how other service encounters might differ in conduct, content or outcome from those traditionally associated with death seems worthy of investigation. There are some indications that a wider range of service staff can rise to the occasion. Adelman, Ahuvia and Goodwin (1994) found bartenders and hairdressers offered valuable social support to their clients, while O’Donohoe and Turley (2006) found that staff dealing with bereaved consumers inserting *In Memoriam* verses into the personal notices of Irish newspapers engaged in philanthropic emotion management (Bolton 2000). Like Bailey’s (2010) funeral directors, the newspaper staff prioritised compassion over commerce; individually and collectively, they engaged in noticing, feeling and responding to the pain of others (Kanov et al 2004).

Overall, it is surprising that bereaved people’s experiences of service encounters remain under-researched, since service heterogeneity, the many different ways that people respond to loss, and the complexity of relationships between the living and the dead, create challenging conditions for consumer wellbeing.

## **Methodology**

Given the limited research on service encounters with bereaved consumers, and concerns about their wellbeing, this study sought to explore survivors’ experiences across a range of services in ways that reflected a researcher’s duty of care towards participants.

After many years conducting research with bereaved people, renowned US thanatologist Paul Rosenblatt (1995) mused that 'it is in the nature of qualitative bereavement interviewing to wonder recurrently whether one is doing the right thing' (p.154). He took comfort in the fact that face to face interviews with survivors minimised the likelihood of 'the ethical self-delusions that can arise when I have little contact with the individuals I am studying' (ibid). In keeping with this sentiment, the choice of extended qualitative interviews in this study was an obvious one. The open and flexible nature of such interviews lends itself particularly to research with bereaved participants. By influencing much of the ebb and flow of the interview they can experience a welcome sense of empowerment and control (Brannen 1988) and interview flexibility in turn lends itself to accommodating the variability of their grieving (Carverhill 2002).

The first author conducted interviews with fourteen survivors in the greater urban area of an east coast American city. Recruitment of bereaved participants raises a number of distinctive issues. First among these is a responsibility not to exert undue pressure on individuals to participate in the research. Consequently, no direct overtures were made to any potential participant by the researchers. All recruitment was conducted indirectly through third parties in survivors' support, family, or friendship networks (Buckle, Dwyer and Jackson 2010, Riches and Dawson 2002). In the interests of minimising any sense of obligation on the part of survivors, no personnel attached to medical institutions in which the deceased person had been a patient were approached as recruitment intermediaries (Williams, Woodby, Bailey, and Burgio 2008). Once third parties reported some interest in participating, the bereaved person was contacted by the first author in writing; it was thought that contact by phone might constitute residual pressure to volunteer (Dyregrov 2004). This letter, asking for survivors' consent to participate in the research, outlined the purpose of the study, the researcher's background, and assurances of anonymity. Initially, sixteen bereaved people volunteered through third parties to participate in the study, however two of them subsequently declined to be interviewed.

People's experience of loss and the trajectories of their grieving are personal and idiosyncratic and do not follow any normative template (Bradbury 1999) however, as Stroebe, Stroebe and Schut (2003) stress, researchers should still give serious thought to the 'how soon after'

question in approaching participants. A balance has to be struck between optimising recall and respecting participants' vulnerability. In this case, a cut-off of three months since the death was used although one informant who had been bereaved a month previously heard about the research and requested to be included. In their study with relatives of deceased soldiers, Williams *et al* (2008) laid considerable emphasis on the choice of location for their interviews. A domestic setting allowed participants 'a more active role in choreographing the research encounter' (p.210); on the other hand institutional or medical settings ran the risk of medicalizing their experience of loss. For this reason, all interviews in this study took place in participants' homes. A deliberate effort was made to have the sample include a range of kinship ties, anticipated and aleatory deaths, as well as survivors and loved ones in different age groups. Participant profiles are provided in Appendix 1.

Although informed consent should be sought in an initial letter to participants, in the case of qualitative interviews on a topic such as bereavement, any such *a priori* consent can never be fully informed (Rosenblatt 1995). The conduct of an interview will be emergent and the outcomes for both participant and researcher uncertain, making 'ethics as process' the most appropriate stance (Kavanaugh and Ayres 1998, Cutcliffe and Ramcharan 2002). This involved ongoing reference to participants' well-being throughout the interview coupled with repeated assurances that they were free to withdraw, temporarily or for good, if their well-being became an issue.

Interviews typically began by asking participants to tell the story of the death and then to recall any dealings they had with service practitioners in connection with or as a result of the death of a loved one. After each taped interview informants were invited to reflect on both their decision to participate and their experience of the interview. As an exit strategy all participants were offered the contact details for local bereavement support groups if required. They were also sent a letter of appreciation containing an invitation to revert to the interviewer if they felt the need to do so (Sque 2000).

Brannen (1988) noted how participants who reveal highly personal details to researchers can often be vulnerable to others, especially to partners, either because they have chosen not to

inform them of their participation in the research or because partners have been implicated in what they have disclosed to the researcher. There were three married couples among our participants and, because all six individuals agreed to be interviewed, there was no danger of one partner being unaware of the other's involvement. Two couples expressed a preference to be interviewed separately, an arrangement adopted by Riches and Dawson (2002). Separate spousal interviews harbour the danger of researchers being inveigled into a collusive relationship with one or both partners (Lee 1993), however no such pressure was evidenced in our interviews. In our sole joint spousal interview, one partner spoke for most of the time, but not in a manner that muted the other. In fact this joint interview was notable for the way in which it involved a bereaved mother hearing for the first time how her husband had 'shopped around' for a suitable undertaker unbeknownst to her. In all spousal interviews, joint and separate, each partner predictably made copious references to the other's actions and reactions, invariably complementing rather than contradicting each other's account.

All interviews were transcribed, with pseudonyms replacing real names, and identifiable places or distinctive features disguised. Apart from the researchers, no-one else had access to the tapes or transcripts, which ran to 140 pages. A conscious decision was made not to offer a copy of the transcripts to participants by way of a member-check to aid subsequent analysis. Although such checks are common in qualitative studies, there is a real risk of 'revictimising' the recipient (Corbin and Morse 2003, 344) by sharing transcripts detailing personal trauma and distress, especially if researchers may not be present when the participant reads them.

The bereaved parents in Gilbert's (2002) study reported that telling the story of the loss of a child to a supportive listener could prove a therapeutic experience by giving them a greater sense of order in their lives and legitimizing their grief. However, she was at pains to inform them that, despite any therapeutic dividend, the research interview itself was not being proposed as a form of therapy. To underscore this point in this study, it was made clear to participants from the outset that the interviews were purely for academic research purposes. However, during the post-interview debrief most participants did volunteer that it had

nonetheless proven a positive experience for them; no participants voiced any reservations or regrets.

The authors first undertook an independent part-to-whole analysis of each transcript (Thompson, Locander and Pollio 1989) before sharing emergent themes, undertaking further iterative analysis and searching for negative cases to refine thematic categories and explore relationships between them. The iterative process continued during the writing process, as the authors tacked back and forth between the data, sections of the paper, and additional literature on service encounters, grief responses, and emotions.

## **Findings**

Many of Gentry et al's (1994) participants had little to say about positive or negative encounters with service providers. These authors suggest that in the midst of their grief, participants may have struggled to register, remember or even engage actively with service providers. In research settings, survivors often understandably place more emphasis on retelling the death narrative than addressing any specific research agendas (Dyregrov 2004). Of the fourteen bereaved people taking part in this study, four said relatively little about service encounters, preferring to talk about other aspects of their bereavement. The remaining participants, however, recalled a wide range of service encounters, including but not limited to those with the 'deathworkers' and 'transition technologists' who dominate the literature in this area. Thus, while they described meeting with service providers such as funeral home staff, clergy and celebrants, grief therapists, coroners, lawyers, insurance companies, and medical staff, they also talked about their dealings with police officers, firefighters, airline staff, telephone operators, day-care workers and care home or assisted living staff. Sometimes, survivors had met service providers alone, sometimes with another family member, and in a few cases the dead were directly involved in the service by virtue of pre-planned funeral packages.

Service encounters were often recalled in considerable detail, even several years later, and the stories told by participants included their thoughts and feelings at the time as well as their reflections months or years later. Every survivor's service-related stories were unique and

personal, but two overarching themes emerged from their accounts. The first concerned the contexts shaping their varied experiences, and the second related to the ways in which service providers demonstrated – or failed to demonstrate – empathy in dealing with them. Both overarching themes are discussed in turn below.

### **Complexities and contingencies inflecting bereaved consumers' experiences of service encounters**

Although context can play an important role in shaping the wellbeing outcomes of service encounters, its influence is not well understood, particularly in highly charged and meaningful settings (Zayer et al 2015). As discussed above, a person's response to bereavement is shaped by a range of personal, spiritual, social and cultural factors. The importance of family dynamics to bereavement experiences and outcomes is well established (Pincus 1976; Parkes and Prigerson 2013; Klass et al 1996), and clearly have implications for service encounters. The tensions and contradictory emotions flowing between family members as they arranged funeral services are highlighted by Szmigin and Canning (2015) for example, yet a funeral director may fail to appreciate these when meeting with one or two family representatives.

Another fundamental context concerns the nature of the loss. Clearly, the death of any beloved person, regardless of their age or the circumstances of their death, is a profound loss. At the same time, however, different kinds of loss appeared to colour both survivors' experiences and expectations, and what service providers offered.

For example, Joe spoke of two 'duelling funeral directors', each wanting the profit from arranging his elderly mother's funeral. A long time ago, when living in Chicago, she had paid for a funeral plan there, but she died in a different city, having moved to be near Joe. After her death, there were disputes between Joe's local funeral director and his Chicago counterpart

*'...this guy in Chicago kept complaining that if we were going to use him that he should be in charge of arranging this, that, and the other thing, and 'the guy down there' [Joe's local funeral director] is just trying to sell you a casket. I started getting this image of*

*funeral directors wrestling in the mud for the right to my mother's body and I was just laughing at it and thought this is crazy!*

In this case, Joe's mother had had a good death: *'ninety six years, she has gone out in her own terms, has stayed consistent with her view of life. Hell, what can I ask for more than that?'* Through that comforting lens, the duelling funeral directors were no more than a *'petty annoyance'* and even brought some *'relief to a sad situation'*.

The death of young children represented a totally different context. Had the bereaved parents in this study faced any unseemly disputes between funeral directors, it is difficult to imagine there being much cause for laughter or light relief. What they appeared to seek from service providers was recognition of the enormity of losing a child. Jill and Aron faced this enormity not once, but twice, as their two young disabled sons died within a few years of each other. Their younger son Robbie died first, and at that point Aron contacted two funeral homes:

*'...one was, it made absolutely no difference that it was a child but the one that we ended up going with, they said that there is things that we can do and help you with and make it easier because it was a child...I went with him because when I called on the phone he was more sympathetic or helpful or more looking to do more things you know because it was a young child.'*

Beyond the nature of the loss, two other contextual factors appeared to shape participants' experience of particular service encounters: the sense of liminality in the immediate aftermath of the death, and, in some cases, prior experiences with the service provider.

### ***Liminality***

The disorientation and distress of being in a liminal state infused participants' experiences of engaging with service providers with particular poignancy and personal sensitivity. Participants spoke of how entry to this state could be brusque and brutal. Anne and Peter lost their twenty year-old only child, Tanya, in an air disaster, an experience which Anne described as *'like plunging into an alternate universe, where everything now was going to be terrible in ways beyond which you could expect even'*.

Even family members who had been maintaining lengthy bedside vigils involving close and intimate human contact witnessed the abrupt transformation of a cherished family member into a corpse and their concomitant change into mourners. Thus, there were several appreciative stories of care homes or hospitals respecting the need for family members to spend time with 'their' body in the immediate aftermath of the death. For Jill and Aron, there was profound gratitude for the kindness with which rules were broken when their older son Gary died unexpectedly at home. The house was soon overrun with officials, as was legally required under such distressing circumstances:

*'After the fire department had left the policeman stayed and I was sitting here just sort of in shock. They told us they didn't want us in Gary's room because it was an investigation really, and they did let us go back and see Gary again before the coroner went in...'*

Liminality is also characterised by what Bradbury (1999, 53) terms 'heightened cue awareness'. Details of the peri-mortem period were often remembered in minute detail. Things the consultant, nurse or neighbour said were reported verbatim. Being distraught appeared to sharpen recall of service encounters, which could subsequently become integral parts of a family's narrative of the death. For example, Anne recalled a disastrous service encounter heightened by her liminal state. While waiting in a hotel for confirmation that there were no survivors of the air disaster,

*'There was this psychologist who was such an ass. He would say things like – tell me about your daughter? What year of school was she in? What was she interested in? I was going out of my mind. Pete was there and he finally threw the guy out of the room.'*

Here, Anne remembers the psychologist's use of the past tense - 'was' - for her daughter, which failed to respect the liminal no longer/not yet status (Turner 1967; Cody 2012) of both daughter and mother. To all intents and purposes Tanya was no longer alive, but she was also not yet officially dead, leaving Anne no longer able to play the normal parental role but not yet officially a bereaved mother. Among the many secondary losses associated with the death of someone close can be an often abrupt and always unwanted status transition – such as from



wife to widow (Didion 2005, 208). Here, it seems that the psychologist's questions conferred an abrupt change in status on both mother and daughter, with consequences for Anne's wellbeing on both the relational and self dimensions identified by Bradley et al. (2013). His questions radically change the self of mother and daughter – Tanya is framed as dead rather than living and Anne as no longer having a child. As a corollary, their relationship is suddenly transformed from a taken-for-granted ongoing, reciprocal one to a symbolic connection, for which Anne bore all responsibility.

### ***Prior experiences***

Another contextual and complicating aspect of bereaved consumers' experiences of service encounters concerns their prior experience with service providers. Although some encounters discussed by participants were fleeting and may not have been emotionally charged, others - particularly those involving medical and care professionals – involved continued contact with a range of organisational personnel. Visiting and caring for elderly parents or grandparents, for example, invariably necessitated protracted personal contact with medical and/or care home personnel that could affect either party emotionally, in a positive or negative sense.

One feature of these multiple episodes was that they intersected with and informed each other. For example, experiences of pre-mortem contact with a variety of medical and care providers appeared to colour post-mortem encounters. Indeed, in some cases it was the service provider's relationship with the deceased *while alive* that loomed large in survivors' experiences of encounters following the death. A similar finding was reported by Plaud and Guillemot (2015, 249) in their study of a group of older French consumers' experience of service encounters following challenging life events where 'positive interactions with and feelings towards health care staff, were a key component for coping after death'. In the current study, although Joe was frustrated by the way medical care of his elderly mother was organised around the convenience of doctors rather than the needs of the family, he was deeply impressed by the staff at her care home. Not able to be there at the point of his mother's death, he was comforted by a carer '*who said my mother "died in my arms" ' . He trusted this*

story precisely because there were many other times when he had seen how *'kindly and dedicated'* the care home staff were in their interactions with her.

There was also an indication that prior positive experiences could minimise the fall-out from a negative final interaction. Thus, after the death of Aron and Jill's second son, Gary, they returned to the funeral home that had served them well in their first parental bereavement. For the second funeral, they dealt with a different funeral director. Aron *'liked the first guy better'*, but this previous positive experience generated sufficient goodwill to allow a *'little bit of a glitch'* with the viewing the second time round to be downplayed enough for Aron to reflect that overall, *'it went ok'*.

Past virtues creating the conditions for forgiveness in the case of less than perfect experiences were also evident in Ellen's glowing account of the staff at the medical facility responsible for her husband Bill's much-loved grandmother in her final months:

*'we just had all the luck in the world because all these people were awesome...Everybody was awesome. They were professional; they were over the top with their service.'*

This overall positive assessment is perhaps surprising since some of her experiences refer to occasions where the staff behaved in ways that were clearly less than awesome or professional. Not long after Bill's grandmother died, two staff members came into her room and asked if they could have some of her things to take away for their own use. Although Ellen *'just looked at them – I had this glare look'*, her emotional response was tempered by her desire to *'give the staff member credit'* for the affection and high quality care she had shown Bill's grandmother when alive. In the scheme of things, reflecting on the care that the elderly woman had received, Ellen is ambivalent and unsettled rather than furious at the lapses she witnessed, framing the second incident as *'bad form'* and *'the oddest thing'*, but *'I don't hold it against them'*.

### **Empathetic Exigence**

Despite the vagaries and variations evident in participants' experiences of service encounters following a loss, a key theme emerging from their accounts centred on the presence or absence

of empathy in their treatment by service providers. For Hojat (2009, 412) empathy is ‘an understanding of experiences, concerns and perspectives of another person, combined with a capacity to communicate this understanding’. Reynolds and Scott (2000) speculate on how, in the absence of empathized awareness, any provider, particularly in the ‘helping professions’ can realistically hope to offer support that is meaningful and productive. In service encounters, empathy is likely to emerge dynamically and idiosyncratically within the interaction (Stickley and Williams 2010), and this was clearly the case for our participants. Encounters that were particularly valued and appreciated typically featured providers who, either by dint of training or personal qualities, showed an ability to sense how the bereaved person felt at a particular junction and respond accordingly. Across the interviews, however, accounts of empathetic service provision tended to be idiosyncratic and quite nuanced.

### ***Empathetic Expectations***

While empathy loomed large as a thematic focus in our interviews, this should not be taken to mean that the empathetic expectations of our participants were unrealistic and unbounded. Not all service encounters had to be suffused with empathetic solicitude and there was widespread acknowledgement that, in the final analysis, these encounters had a commercial dimension. In some cases, participants simply noted, or accepted, the contrast between their own heightened emotions and the commercial perspective or interests of service providers. Ellen remembers Bill’s account of picking up his beloved grandmother’s ashes. She expresses astonishment rather than anger that something so personal to them was ‘*just a business transaction*’ to the funeral home staff:

*‘He went over there. Credit card, ashes. It was just bizarre. It was just like you know, “here is your ashes, give us your credit card” and it was just all this smooth [laughs]. Very strange actually.’*

Indeed, Bill subsequently incorporates into his own story ‘*the weirdest thing*’ of ‘*literally grabbing her box or her travel urn and giving the credit card to them in the same motion*’.

Similarly, Rick was forgiving of the funeral director who *'wanted to sell us a fancy box and all that'* instead of a simple casket for his father: *'I mean that's their business, I understand that'*.

Hand in hand with acceptance of the commercial complexion of their service encounters went an acknowledgement that, in some instances, service personnel simply did not possess the requisite emotional and psychological resources to engage empathetically with them. Indeed, considerable forbearance was shown to service providers who found themselves out of their depth in dealing unexpectedly with death, understandably *'lost for words'*, and thus responding in ways that could be construed as inadequate, insensitive, or gauche. Thus, Peter reflects more in sadness than in anger on the ineptitude of the treatment awaiting Anne and himself at the airport the night of Tanya's death:

*'There were a few [airline] people there, you know, stewardesses, mostly stewardesses and you know, people who just worked behind the ticket counter, young people who were really frightened about what was going on. They didn't, you know, they were supposed to do something. They offered you sandwiches...They just looked kinda blank and puzzled, and we were all kind of herded into a room and given no information whatsoever...you could have all the coffee and donuts that you wanted, but you weren't given any information.'*

Rather than lambasting these service providers, however, Peter simply noted that *'that's sort of the way it was'*. Indeed, he himself expressed empathy for the medical and other staff he encountered on the night, acknowledging that *'they themselves were overwhelmed by the magnitude of what had happened. And they just didn't know what to do'*. He was however much less forgiving of the political leaders and senior airline managers for their failure to come to the airport that night, and for the way they dealt with families. It was not just ineptitude – the task dimension of Bradley et al's (2013) tripartite framework – that was so egregious here; even if unintentional, callous disregard had been shown for the self and relationship dimensions through the lack of respect accorded the victims themselves (no high ranking officials came to the airport).

In general, the expectation was that any empathetic dividend would accrue primarily to bereaved clients. As Aron said of service providers: *'you want them to be sympathetic and understanding but not quite as distraught as the ones who are grieving'*. There were examples however - such as Peter's reaction above to the plight of the airline staff's predicament on the night of Tanya's death - where survivors were willing to be the dispensers rather than the recipients of empathy. One couple found themselves comforting rather than being comforted by care home staff following the death of their relative. Thus, when Bill's grandmother died in a nursing home:

*'...we stayed in the room for about forty five minutes and then we went over to this facility and the staff were just devastated. They were the ones crying. You know we had kind of been through it for four days and knew it was coming ...'*

While this reversal of empathy roles may come across as lacking in consideration and professionalism, Bill was clearly moved by the emotional response of the nursing and care home staff to the death of his much-loved grandmother.

Many of the encounters that participants found most empathetically rewarding were mundane and muted rather than momentous; they often consisted of unstated expressions of empathy, located in ordinary acts of kindness. Indeed, several of the more cherished and appreciated incidents cited by participants resonated with what Tumbat and Belk (2011, 58) called *'ostensibly mechanistic and superficial marketplace engagements...suffused with interpersonal meanings, and sparks of humane care and concern'*. Thus, while waiting to hear news of their daughter following breaking news of the air disaster, Peter found himself wandering around the hotel in which the airline had put him up:

*'There was a stewardess there that I talked to. She'd come from Boston, I come from Boston. We talked about that... just in ordinary terms. That was really probably one of the best things that could happen. You know, we were just - the time of day - and that was really very good. I don't think she was trained or anything, but I really do remember that particular conversation, and it was not condescending and not trying to give me any false comforts or*

*anything else, but it just was ordinary type of a conversation. It really, really worked very well.'*

At a time of great turmoil and tribulation an encounter that anchored a distressed, grieving man in the ordinary by talking about common roots proved of enormous solace. The context of liminality appears significant here; Peter's daughter Tanya's death had not yet been made official at this point. By reading the lie of the land and the contextual contours, the flight attendant respected Peter's liminal situation by eschewing any reference to his daughter's death, thereby providing welcome respite in the eye of the emotional storm. This appears to be a courageous response: the literature is replete with accounts of grieving people being ignored by those who don't know what to say (Walter 1999), but she chose not to avoid Peter even though she had no official transactional obligations to him at that point. Her response was also compassionate in terms of the noticing, feeling and responding process detailed by Frost et al (2006); for others in similar circumstances, talking about origins could have proved grossly insensitive, but she empathetically took her cue from Peter at that point in time, responding empathetically, rather than expressing her own shock or offering sympathy for a loss that could not yet be openly acknowledged.

A similar instance of understated empathy occurred two weeks later when Peter and his wife Anne, both of whom had by this stage appeared on local media, had an issue with a domestic appliance:

*'... one incident I remember – I think it was the either the dishwasher or the washing machine broke – but Anne was very upset and it was a little things that piled up with everything else that was just tearing her apart. So, I called up the repair company, a big place – they said two weeks – and I gave them my name, and they said 'Oh you, yes we know you Mr. Williams'. Two hours later they had a guy there and had it fixed. They just did it, and that meant so much at that moment.'*

These two encounters had significant commonalities. Neither flight attendants nor repair company personnel would normally be considered designated service providers for bereaved consumers. Both individuals simply found themselves dealing with Peter. Nonetheless, they

showed empathised awareness of what had happened and, in that knowledge, chose to show empathy rather than express sympathy (Stayt 2009), eschewing any intrusive or overtly 'therapeutic' agendas. Both incidents also illustrate how the emotional dividend accruing to survivors from seemingly mundane responses on the part of service providers can be so significant.

A third example of quiet empathy that did not draw attention to itself also relates to the death of a child. In this case, Jill talked about how much she liked the sculptor who created the headstone after the death of Robbie, the younger of her two sons. She described this sculptor as:

*'a younger guy who had two little boys and he did express that, even though he works in this business all the time, he doesn't know what he would do if he had lost his child ... He was understanding and sympathetic of our situation and he was really going overboard to help I thought.'*

The efficacy of the young sculptor's expression of sympathy was obviously due in large part to the fact that he too had two young sons and that he would work closely with the parents on the project. However, it is also clear that the judicious manner in which he managed to align himself with Jill and Aron's loss without seeking to trump it – 'he doesn't know what he would do' – served to respect the uniqueness of the loss felt by all mourners and, in so doing, raised the encounter to an altogether higher level.

### ***Empathy as personalised***

The service literature in general attests to the value of service encounters that are tailored to the requirements of particular consumers (Bitner et al, 1990; Price et al, 1995a). However, in the case of bereaved participants, there appeared to be much more at stake than a sense of being valued as an individual; personalization added value particularly for what it said about the deceased person and their importance to survivors. Reference has been made earlier to the growing acceptance of the continuing bonds perspective in contemporary thanatology. In line with this perspective, and where appropriate, encounters that are empathetic, that show true

concern for bereaved clients' perspectives and circumstances should take account of the continuing presence of the departed love one in their lives. Personalisation of these encounters is thus predicated primarily on the personhood of the deceased family member or friend. When his younger son Robbie died, Aron contacted two funeral homes:

*'...one was, it made absolutely no difference that it was a child but the one that we ended up going with, they said that there is things that we can do and help you with and make it easier because it was a child...I went with him because when I called on the phone he was more sympathetic or helpful or more looking to do more things you know because it was a young child.'*

Aron and his wife Jill also valued the minister who performed the funeral ceremony after the death of their older son, Gary. Jill described her as 'amazing' and 'wonderful':

*'...she came to the house also and she really catered to what Gary was like and what he liked and what he didn't like and it was really a memorial service to Gary. And because she had worked in special ed[ucation] she understood the special ed component of it, the disability component of it.'*

Similarly, the sculptor who created the headstone for Gary made it clear that:

*'...basically whatever we wanted, he was going to try and find a way to do it... He came to our house several times... This is a drawing of an angel coming out of the wheelchair. He did that freehand. Aron wrote this and he worked on this with us because we had to get it the right size...I mean he was just wonderful.'*

These examples suggest that for bereaved consumers of services, the self and relational dimensions of Bradley et al's (2013) framework extend beyond the traditional boundaries; the self dimension certainly includes the identity of the customer as a grieving, caring person, but it also honours the personhood of the deceased. Similarly, the relationship dimension here is not simply between service provider and customer. Indeed, it seems that the service provider is engaged in 'mediator deathwork' (Walter 2005), mediating the relationship – the continuing bonds - between customer and deceased.



Another case of empathetic personalisation was recounted by Bill. The management of the nursing home in which his elderly grandmother had passed away had a studied policy of holding a personalised memorial service for any deceased clients. His account suggests that the psychological and emotional return on such personalisation extends beyond the bereaved family.

*'Unless the family just doesn't want it they almost require a memorial service for everybody that passes away. They say that is a good way for their staff to say goodbye to a person. These are health professionals. So, it is not a warehouse for old folks and so these memorial services help them as well as the family. It is as much for them to get over the loss of this person who has become their friend so they can get on with lives and jobs. Death is constantly with them as a part of their job which has to be kind of rough.'*

Bill appreciates that the memorial service is as much in the interests of the care providers as in the interests of his family. The personalised funeral service not only allows bereaved family members to honour and see their loved one honoured by others; it also serves as a concrete ritual reminder to staff that they are not wardens in a warehouse for anonymous old folks but professionals caring for people who are unique and special. Thus, the dividend accruing from personalising the facility's farewell to the deceased client extends both to the family who witness an organisational recognition of how special their loved one was and to the nursing staff whose professional stature is concomitantly reaffirmed. In Bradley et al's (2013) terms, the memorial ritual attends to self and relational dimensions of the extended service encounter, reinforcing the caring, grieving identities of service providers as well as customers, and the continuing bonds between both of these parties and the deceased.

### ***Empathetic Absence***

Many of the more egregious and deleterious service encounters were marked by a distinct lack of empathy, by any appreciation of the bereaved person's agency. Clarke (1980) saw empathy as a counter force to power; in the present context, a counter force to excessive power on the part of providers. In a similar vein, Reynolds and Scott (2000) report that the absence of empathy can lead to feelings of impotence and disempowerment among service recipients. It

should be noted that service providers deemed lacking in empathy were often well-intentioned, however, in appearing to impose a restorative agenda in their dealings with survivors, in seeking to nudge them back to 'normality', they failed to fully acknowledge both their agency and their grief. Anne and Peter recounted several occasions where they felt disempowered and disenfranchised by others who saw them as 'fair game' for 'pushing' their own religious agendas or views on healthy grieving. For example, Anne described a meeting with other bereaved families:

*'I couldn't stand the grief therapist...I was sitting there with all of this emotion and this rage and this depression and everything. She kept saying – "I am worried about you Anne, I am worried about you". And meanwhile there are other people sitting in that room being quiet and so polite, trying to not believe that it had happened and believing in seven stages of grief and all this stuff ... I am a tough person, I don't play that game.'*

It would be a mistake to construe Anne's reluctance to 'play that game', to embark on a therapeutic transition back to normality, as a symptom of some self-centred stubborn resolve. Entertaining the futile possibility that 'normality' can be re-instated would be to deny the searing reality that, after her daughter Tanya's death, things could never be the same; what was normal had been irreparably sundered. Anne continues to insist on factoring her continuing bond with her into an array of service encounters by ensuring that the professionals in question know of Tanya's death. It could be viewed as a case of empathy for slow learners.

*'Just about everybody knows what happened because I make sure they know. I even tell the dentist or the doctor. I went to the gynaecologist for a check-up. I told him - I said "I have to tell you this." He was staggered. He didn't know what to say to me. He was so uncomfortable with me ... and this is a doctor. That is tough to live with all the time, because I will not say "No, I haven't any children." I have. I had someone I loved more than my own life and I would have died for if I had to, and I will not deny her.'*

Anne is clearly exercised by a perceived injunction to serve as custodian of her daughter's memory. This custodianship comports a certain wariness towards any professional promptings

to 'move on' and march to some restorative phasic drumbeat. Such promptings fail to appreciate the continuing centrality of the deceased loved one in survivors' thinking and service transactions. From a survivor's perspective, moving on can constitute betrayal. Provider empathy entails acknowledgement of this fear of betrayal and a concomitant willingness to allow for the presence and preferences of the deceased person in their encounters with bereaved clients.

In some instances, an absence of empathy can ironically become apparent when a service provider resorts to an overly deferential, solicitous and sympathetic professional script in dealing with bereaved clients whose grief may in fact be quite modest or negligible. Such cases predictably occurred in or around the time of the death and involved 'death professionals' either failing to recognise or simply ignoring the perspective and affective state of their clients. In such interpersonal mismatches providers typically privileged their own emotional professional display rules (Hochschild 1983) over a more colloquial but less empowering mode of interaction. For example, after Don's elderly mother's anticipated and pain-free death, he was annoyed by the funeral director's apparent oversensitivity in trying:

*'... to be so sympathetic and so carefully choose his words and talk around things. She died. She is going to be cremated. Use those words. That annoyed me that he couldn't just stop trying to dance around things and be so overly polite.'*

In some cases, lack of empathy on the part of service providers was experienced as offensive and upsetting. For example, as Bill's grandmother approached death, with her extended family around her bed becoming upset at her struggle to breathe, a male nurse entered the room and started chatting to one of the relatives about the football playoffs occurring at that time. The relative joined in *'probably out of nervousness'* but Ellen was unhappy at the nurse's insensitivity to the distressing liminal point in the life of her family: *'This is not the time for levity, it's not the time, you know, and that was toward the end'*.

In the days following the air crash in which his daughter Tanya died, Peter was understandably anxious to make contact with the airline. He found it impossible even to get through on the *'official numbers'* or *'hotline'* they were given. Even worse, when he eventually got through on

one telephone line, he found a recorded message *'which gave you very little information about anything. And believe it or not, ended with the statement: "Have a nice day". That was unbelievable'*.

## **Discussion**

The focus of this research was bereaved individuals' experiences of a variety of service encounters they participated in as a result of the loss of a loved one. One contribution of this study is to raise the issue of what the term 'service encounter' means for consumers. It is worth remembering that in the research interviews they were simply asked to recall any service encounters with people other than family and friends that were connected with their loved one's death. No constraints were imposed on the number and nature of such encounters they recounted. The variety of incidents they volunteered suggests that the denotation of 'service encounter' for these bereaved consumers was quite broad and extended well beyond the usual assortment of professional care and funereal service providers.

Despite the variety of service encounters described by our participants, levels of familial tension, discord, and open disagreement were muted and modest in comparison with the findings in Szmigin and Canning's (2015) study of bereaved consumers in the UK. It should be remembered however, that this latter study focused exclusively on one service, the funeral, and how family relationships influenced and were influenced by arranging the funeral. The current study, on the other hand, looked at consumers' experiences of service providers irrespective of how they were chosen. One possible avenue of future research that might throw light on this issue is whether the service provider in question has been freely chosen or involuntarily imposed on the bereaved person either by circumstance or some third party. It seems plausible to suppose that engaging with and evaluating a provider where there was at least a modicum of elective discretion might differ significantly in terms intra-familial and interpersonal dynamics from engaging with a provider where there was little or no such choice.

Bauman (1992, 9) stated that 'death is a culturally processed artefact' and, in a similar vein, it is clear that the manner in which consumers understand and respond to death and dying is also

culturally conditioned (Valentine 2006). This cultural variation can manifest itself for example, in differential tolerance for individual choice over received custom and practice, a differential that can obviously condition consumers' expectations and empowerment in service encounters in the post-mortem period (Szmigin and Canning 2015). The cultural context for this study was the east coast of North America where levels consumer empowerment in service encounters are likely to differ from those in other cultural contexts. Thus, the extent to which the experiences of the participants in this study resonate with those of other survivors, in other service and cultural contexts, is a matter deserving of further research.

Most of the events reported here involved survivors interacting with a variety of service providers either in the presence or on behalf of their dying or deceased relative, and therefore carried a highly personal and emotional charge. In this respect, they bear similarities with other complex and sensitive service encounters. However, there was one significant point of difference. All participants were bereaved, but bereavement in their eyes tended not to be experienced exclusively as some inner psychological state or condition entitling them to preferential or extraordinary treatment by providers. If service provision failed it was not only or necessarily because due deference had not been accorded to them personally. It was more the case that their status as relatives comported an enduring duty and resolve that their dying or departed loved one's personhood, preferences, and memory be acknowledged by the various service professionals with whom they came in contact. Put another way, the service provider's duty of care involved recognising their bereaved customer's own duty of care to a departed family member.

Many of the incidents recorded by our participants suggest that service encounters over the course of the dying and bereavement trajectory can have a significant impact on well-being. However in the context of death and bereavement, it was often difficult to decouple the well-being of survivors from that of their departed family members. Both seemed inextricably interwoven. A key factor in determining this perceived well-being was whether the death was a 'good death'. Contemporary depiction of the good death is largely contingent upon the ministrations of medical and healthcare providers, and whether the ailing relative departed in a

timely, pain-free, and suitably cared-for manner (Bradbury 1999, Howarth 2007). In this study, a 'good death' appeared to mean that the interests of the deceased had been well served and, by way of a Gestalt evaluation (Bitner et al 1990), it also led to subsequent post-mortem service encounters, which might otherwise have been judged negatively, being viewed as either tolerable or insignificant. In contrast, the untimely, unthinkable deaths of children demanded that respect for their personhood be paramount in service encounters. This fusion of deceased and survivor well-being chimes with the continuing bonds approach to grieving and suggests that, in evaluating service encounters with bereaved consumers, well-being outcomes should be calibrated by considering how the dignity of departed loved ones is served, not simply how the surviving consumer is treated.

The vagaries and vicissitudes of the bereavement trajectory are such that normative prescriptive templates for survivor's grieving have been increasingly called into question (Bradbury 1999, Howarth 2007). Their passage through what Anne termed 'an alternative universe' can involve numerous detours and reversals, each accompanied by an idiosyncratic array of unexpected and usually unwelcome emotions and reactions. Service provision for people in this liminal state must be able to accommodate this variability and unpredictability. At one level, this requirement simply echoes a general finding in the service literature that successful outcomes are more likely when flexibility is built into the human interaction component of service delivery, especially when the service is delivered to an individual consumer (Price et al 1995a, 1995b). However, flexibility takes on a distinctive complexion when that consumer is bereaved.

Clearly, many if not most bereaved consumers' service encounters will be with providers who, through no fault of their own, are unaware of their loss and this can lead to interactions that are both taxing and testing. In this study, however, when participants' circumstances were known, the most notable feature of positive service encounters was the provider's exercise of personal flexibility. Interestingly, this flexibility was as likely to be evidenced by non-specialised providers as it was by dedicated 'death workers' such as medics and funeral directors. John, Grove, and Fisk (2006) draw upon a jazz improvisation metaphor to flesh out what flexibility

might mean in both service design and delivery contexts claiming that improvisation is most useful 'in high contact and face-to-face services or in services that are non-routine in nature' (p250). Central to their argument is the view that these service encounters resemble jazz improvisation performances in many important respects. Both are complex, unpredictable, and variable. Both also eschew the slavish following of organisational scripts at the expense of noticing important environmental and interpersonal cues. Pace, cadence and rhythm cannot be dictated in advance of the live performance; creative adaptation and episodic deviations from prescribed delivery modes are both expected and appreciated. In both spheres empowerment of frontline performers is a prerequisite for optimal outcomes.

Our participants recalled a variety of encounters where service improvisation had shaped their well-being, for better or for worse; the telephone operator presuming to lecture a mother on how to comport herself in the immediate aftermath of an air disaster is a striking example of the harm that lingers following unthinking, insensitive improvisation. More positively, reading the distraught condition of a father caught up the unfolding air disaster, an off-duty flight attendant struck up conversation with him on her own initiative and correctly saw fit not to speak of his daughter. A young memorial sculptor deviated from discussion of headstone design to admit to a bereaved couple that, despite being a parent himself, he could not imagine what they were going through. Other perspicacious providers, finding themselves 'lost for words', make the judicious call to resort to supportive actions instead of conversation. An appliance repairman, for example, waived the waiting list regulations and arranged the immediate repair of a bereaved couple's washing machine. These 'unprompted and unsolicited employee reactions' (Bitner et al 1990, 75) are in themselves quite modest; what made them so significant for survivors was their tailored, impromptu and improvisatory character.

Discussions on flexibility and improvisation in service delivery contexts can, at times, impoverish both concepts by reducing them to a generalised intent to 'be nice' to consumers whenever feasible. The flexibility that was most appreciated among our participants however, was both qualified and more nuanced. Their views echoed those of Bradley et al. (2013): 'The issue is not so much *if* employees should be friendly or formal, flexible or consistent, and so on,

but *when* they should behave in these ways' (p. 254). In this sense a meta-flexibility, being flexible about when to be flexible, was what was most appreciated. Bradley et al's (2013) tripartite classification of interactive service behaviours - task, relationship, and self-directed – helps illuminate this point. One couple present at the death of a relative were happy that the doctor gave her attention exclusively to expediting task-related activities such as pronouncing the death and attending to formal certification matters. Another case involved a son wishing to arrange a funeral for his mother in a routine business-like fashion growing impatient with an undertaker mistakenly proffering condolences in an overly sensitive manner. Thus, flexibility consists primarily in intuiting the phase in the service encounter where these dimensions should be prioritised, not in automatically privileging relational concerns over all others.

If improvisation in service delivery is integral to the well-being of survivors, this clearly presents challenges for organisational recruitment and training. There may be bureaucratic or managerial resistance to the requisite empowerment and facilitation of such improvisation for frontline staff. Bauman's adiaphorization thesis highlights the 'the pronounced ability of bureaucratic organizations to emasculate individuals' moral impulse and to neutralize their sense of moral responsibility, thus eliminating their capacity for compassion' (Gabriel 2015, 618-9). Many of our participants were cognisant of such obstacles in the working lives of service providers. Indeed, it was often providers' willingness to go the extra mile, to adapt or deviate from prescribed delivery templates that raised routine mundane encounters to a more meaningful and transformative level. The challenge of accommodating intuitive compassionate improvisation into structured training regimes is a formidable one, however John et al's (2006) jazz metaphor offers some possibilities. The jazz musician's ability to improvise can be developed and fostered in rehearsals, no two of which are identical. Similarly, role-playing, observation, and shadowing suggest themselves as methods to increase providers' acumen in attending to survivors' well-being. Fostering a culture conducive to presentational and philanthropic emotion management (Bolton 2000) is also important, as evidenced by the care home whose memorial service for each departed resident positioned and empowered staff to treat those in their care as distinct individuals deserving of respect.



According to Gilbert (2002: 224), in bereavement 'we make meaning by creating and exploring our stories in concert with other interested parties'. Although she was reflecting on interview encounters, it seems that bereaved consumers' encounters with a wide range of service providers are another context in which this meaning-making takes place - one involving, for better or for worse, 'other people, culture and the dead' (Walter 1999). For scholars, bereavement care practitioners and service providers alike, recognising the double duty of care at stake in service encounters following a death appears a significant step towards fostering wellbeing, even under the most difficult circumstances.

## **Appendix 1**

### **Biographical details of participants**

**Diana**, a married 62 year old author, lives with her husband in a small rural town. She spoke about the death of her elderly mother one year previously. Her mother had lived for the previous five years in Diana's home and died peacefully there, aged 82.

**Pete**, a 64 year old journalist, lives with his wife Anne, in a coastal town. They were parents to Tanya, their only child, who died aged 20 in an air crash 7 years previously.

**Anne**, aged 62 is a former social worker, wife to Peter and mother of Tanya. Pete and Anne chose to be interviewed separately.

**Joe** is a 72 year old retired journalist who lives alone in the suburbs. He spoke about the death from cancer of his 96 year old mother 6 months previously in a nearby elder care facility to which she had moved to be near him. Jim had one sibling, as sister, who had minimal input in care arrangements for their mother.

**Jill** is a 42 year old nurse who lives with her husband, Aron, in their suburban home. They were interviewed together and spoke of the death of their two only children, Robbie and Gary. Both sons had been born with severe disabilities. Robbie died suddenly at home aged 10, five and a half years ago; four years later Gary also died suddenly at home, aged 17.

**Aron**, a public official, is 44 and husband to Jill.

**Bill** is a 38 year old realtor married to Ellen. They live in a large rural town. Bill's grandmother, Rosie, raised him. Her daughter, Bill's mother, had been a young single mother who had a strained relationship with Rosie. Rosie had moved into an assisted living facility to be near Bill and Ellen three years prior to her death. She died after a short illness two years prior to the interview. Bill and Ellen were interviewed separately.

**Ellen**, wife of Bill, is a 34 year old housewife who works in the home.

**Beth**, a single 30 year old secretary, works in a large rural town. Her grandfather, whom she describes as 'her closest friend' died from a brain tumour in his mid-70's two years previously. After the death of her grandmother twelve years ago, her grandfather had entered a seminary and had subsequently been ordained a Catholic priest.

**Don**, a 54 year old married academic, spoke of the death of his 98 year old widowed mother who had lived independently near him up to the week of her death 9 months previously. He was her only offspring.

**Rick** is a 48 year old retailer living in a major city. Two years previously he had discovered his 74 year old widowed father dead in the bathtub as a result of a heart attack.

**Susan** is a 51 year old administrator living with her husband and children in a major city. She was the only daughter of her mother who had had died of kidney failure two years previously at the age of 86, having been cared for at home by Susan's father who is in his 90's.

**Rita** is a single, retired civil servant aged 66, living alone in a large Eastern city. She spoke of the death of her widowed younger sister, Lorraine, who had been put in a nursing home in the Midwest by her only daughter, Brenda, against Rita's wishes. Rita made numerous protracted visits to be with Lorraine during her stay in this home. Lorraine eventually died of cancer a month before the interview.

**Rob** is a 44 year old lawyer working for the US Government in a large Eastern city. He had lost his 46 year old partner, Larry, from cancer 4 months before the interview.

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