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CONDITIONED TO GRIEVE OR DEAD INSIDE: LINE OF DUTY DEATHS AND MENTAL RESILIENCE

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THESIS

CONDITIONED TO GRIEVE OR DEAD INSIDE: LINE OF DUTY DEATHS AND MENTAL RESILIENCE

by

Timothy W. Rice

December 2022

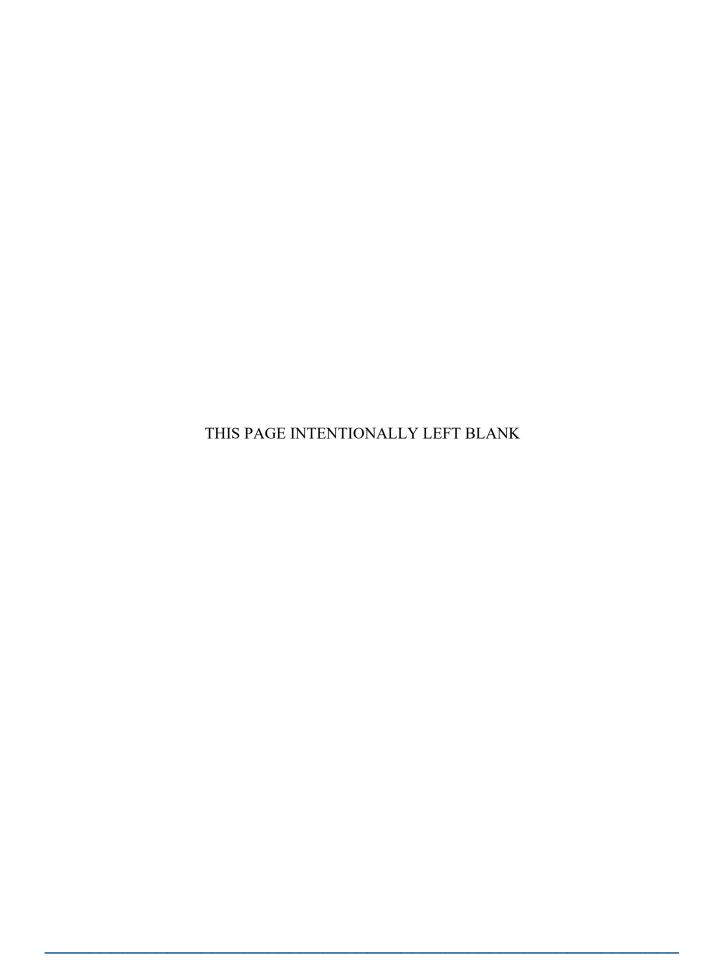Co-Advisors: David W. Brannan (contractor)
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13. ABSTRACT (maximum 200 words)

In the course of a firefighting career, firefighters attend line-of-duty funerals for other firefighters, law enforcement officers, emergency medical service (EMS) professionals, and perhaps members of the armed forces from within their community, in addition to funerals of friends and family members. The basic purpose of a funeral in society allows the family and friends to say goodbye to a loved one. The fire service does a lot more. The fire service communal response and normalization of death rituals are something that few, if any, other death-related (DR) occupations do as effectively. This thesis considers the importance of death rituals from a historical perspective. It then examines mental resilience by comparing culture, community, and social identity in the fire service with other DR occupations. Current research on death and trauma in the professional workplace is limited and there is an absence of research connecting consistent participation in death rituals through funeral attendance with mental resilience when encountering death, in particular a line-of-duty death. Policy recommendations include instituting programs that normalize funeral attendance, and additional areas of research include studying those who have had early positive experiences with death and dying and their mental resiliency today.

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CONDITIONED TO GRIEVE OR DEAD INSIDE: LINE OF DUTY DEATHS AND MENTAL RESILIENCE

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Submitted in partial fulfillment of the
requirements for the degree of

**MASTER OF ARTS IN SECURITY STUDIES
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ABSTRACT

In the course of a firefighting career, firefighters attend line-of-duty funerals for other firefighters, law enforcement officers, emergency medical service (EMS) professionals, and perhaps members of the armed forces from within their community, in addition to funerals of friends and family members. The basic purpose of a funeral in society allows the family and friends to say goodbye to a loved one. The fire service does a lot more. The fire service communal response and normalization of death rituals are something that few, if any, other death-related (DR) occupations do as effectively. This thesis considers the importance of death rituals from a historical perspective. It then examines mental resilience by comparing culture, community, and social identity in the fire service with other DR occupations. Current research on death and trauma in the professional workplace is limited and there is an absence of research connecting consistent participation in death rituals through funeral attendance with mental resilience when encountering death, in particular a line-of-duty death. Policy recommendations include instituting programs that normalize funeral attendance, and additional areas of research include studying those who have had early positive experiences with death and dying and their mental resiliency today.

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LIST OF ACRONYMS AND ABBREVIATIONS

CISM	critical incident stress management
DR	death-related
EMS	emergency medical service
NDR	non–death-related
PTSD	post-traumatic stress disorder

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EXECUTIVE SUMMARY

Between January 1, 2021, and December 31, 2021, 141 firefighters have died in the line of duty in the United States.[1] Given the nature of their chosen profession, firefighters can expect to attend about as many funerals every year. These line-of-duty funerals have anywhere from several hundred to several thousand uniformed members in attendance on the day of the service. Culturally, attending line-of-duty funerals is considered a requirement of the job. When the death of a member occurs, firefighters show up to validate the sacrifice. So ingrained is funeral attendance in the firefighting culture that both the Uniformed Firefighters Association and the Uniformed Fire Officers Association established a line-of-duty fund for members to attend line-of-duty funerals in other cities.

There are ancient and historical precedents for death rituals that are consistently observed by only a few groups in modern societies, firefighters being one of the foremost.[2] However, despite all the funerals, firefighters do not seem to be especially traumatized by so much death, contradictory to research on critical incident stress management or post-traumatic stress disorder, particularly as it relates to cumulative effects.[3] This thesis seeks to understand what factors, if any, can be found that contribute to the mental resilience of firefighters.

Chapter I includes the literature review and analyzes the critical role death rituals have played in the development of communities and passed down from generation to

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[1] Rita F. Fahy and Jay T. Petrillo, *Firefighter Fatalities in the U.S. - 2019* (Quincy, MA: National Fire Protection Association, 2021), https://www.nfpa.org/%2F-%2Fmedia/Files/News-and-Research/Fire-statistics-and-reports/Emergency-responders/osFFF.pdf.

[2] Colin Renfrew, Michael J. Boyd, and Lain Morley, eds., *Death Rituals, Social Order and the Archaeology of Immortality* in the Ancient World: "Death Shall Have No Dominion" (New York: Cambridge University Press, 2016), Kindle.*;* Tony Walter, "Modern Death: Taboo or Not Taboo?," Sociology 25, no. 2 (May 1991): 293–310, https://www.jstor.org/stable/42857623; Sam Kedem, "My Failures and Successes in Treating 9/11 Firefighters," American Academy of Experts in Traumatic Stress, 2020, https://www.aaets.org/traumatic-stress-library/my-failures-and-successes-in-treating-9-11-firefighters.

[3] Daniel S. Weiss et al., "Frequency and Severity Approaches to Indexing Exposure to Trauma: The Critical Incident History Questionnaire for Police Officers," *Journal of Traumatic Stress* 23, no. 6 (2010): 734–43, https://doi.org/10.1002/jts.20576.

generation as a tradition. These traditions are meaningful for the survivors and community's health, according to Renfrew, Boyd, and Morley,[4] who suggested a recurring theme in burial traditions throughout history: remembrance.[5] The authors defined these rituals accordingly: "Deathways include actions and social performances attending to the death, mourning, disposal, and remembrance of deceased individuals."[6] This definition is applicable today and provides the basis for continued adherence to a basic condition of community development and sustainment. Adherence to death rituals is contradictory to the modern phenomenon of death denial and avoidance behavior.

Chapter II examines the role of death rituals from ancient civilizations through modern times and across a variety of cultures and communities. It discusses cultural norms, religious and spiritual beliefs, Eastern and Western perspectives, and secular and atheist views on death and death rituals. In addition, it examines death denial, a relatively modern phenomenon primarily caused by advances in modern medicine and the "inconvenience" of death in advanced societies.

Chapter III discusses modern death anxiety before discussing death among professionals, broadly categorized as non–death-related (NDR) occupations and death-related (DR) occupations. Those in DR occupations experience more exposure to death than NDR occupations and the general population.[7] Despite the prevalence of death anxiety in modern society, DR occupations in general demonstrate at least the same or better resilience to death than the general population and those in NDR occupations.[8]

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[4]Renfrew, Boyd, and Morley, Death Rituals and Social Order in the Ancient World.

[5] Renfrew, Boyd, and Morley.

[6] Renfrew, Boyd, and Morley, chap. 21

[7] Laura K. Harrawood, Lyle J. White, and John J. Benshoff, "Death Anxiety in a National Sample of United States Funeral Directors and Its Relationship with Death Exposure, Age, and Sex," *OMEGA - Journal of Death and Dying* 58, no. 2 (March 2009): 129–46, https://doi.org/10.2190/OM.58.2.c; Betsy Lattanner and Bert Hayslip, "Occupation-Related Differences in Levels of Death Anxiety," *OMEGA - Journal of Death and Dying* 15, no. 1 (August 1, 1985): 53–66, https://doi.org/10.2190/R4H1-0WJT-V1W3-QUV9; Janet R. Serwint, Lorene E. Rutherford, and Nancy Hutton, "Personal and Professional Experiences of Pediatric Residents Concerning Death," *Journal of Palliative Medicine* 9, no. 1 (2006): 70–82, https://doi.org/10.1089/jpm.2006.9.70.

[8] Lattanner and Hayslip, "Occupation-Related Differences in Levels of Death Anxiety."

Among DR occupations, there are cultural, educational, and social identity variables that either facilitate or inhibit community and individual mental resilience when death occurs.[9] Understanding how each DR occupation encounters, copes, and assimilates death and death anxiety is significant in understanding the foundational elements that support individual mental resilience when a death occurs. Those foundational elements: culture, community, and social identity, have a long history of supporting community and individual resilience when encountering death. Each DR occupation, however, save the fire service, is either missing one of these foundational elements or is unable to support the individual and community need for death rituals from a structural or practical perspective. The fire service demonstrates both structural and social variables that further delineate a distinction which facilitates better community and individual mental resilience when encountering death and the death of a co-worker in the line of duty.

Overall, the research indicates the traditions of grief and mourning in the fire service contribute to mental resilience. When a line-of-duty death occurs, the fire service demonstrates the positive attributes of death rituals as they relate to culture, community, and social identity. The fire communal response can only be explained in terms of culture, community, and social identity, which according to the research supports resilience.[10]

The basic "purpose" of a funeral in society allows the family and friends to say a goodbye to the loved one. Death is a social event and so is the death ritual, be it in the form

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[9] Linda Jean Fraser, "Death and Grief in the Military: An Attitudinal Focus" (master's thesis, Naval Postgraduate School, 1983), http://hdl.handle.net/10945/19716; Substance Abuse and Mental Health Services Administration, "First Responders: Behavioral Health Concerns, Emergency Response, and Trauma," *Disaster Technical Assistance Center Supplemental Research Bulletin*, May 2018, 1–15, https://www.samhsa.gov/sites/default/files/dtac/supplementalresearchbulletin-firstresponders-may2018.pdf; Serwint, Rutherford, and Hutton, "Personal and Professional Experiences of Pediatric Residents Concerning Death."

[10] Renfrew, Boyd, and Morley, *Death Rituals, Social Order and the Archaeology of Immortality*; Kate Torgovnick May, "Death Is Not the End: Fascinating Funeral Traditions from around the Globe," *We Humans* (blog), October 1, 2013, https://ideas.ted.com/11-fascinating-funeral-traditions-from-around-the-globe/; Peter L. Berger and Thomas Luckmann, *The Social Construction of Reality* (London: Penguin Books, 1991); David Brannan, *A Practitioner's Way Forward: Terrorism Analysis* (Salinas, CA: Agile Press, 2014).

of a funeral or other ceremony.[11] The purpose of a line-of-duty funeral is much more elaborate and symbolic. It is intended to conjure, maintain, and even extend the in-group narrative. It publicly declares the deceased was a valued member and, by extension, that in-group association and protection is extended to the immediate family.

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[11] Bob Simpson, "Death," ed. Felix Stein et al., *Cambridge Encyclopedia of Anthropology*, July 23, 2018, 4, https://doi.org/10.29164/18death.

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First and foremost, I must thank my family for putting up with yet another crazy idea. My wife Alice, my children Joe and Nicole, I could not have done this without your support and understanding. Not just for these last 18 months of travel and endless computer time, but for every time I put on my uniform. You are my strength and inspiration. Yes, I will clean up all the books…soon!

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I would like to thank the CHDS staff and especially my advisors, Carolyn Halladay and David Brannan. Carolyn, your initial enthusiasm for the topic and your subtle but persistent pressure along the way got me to the finish line. David, your insight, knowledge, and perspective helped shape the idea into something worth doing and I hope something worth reading. It was a pleasure to work with you both.

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Last, thank you to the Lost Boys. We share a brain.

This thesis is dedicated to the memory of the fallen FDNY firefighters, all who have served and died in the line of duty and to those they leave behind. We are forever in your debt and are stronger because of your sacrifice.

The dying don't speak of death to protect the living. The dangerous don't speak of it to protect themselves. When they do, it is to console and pragmatize

We contain our own fear of death by turning out en masse for the death of a colleague

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I.   INTRODUCTION

Between January 1, 2021, and December 31, 2021, 141 firefighters have died in the line of duty in the United States.[1] During this period, fire service professionals across the country have attended 141 funerals of firefighter-colleagues—brothers and sisters. These line-of-duty funerals have anywhere from several hundred to several thousand uniformed members in attendance on the day of the actual funeral service. Given the nature of their chosen profession, firefighters can expect to attend about as many funerals next year. Firefighters who cannot join the actual service may attend a wake, memorial, or a remembrance. Even firefighter fatalities in different parts of the country are acknowledged by departments everywhere.

In addition to the line-of-duty deaths, firefighters go to at least as many funerals as other Americans. This total includes funeral services of family, friends, or acquaintances. They attend non–line-of-duty death services and cross-discipline obligations at police, emergency medical service (EMS) or armed forces funerals occurring in or around their jurisdiction or department. Firefighters are also present at civilian services for those lost in large-scale incidents or other tragic circumstances.[2]

A famous fire service quote says, "When a man becomes a fireman, his greatest act of bravery has been accomplished. What he does after that is all in the line of work" (Edward Croker, 1899–1911).[3] In this context, funeral attendance, mourning, and grief, all form part of Croker's definition of the line of work (duty). Even as recruits, firefighters are told of the dangers of their chosen profession. Although tragic in every instance, dying is

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[1] Rita F. Fahy and Jay T. Petrillo, *Firefighter Fatalities in the U.S. - 2019* (Quincy, MA: National Fire Protection Association, 2021), https://www.nfpa.org/%2F-%2Fmedia/Files/News-and-Research/Fire-statistics-and-reports/Emergency-responders/osFFF.pdf.

[2] Dirk Perrefort, "Sandy Hook Firefighters Observe Moment of Silence," *News Times*, December 21, 2012, https://www.newstimes.com/local/article/Sandy-Hook-firefighters-observe-moment-of-silence-4138089.php; "Local Firefighters Host Silent March to Honor Parkland Shooting Victims," 7 News Miami, February 24, 2018, https://wsvn.com/news/local/local-firefighters-host-silent-march-to-honor-parkland-shooting-victims/.

[3] Robert Klinoff, *Introduction to Fire Protection and Emergency Services*, 6th ed. (Burlington, MA: Jones and Bartlett Learning, LLC, 2021).

also a part of the job. Being a firefighter means to see and accept a fair amount of death and tragedy.

See and accept … but perhaps firefighters do not internalize the facts of death and loss as trauma. Despite all the funerals and memorial services, firefighters do not seem to be especially traumatized by so much death, contradictory to research on post-traumatic stress disorder (PTSD) or critical incident stress management (CISM), in particular as it relates to cumulative effects.[4] What accounts for this apparent resilience across ranks and departments?

A.   RESEARCH QUESTION

How do the traditions of grief and mourning in the fire service affect mental resilience?

B.   LITERATURE REVIEW

This literature review examines the relevant academic research on the traditions and rituals associated with death and their role in the grieving process. Death as a part of life is a common theme. As long as humans have been living, they have been dying. How a people, culture, religion, or group come to accept death varies and has evolved throughout history.

As with any tradition, death rituals are passed down from generation to generation. According to Renfrew, Boyd, and Morley, these traditions are meaningful for the survivors and the community's health.[5] The authors suggested that there is a recurring theme in burial traditions throughout history: remembrance.[6] According to 'the authors' definition of these rituals, "Deathways include actions and social performances attending to the death,

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[4] Daniel S. Weiss et al., "Frequency and Severity Approaches to Indexing Exposure to Trauma: The Critical Incident History Questionnaire for Police Officers," *Journal of Traumatic Stress* 23, no. 6 (2010): 734–43, https://doi.org/10.1002/jts.20576.

[5] Colin Renfrew, Michael J. Boyd, and Lain Morley, eds., *Death Rituals, Social Order and the Archaeology of Immortality* in the Ancient World: "Death Shall Have No Dominion" (New York: Cambridge University Press, 2016), Kindle.

[6] Renfrew, Boyd, and Morley.

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mourning, disposal, and remembrance of deceased individuals."[7] Ultimately, the authors conclude that death constitutes part of life and "traces the emergence of death as a concept in early times, as well as a contributing factor to the formation of communities."[8] This collection of essays suggests that traditions and death rituals represent a key concept in the development, sustainment, and overall health of a community.

Renfrew, Boyd, and Morley's assertion contradicts the idea of death as taboo. For example, Walter alleged that the journalistic and scholarly literature on death over the last half century has not only created the notion of death as taboo but has also framed the conventional wisdom.[9] He cited Simpson, who pointed out the irony of this position of death being taboo despite the publication of over 2300 "modern" books on the subject of death (as of 1987).[10] Additional research argued that the modern world serves to undermine and distance the consciousness from the fragility of life and the inevitability of death. Furthermore, the research highlighted the decline of religious frameworks and an increased association of the self as the physical body. Schilling and Mellor explained, "This is not to argue that people lack survival strategies when dealing with death, but that these strategies become increasingly problematic in the conditions of high modernity."[11] Their research suggested that although the topic of death may not be necessarily taboo, it is still uncomfortable and avoided. It further concluded that modern society with all its possibilities either does not' have time for the subject of death or is ignoring it.

Views clash over whether death is bad. Becker argued that people's terror of mortality accounts for the widely accepted belief that death is bad.[12] Fear of death is a

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[7] Renfrew, Boyd, and Morley, chap. 21.

[8] Renfrew, Boyd, and Morley.

[9] Tony Walter, "Modern Death: Taboo or Not Taboo?," *Sociology* 25, no. 2 (May 1991): 293–94, https://www.jstor.org/stable/42857623.

[10] Michael A. Simpson, *Dying, Death, and Grief: A Critical Bibliography* (Pittsburgh, PA: University of Pittsburgh Press, 1987).

[11] Philip A. Mellor and Chris Shilling, "Modernity, Self-Identity and the Sequestration of Death," *Sociology* 27, no. 3 (August 1993): 411–31, https://www.jstor.org/stable/42855231.

[12] Ernest Becker, *The Denial of Death* (London: Souvenir Press, 2011), Foreword, Kindle.

natural and inherent trait that cannot be overcome for the majority of the population.[13] Those who can overcome this fear of death can only do so by leading more full lives; however, Becker stated that each individual can define the proposition.[14] The ancient Greek philosopher Epicurus offered a more abstract counterpoint to death being negative in this quote: "So death, the most terrifying of ills, is nothing to us, since so long as we exist, death is not with us; but when death comes, then we do not exist."[15] Perhaps more practically, Olson contended that death is bad because of the pain and suffering of those left behind.[16] He noted that for the dead, death is not actually bad at all.[17] To be sure, a belief in the afterlife makes hell one possible destination or outcome, which, Olsen says, would obviously be bad for the dead.[18] From a more modern perspective on why death is bad, Samuel reminded us that death and its prospect not only depresses people but represents an inconvenience to be avoided and ignored.[19] According to Samuel, this denial is pervasive. He summarized the entirety of the subject of death and dying in the United States over the last 50 years into one idea, denial. He asserted that over the past century the two topics competing for the most taboo were death and sex.[20] If we are to believe the literature that for modern society death is indeed taboo and therefore, we deny it, then it should not be surprising that people are ill-prepared for it. If it cannot be discussed, there is no framework when it does occur. There is no shared experience to reference.

Death as a part of the circle of life is a well-known concept and dates back to the earliest recorded history. The religious references taken from such early writings as the Christian bible are perhaps the most recognizable: "By the sweat of your brow, you will

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13 Becker.

14 Becker.

15 "Epicurus Quotes," BrainyQuote, accessed April 2, 2022, https://www.brainyquote.com/quotes/epicurus_163458.

16 Eric Olson, "Why Is Death Bad?," Aeon Essays, 2007, https://aeon.co/essays/we-might-agree-that-death-is-bad-but-why-exactly.

17 Olson.

18 Olson.

19 Lawrence R. Samuel, *Death, American Style: A Cultural History of Dying in America* (Lanham, MD: Rowman & Littlefield Publishers, 2013), loc. 75 of 4241, Kindle.

20 Samuel, loc. 29 of 4241.

eat your food until you return to the ground, since from it you were taken; for dust you are and to dust you will return."[21] This idea of the cyclical nature of life is universal, however, and not exclusive to religion and religious perspectives. Beck and Spielman pointed out that the ancient Druids and Celtic people use the circle as a symbolic representation of the cyclical renewal and constant movement of life.[22] The authors continued: "A second major related theme is symbolism of the circle, which conveys the cyclical nature of their mythical world views."[23] Both of these references to death appeal to a higher power for spiritual support, but du Plessis offered karma and reincarnation as the means to a perpetual cycle of renewal but also hints at nature and earth renewing itself.[24] Du Plessis stated that life and death is a continuous cycle of creation out of destruction: "everything can be broken down to pure energy that cannot be destroyed at the end of the day but simply changes form."[25]

According to Renfrew et al., death rituals have two general themes.[26] The first is the idea of a proper sendoff. This launch also serves two purposes, the first of which is to assist the deceased into the afterlife.[27] The second is to honor their life and deeds, whether it be a lifetime of achievements or a heroic death.[28] The ancient Egyptian's "*Book of the Dead*" fulfilled this objective of celebrating a hero.[29] Native Americans had similar rituals

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[21] "What Does Genesis 3:19 Mean?," BibleRef, accessed April 2, 2022, https://www.bibleref.com/Genesis/3/Genesis-3-19.html.

[22] B. Diane Beck and Roger Spielman, "Comparing Stories: Embracing the Circle of Life," *Canadian Journal of Native Studies* 26, no. 1 (2006): 190, ProQuest.

[23] Beck and Spielman, 189.

[24] James du Plessis, The Circle of Life, Consciousness and Quantum Probabilities: How a Basic Knowledge of Life and Reality Empowers Us to Transform Our Lives and World (Los Gatos, CA: CreateSpace Independent Publishing Platform, 2012), Kindle.

[25] du Plessis, 36.

[26] Renfrew, Boyd, and Morley, *Death Rituals, Social Order and the Archaeology of Immortality*.

[27] Renfrew, Boyd, and Morley.

[28] Antonius C. G. M. Robben, ed., *Death, Mourning, and Burial: A Cross-Cultural Reader*, 2nd ed. (Hoboken, NJ: Wiley-Blackwell, 2017), Kindle.

[29] Ramses Saleem, *The Illustrated Egyptian Book of the Dead* (New York: Sterling Publishing, 2003).

and held similar beliefs, which varied by nation and tribe.[30] The Sioux Plains practice of burying men in a seated position with their earthly belongings is one such example.[31]

The second theme found throughout the literature on death rituals is to assist the living. Wolfelt discussed the transition through grief and six needs of mourning.[32] Wolfelt explained, "Grief is what you think and feel on the inside after someone you love dies. Mourning is the outward expression of those thoughts and feelings."[33] Wolfelt explained the funeral ritual this way,

> Rich in history and rife with symbolism, the funeral ceremony helps us acknowledge the reality of the death, gives testimony to the life of the deceased, encourages the expression of grief in a way consistent with the culture's values, provides support to mourners, allows for the embracing of faith and beliefs about life and death, and offers continuity and hope for the living.[34]

Conversely, although the secular point of view on death, popular with 29 percent of Americans, is individualized, it does have its drawbacks.[35] According to Burton, "One of the most difficult parts of creating secular death rituals is compensating for the lack of built-in community, or built-in structure, that often accompanies more established religious traditions."[36] In these ways, rituals provide a consistent template to assist the living through the process, which is something less formal for the secular community and can lead to problems with the mourning process.

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[30] Fritz Zimmerman, *The Native American: Book of the Dead* (Independently published, 2020), Kindle.

[31] Zimmerman, 84.

[32] Alan D. Wolfelt, "The Six Needs of Mourning," Center for Loss & Life Transition, accessed April 2, 2022, https://www.centerforloss.com/grief/six-needs-mourning/.

[33] Alan D. Wolfelt, "Why Is the Funeral Ritual Important?," Center for Loss & Life Transition, December 16, 2016, https://www.centerforloss.com/2016/12/funeral-ritual-important/.

[34] Wolfelt.

[35] Tara Isabella Burton, "What Does Dying—and Mourning—Look Like in a Secular Age?," Vox, December 4, 2018, https://www.vox.com/identities/2018/12/4/18078714/death-secular-age-funeral-end-of-life-reimagine.

[36] Burton.

Death rituals have played an important role from the earliest civilizations, playing a key function in many cultures and helping to sustain communities and their traditions. The literature suggests death rituals aid the living and the dead. As cultures evolved into modern society, death and death rituals have become topics that provoke discomfort and avoidance. The literature on the importance of death rituals appears to support the hypothesis that fire service traditions around line-of-duty deaths play an important role for this community.

C.   RESEARCH DESIGN

This thesis examines the question of death, ritual, and survivorship in a variety of segments of society as well as from several perspectives. There is available literature from both ancient and historical perspectives, societal norms, and various secular and spiritual positions. This thesis analyzes these perspectives as well as the traditions of death in various communities. Using the available literature and research, this thesis compares the firefighting community at large with several other groups and searches for similarities and differences in the culture, traditions, and social identity. Finally, this thesis surveys the available research and literature on acceptance of death. Accepting death as part of life is still a common perspective for some but accepting it as a condition of employment may seem like a foreign or even disturbing prospect. This thesis tests the research question that grief and acceptance of death can be conditioned behaviors and that traditions and ceremony around line-of-duty deaths are a part of this conditioning. And if these two concepts are true, do firefighters accept death more practically than the general population: Is it a factor in mental resilience of firefighters?

D.   CHAPTER OVERVIEW

Chapter I outlines the problem statement and research question as well as a review of the relevant literature. Chapter II examines death rituals from ancient civilizations through modern times and across a variety of cultures and communities. Chapter II further discusses the cultural norms, religious and spiritual beliefs as well as Eastern and Western perspectives and secular and atheist views. Finally, Chapter II briefly examines death denial, a relatively modern phenomenon. Chapter III discusses death anxiety in general

before comparing death anxiety among professionals, categorized as non–death-related (NDR) occupations and death-related (DR) occupations. Chapter III then examines three groups of DR occupations: medical and professional, armed forces, and first responders. Finally, Chapter III further separates first responders into three groups, EMS, law enforcement, and firefighters, to examine differences in how each community responds to death in the workplace and in the line of duty and how social identity and in-group narrative inhibits or facilitates mental resilience. Chapter IV presents the conclusion, policy recommendations, and areas for further research.

II.   HISTORICAL PERSPECTIVES

According to Gire, death as a fact of life unites people of all cultures.[37] Death rituals have historically played an important role in the sustainment of civilization and community.[38] Interpretation of the meaning of death and death rituals in ancient cultures is largely the work of archaeologists and anthropologists. The conceptualization of death by ancient cultures is generalized by archaeologists due to the lack of written records.[39] Therefore, these interpretations are somewhat speculative. Renfrew, Boyd, and Morley said that archaeologists infer ancient people's conceptualization of death through the raw material of artifacts and remnants found in burial places but that these items lack context.[40] By contrast, Robben contended that anthropological attempts to understand the conceptualization of death by ancient cultures suffer for two reasons: first, because these scholars *avoid* the use of generalizations, and second, because the field lacks a common framework to compare the various cultures.[41]

Nevertheless, important insight into the role that death rituals play in supporting the concept of community and mental resilience is found throughout history. Renfrew, Boyd, and Morley explained that the early establishment of death rituals relieved the individual or small group of the burden of death by making it a community event.[42] Furthermore, the establishment of burial mounds, funerary monuments, and tombs by early civilizations demonstrated a unity of effort by the community to construct these sites, which served as gathering places for all when a death occurred.[43] According to the authors, some of the oldest known cemeteries are found in Jordan, and this burial practice and

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[37] James Gire, "How Death Imitates Life: Cultural Influences on Conceptions of Death and Dying," *Online Readings in Psychology and Culture* 6, no. 2 (2014): 1–22, https://doi.org/10.9707/2307-0919.1120. Abstract.

[38] Renfrew, Boyd, and Morley, *Death Rituals, Social Order and the Archaeology of Immortality*, i.

[39] Robben, Death, Mourning, and Burial, 2 .

[40] Renfrew, Boyd, and Morley, *Death Rituals, Social Order and the Archaeology of Immortality*, 1.

[41] Robben, Death, Mourning, and Burial, 2.

[42] Renfrew, Boyd, and Morley, *Death Rituals, Social Order and the Archaeology of Immortality*, 5.

[43] Renfrew, Boyd, and Morley, 6.

accompanying death ritual helped formalize these communities over 10,000 years ago.[44] From these small cemeteries in Jordan to large monuments in southeast Turkey, burial locations and funeral rituals appear in the same time period all over world.[45] This form of engagement helped promote a new social unit larger than the family, sub-group, or clan as civilizations became more sedentary.[46]

This chapter examines how death rituals helped formalize early communities and how these rituals continue to play a role in modern society. It further discusses how views on death have evolved from acceptance in ancient cultures to denial and avoidance in modern societies. First, this chapter explores the cultural normalization of ancient death rituals, the introduction of religion and spiritual influence on death and death rituals, and the community and social identity connections that evolved in response to death. Then, this chapter views death and death rituals from modern perspectives such as those of Eastern and Western civilizations and atheist and secular views as well as the social importance of death rituals. Finally, the chapter discusses the concept of death denial and avoidance, a relatively modern phenomenon that has become pervasive across cultures and communities. Overall, the literature illustrates that the death ritual, particularly embedded in the social and cultural context, is a key element in community development and human resilience in the face of death.

A.   ANCIENT RITUALS

Ancient death rituals arose from the social environment of civilization, shaped by such factors as culture, religion, and community.[47] These influences encourage and sustain the mental resilience of the individual and community when confronted with death.

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[44] Renfrew, Boyd, and Morley, 109.

[45] Renfrew, Boyd, and Morley, 4.

[46] Renfrew, Boyd, and Morley, 5.

[47] Renfrew, Boyd, and Morley, *Death Rituals, Social Order and the Archaeology of Immortality*.

1.   Cultural Norms

Historically speaking, cultural normalization of death rituals contributed to community resilience by providing a process or framework to acknowledge and accept the death of an individual and by providing community support to individuals experiencing the death of another of their group.[48] The importance of having a structure within which to respond to death is supported by the fact that cultures throughout history have demonstrated consistency in how they treat the dead. Robben explained that death rituals are a ubiquitous practice that varies by culture.[49] From the ancient Egyptians to Native Americans and from the Incas to upper Mongolia, amid the striking details and variety of death rituals there also are important similarities in the facts of the rituals surrounding death.[50] Ultimately, these early civilizations all recognized the need to acknowledge and accept the loss of a community member.

These similarities across cultures illustrate that death rituals served as the normalization of the cycle via establishing a framework for confronting death within the community. This process ultimately contributed to the overall health of the community by providing a consistent process to confront death.[51] Cultural normalization of death and death rituals supported individual mental resilience by making death a communal event. The community relieved the individual of bearing the loss alone, which helped the individual by reinforcing their inclusion in a larger group.

There is evidence of community death rituals occurring at roughly the same periods in history, from 10,000 to 8000 BC, in Jordan and Jericho.[52] According to the literature, a similar practice was developing in coastal Peru and the Central Andes from 9000 to 2000 BC as well as in Malta and New Guinea during the same general time period.[53] Renfrew,

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[48] Renfrew, Boyd, and Morley, 5.

[49] Robben, Death, Mourning, and Burial, 2.

[50] Renfrew, Boyd, and Morley, *Death Rituals, Social Order and the Archaeology of Immortality*.

[51] Renfrew, Boyd, and Morley, Introduction.

[52] Renfrew, Boyd, and Morley, 5.

[53] Renfrew, Boyd, and Morley, 5.

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Boyd, and Morley concluded that the purpose of these death rituals and mortuary practices were primarily social and that it was the community that was celebrated in death rituals, not the individual.[54] Similarly, among the arguably modern community of Northern Iroquois from 900 to1650 AD, the concept of community rebirth and collective immortality through death rituals is another example of celebrating community over individual when confronted with the death of a community member.[55]

2. Religion and Spirituality

As with cultural norms, religious and spiritual death rituals contributed to community and mental resilience by providing a formal process for the treatment of the deceased. Additionally, they serve the living by preparing them for the afterlife and consoling them when the death of another occurred.[56] Religion and ceremony have historically played a key role in understanding and accepting death.[57] Although there are variations between religions, the overarching thematic elements include a higher being, a higher power, or a spiritual component.[58] Whether it be the Abrahamic religions, Hinduism, Buddhism, or any of the other spiritual belief systems, every religion holds that death allows the spirit or soul to transcend space and time and that the soul of the dead go on living in some other form.[59]

Bregman explained that for Christians, death is not an event but a lifelong companion insofar as the mystery of death is not to be ignored but contemplated.[60] She pointed out that the basis for this belief system is the premise of Jesus dying for humanity's

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[54] Renfrew, Boyd, and Morley, 5.

[55] Renfrew, Boyd, and Morley, 350.

[56] Kiarash Aramesh, "History of Attitudes toward Death: A Comparative Study between Persian and Western Cultures," *Journal of Medical Ethics and History of Medicine* 9 (2016): 2, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5432944/.

[57] Lucy Bregman, *Religion, Death, and Dying*, vol. 2 (Santa Barbara, CA: ABC-CLIO, LLC, 2009), vol. 2 Introduction, ProQuest.

[58] Renfrew, Boyd, and Morley, *Death Rituals, Social Order and the Archaeology of Immortality*, 371.

[59] Kate Torgovnick May, "Death Is Not the End: Fascinating Funeral Traditions from around the Globe," *We Humans* (blog), October 1, 2013, https://ideas.ted.com/11-fascinating-funeral-traditions-from-around-the-globe/.

[60] Bregman, Religion, Death, and Dying, 2:117.

sins and rising again to live in eternity in God's grace.[61] As such, death is a time to honor and celebrate. According to Bregman, the symbology of the cross and coffin in Christian death rituals are an expression of this idea.[62] For example, the cross to an outsider identifies someone as a Christian. But to Christians, the symbology of the cross in graveyards, churches, and elsewhere represents the crucifixion and death of Jesus followed by his resurrection, which assures them eternal life after death by living life through Christ.[63] Therefore, according to Christian values, while death is a time for mourning, it is even more so a time for thanksgiving .

In other religions, death rituals have served a similar purpose dating back to ancient times. Hanna explains Muslim death rituals as being handed down from the Prophet Mohammed and taken directly from the Quran.[64] Muslims believe that the time for each person to die is fixed and that the living have an obligation to prepare the corpse for the afterlife according to specific rules to prepare the body for paradise.[65] Death cannot be delayed or hastened. Hanna concludes death and the afterlife for Muslim believers is something to look forward to.[66] Moreover, the living are obligated to assist the dead into the afterlife, and they can take comfort in receiving the same treatment at the hour of their own death.

Likewise, folk religions and mystical beliefs such as those held by the Celts also hold that there is something spiritual beyond the present world. They used storytelling such as the Voyage of Maelduin, in which the hero embarks on a journey of vengeance, becomes lost, and finally returns home to be reborn. This story is used to describe a journey to another world or mystical place but symbolizes an *inner* journey of oneself to find truth

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[61] Bregman, 2:116.

[62] Bregman, 2:118.

[63] Bregman, 2:117.

[64] Sami A. Hanna, "Death and Dying in the Middle East," in *Deity & Death*, ed. Spencer J. Palmer (Provo, UT: Religious Studies Center, Brigham Young University, 1978), 33–60, https://rsc.byu.edu/deity-death/death-dying-middle-east.

[65] Hanna.

[66] Hanna.

and peace.[67] This mystical journey does not end there; instead, one returns back to the world where one started for reconciliation or redemption.[68] Beck and Spielman point out that this cyclical journey is symbolized in the Celtic knot pattern, which is found in the ancient megalith circles and stone high crosses scattered across the Celtic landscape as well as in the jewelry patterns still used today.[69] Overall, the cyclical nature of the life and death cycle demonstrates an inherent resiliency in that there is no end, only new beginnings and rebirth.

Such religious and spiritual beliefs provide the foundation for followers to accept death as a part of life. The accompanying death rituals provided the individual and community with a framework to assist in attending to the death and a process to go on living. Overall, religion and spirituality provided a familiarity with death and death rituals that support resilience for the community and individual.

3. Community and Social Identity

Death is not necessarily the end, particularly not for a community or social unit. As Simpson emphasized, death is not merely a biological process but a social event as well.[70] How a particular community or sub-unit identifies socially influences and determines what form death rituals take.[71] When viewed through the lens of social identity theory, death rituals are part of the social contract for a given community when a death occurs. For example, Catholics and Christians formalized this part of the social contract with the ritual of the dying receiving the sacrament of last rites.[72] Whether death rituals are more

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[67] Beck and Spielman, "Comparing Stories."

[68] Beck and Spielman, 10.

[69] Beck and Spielman, 14.

[70] Bob Simpson, "Death," ed. Felix Stein et al., *Cambridge Encyclopedia of Anthropology*, July 23, 2018, https://doi.org/10.29164/18death.

[71] May, "Death Is Not the End."

[72] "Catholic Last Rites," *Scripture Catholic* (blog), December 6, 2019, https://www.scripturecatholic.com/catholic-last-rites/.

structured and traditional or modern and individualized, death rituals provide the framework to assist both the dead and the living with the death of a community member.[73]

The basic purpose of a funeral in society is social, to say goodbye as individuals and as a community. Community and social obligations contribute to resilience by providing a consistent response for treatment of the dead and the comfort of living. Robben argues that when a death occurs, community and family are intertwined through their social and moral obligations to the dead.[74] For example, the Jewish practice of sitting shiva provides an opportunity for the family and community to remember and memorialize the deceased while providing comfort to each other in a familiar social setting.[75] The family remains at home for seven days so friends, relatives, and colleagues, Jewish and non-Jewish alike, may call upon them to pay their respects.[76]

Robben further stated that when biological death occurs, it is also "experienced emotionally and symbolically," [which] transcends one's own biological family to include one's tribe, organization, people, nation, or even species."[77] This is important for resilience because it demonstrates a more cohesive social identity and connectivity beyond the individual or family when experiencing a death. Death rituals provide the opportunity for public recognition of the decedent's association with the community.

Robben explained that cultural continuity occurs when generations pass down traditions from one to another.[78] This includes death rituals. Robben calls such generational continuity of family and other social groupings "biosocial immortality."[79] This sense of continuity contributes to resilience because the dead go on living in the bloodline they leave behind *and* in the memories of the family and community.[80] In this

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[73] Robben, Death, Mourning, and Burial, 7.

[74] Robben, 46.

[75] Burton, "What Does Dying—and Mourning—Look Like in a Secular Age?"

[76] Burton.

[77] Robben, Death, Mourning, and Burial, 46.

[78] Robben, 46.

[79] Robben, 46.

[80] Robben, 46.

way, biosocial immortality provides generational continuity for both family and community.[81] Indeed, in some cultures, the absence of a surviving bloodline implies an insult to one's ancestors, because ancestors expect to go in living in future generations via the bloodline.[82]

Overall, there is a social component that accompanies death in a given community. Death rituals are a display of this social component and demonstrates the following: the deceased was important to the community and the community provides support for the family, reinforcing the social cohesion that sustains communities.[83] The form death rituals take vary but are a part of the traditions of a particular community and provide the framework for attending to death: the rituals, practices, and ceremony.[84] This process helps the community and social unit to acknowledge, memorialize, and accept death, thus making them more resilient.

B.   MODERN PERSPECTIVES

Modern society has incorporated many historical traditions and rituals that promote resilience in the face of death.[85] Incorporating traditions and rituals assist in retaining a connection to the past, a sense of community in the present, and a foundation for the future of the community.[86] Traditions and rituals surrounding death are an important aspect of this continuity. Death rituals may evolve over time, but it is the consistent observation of the death ritual that is important for mental and community resilience.[87]

Today, both Eastern and Western civilizations are affected by modernity in much the same way. Attitudes toward death in both civilizations have evolved, but their strong

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[81] Robben, 46.

[82] Robben, 46.

[83] Robben, 7.

[84] Spencer J. Palmer, ed., *Deity & Death* (Provo, UT: Religious Studies Center, Brigham Young University, 1978), Foreword, https://rsc.byu.edu/book/deity-death.

[85] May, "Death Is Not the End."

[86] Mellor and Shilling, "Modernity, Self-Identity and the Sequestration of Death," 415.

[87] May, "Death Is Not the End."

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connections to past death rituals remain consistent. There has also been an increase in popularity of both atheist and secular views across modern society and Eastern and Western civilizations.[88] While death rituals are not new or unique to a particular culture or community, these cultures and communities still incorporate some type of ritual to acknowledge the death, move past the loss, and begin living again.[89]

Overall, as society and civilizations modernize, there is still an acknowledgement of the need for a death ritual. Whether it is for the deceased or the living, the observance of the death ritual demonstrates a connection to past tradition when a death occurs within a particular segment of a community, culture, or civilization.

1.   Eastern and Western Civilizations

Eastern and Western civilizations are different in many regards, but the literature reveals that the recent evolution of their attitudes toward death and death rituals are strikingly similar. First, Aramesh argued that both Eastern and Western attitudes of death have evolved similarly, varying only in the number of evolutionary phases and rough timeline to reach similar modern perspectives on death.[90] Across both civilizations, death and death rituals are a convergence of culture, religion, and community.[91] According to Aramesh, "the concepts of after-death judgment and redemption/downfall dichotomy, and practices like deathbed rituals and their evolution after enlightenment and modernity are almost common between the … two broad traditions."[92] For example, Aramesh explained that sanctity of life is one common theme between Western and Persian beliefs.[93] He also noted that the rise of the highly profitable funeral industry in the United States is also present in Iran, indicating increasing commercialization across both cultures.[94] Second,

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[88] "Global Trends in Religiosity and Atheism 1980 to 2020," Colin Mathers, accessed November 8, 2022, https://colinmathers.com/2020/09/30/global-trends-in-religiosity-and-atheism-1980-to-2020/.

[89] Burton, "What Does Dying—and Mourning—Look Like in a Secular Age?"

[90] Aramesh, "History of Attitudes toward Death."

[91] Aramesh.

[92] Aramesh, 5.

[93] Aramesh, 3.

[94] Aramesh, 4.

even in the face of modernity, death rituals in both Eastern and Western civilizations have remained consistent over centuries.[95] These death rituals reflect past religious, cultural, or community practice.[96] Both Eastern and Western societies thus retain a traditional and familiar process when confronted with death, which demonstrates a connection to the past.

2. Atheist and Secular Views on Death, Dying, and Grief

Even the avowedly secular—or the adamantly irreligious—express consistent perspectives on death that ramify in individual and community resilience.

a. Atheism

According to the literature, the atheist perspective on death is that people simply cease to exist.[97] The atheist pragmatic view on death is one of science.[98] Atheists acknowledge death but do not believe humans have a soul.[99] There is no belief in a higher being or spiritual connection to a deity. However, atheists do acknowledge the need for families and survivors to grieve and mourn and often leave the death ritual planning to the survivors.[100] For example, atheist views on funeral practices range from cremation or traditional burial to memorial service or something non-traditional.[101] However, the literature is in agreement that whatever form the death ritual takes, it is non-spiritual for the atheist decedent.[102] Still, this acknowledgement of the needs of the survivors and family reflects one of the key elements of the death ritual, remembrance, which further

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[95] Philippe Ariès, *Western Attitudes toward Death: From the Middle Ages to the Present*, trans. Patricia M. Ranum (Baltimore, MD: Johns Hopkins University Press, 1974), 60, https://www.press.jhu.edu/books/title/3018/western-attitudes-toward-death.

[96] May, "Death Is Not the End."

[97] Greg Crouse, "Cremation & Atheism: What Do Atheists Believe about Death," Neptune Society, December 3, 2015, https://www.neptunesociety.com/cremation-information-articles/cremation-and-atheism.

[98] Crouse.

[99] Crouse.

[100] Crouse.

[101] Crouse.

[102] Crouse.

reinforces the assertion that death rituals support resilience by allowing the survivors to process death and move on without the deceased.

b.   *Secularism*

Secularism allows for different belief systems and freedom from them but denies those beliefs a role in the administration of the state. It is the practical application of the premise of the separation of church and state.[103] Secularism does not, however, preclude or exclude recognition of death and death rituals.[104] One modern example of a secular death ritual is the practice of political leaders lying in state. This death ritual allows the government and the governed to acknowledge the loss in a non-religious way. However, as pointed out by Mellor and Shilling, with respect to those other than heads of state, the lack of formality or structure surrounding death in secular society can lead to problems of isolation regarding individual acceptance of death and the grief process.[105] Nevertheless, a secular death still allows for a death ritual for the community to acknowledge and accept death in a non-religious way and begin to move forward without the deceased. This allowance for a death ritual in a secular community demonstrates support for community and mental resilience in the absence of a more traditional framework by recognizing the needs of the community and individual.

C.   DENIAL OF DEATH

The opposite of death rituals and resilience is denial and avoidance. As society becomes increasingly modern, the topic of death and the experience of death is more uncomfortable and inconvenient.[106] Whether by intention or by circumstance, people are able to remove death from their conscious minds and deny death as a fact of life. However, death can be denied for only so long before presenting itself.

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103 Diksha, "Difference between Secularism and Atheism," Difference Between: Descriptive Analysis and Comparisons, October 14, 2013, http://www.differencebetween.info/difference-between-secularism-and-atheism.

104 Burton, "What Does Dying—and Mourning—Look Like in a Secular Age?"

105 Mellor and Shilling, "Modernity, Self-Identity and the Sequestration of Death."

106 Mellor and Shilling; Becker, *The Denial of Death*.

Denial of death is a relatively recent phenomenon.[107] There is no discussion of denial, dismissal, and avoidance of death in the literature on early human history.[108] Samuel argued that over the last century, not only have Americans increasingly avoided the topic, but are also perpetuating death denial.[109] For example, hospitals have enabled intentional denial by taking on the responsibility for end-of-life care. Ariès emphasized that the hospital has increasingly become the place where death occurs, having replaced the home as the site of death.[110] Modern society finds convenience in placing the burden for end-of-life care on the hospital while at the same time keeping the death out of sight. Dying in the hospital relieves the survivors of the embarrassment of emotion and the inconvenience of the loved one dying at home.[111] Dying in the hospital also removes the ritual of dying at home among family.[112] The absence of the rituals that were created to help people confront death perpetuates death denial.

In addition, medical advances have inadvertently enabled death denial by circumstance.[113] For example, medical interventions, such as heart transplants, have made previously fatal illness and disease more commonly survivable. Similarly, maternal and infant mortality rates decreased dramatically in the mid-20th century as more births were occurring in hospitals.[114] As medicine has progressed even more, the Western attitude has become that there is a pill for every ailment, ostensibly obviating acceptance and acknowledgement of death.

Death denial is not limited to a particular culture, country, community, or belief system. Ariès argued that since the second half of the 20th century, death denial has become

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[107] Mellor and Shilling, "Modernity, Self-Identity and the Sequestration of Death."

[108] Renfrew, Boyd, and Morley, *Death Rituals, Social Order and the Archaeology of Immortality*.

[109] Samuel, *Death, American Style*, loc. 200 of 4241.

[110] Ariès, Western Attitudes toward Death: From the Middle Ages to the Present, 60.

[111] Ariès, 61.

[112] Ariès, 61.

[113] Samuel, loc. 1814 of 4241.

[114] Samuel, loc. 1289 of 4241.

increasingly more noticeable in Western societies.[115] In England and northwestern Europe, the death ritual is minimized to the least possible degree, including dark clothes no longer being the required uniform for mourning.[116] Furthermore, the decline in participation in institutional religions also contributes to intentional death denial and avoidance by removing a framework to acknowledge death.[117]

However, death can be denied for only so long. As Wolfelt emphasized, there is still a need for the survivors to acknowledge and accept death in order to begin life without the deceased.[118] The survivors must reconcile with death. Whatever form the modern death ritual takes, it serves the same purpose it has historically, which is community and mental resilience.

D.   CONCLUSION

Death rituals are as ancient as mankind and were a factor in the formation of communities. Death rituals are not a practice unique to a particular culture, religion, or community. Rather, they are a foundational part of each of these social units and have led to the creation of larger social units.

The key to death and resilience is familiarity with death and with one's community response to death. This familiarity comes from social identification with a particular community and social participation in death rituals. This social aspect supports a more cohesive and resilient community as well as prepares an individual to deal with a death in their own house and possibly even their own death. Regardless of the form death rituals take, they provide the cultural and social permission to mourn according to an established framework.

The relatively modern phenomenon of death denial is contrary to the death ritual as a critical component in human and community development. Death denial serves to

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[115] Ariès, Western Attitudes toward Death: From the Middle Ages to the Present, 59.

[116] Ariès, 62.

[117] Samuel, *Death, American Style*, loc. 270 of 4241.

[118] Wolfelt, "Why Is the Funeral Ritual Important?"

undermine or erode individual resilience, making death a private and unpleasant occurrence to be avoided whenever possible.

Nevertheless, community resilience and mental resilience are promoted by making death a social community event. Death rituals relieve the individual of the burden of facing the death alone and in isolation. They further provide the framework to acknowledge and accept death. Moreover, death rituals provide an opportunity for remembrance while starting a new life without the deceased.

III. PSYCHOLOGY OF DEATH FOR PROFESSIONALS

Death anxiety is a condition of modern society that affects people and professionals without discrimination.[119] According to Lattanner and Hayslip, in studying occupational differences in levels of death anxiety, there are two categories of vocation, DR occupations and NDR.[120] DR occupations are those that are exposed to death frequently as a matter of business.[121] NDR occupations are all the other occupations. From the funeral industry and medical professionals to armed forces and first responders, the manner in which DR occupations are exposed to death varies as does the overall culture of each DR occupation and the cultural response surrounding the death experience.[122] The death rituals discussed in Chapter II continue to provide the basis for modern society, including DR occupations, to confront and accept death. Nevertheless, according to the literature, death anxiety is common in modern society and has steadily increased in prevalence over the last century and a half.[123]

This chapter examines several important concepts. First, it discusses death anxiety in general and its effects on modern society, NDR occupations and DR occupations alike. Then it investigates what training or conditioning, if any, DR occupations are exposed to that may contribute to resilience when encountering death. The chapter further examines the culture of three DR occupations: professionals, armed forces, and first responders before separating first responders by discipline, namely law enforcement, EMS, and firefighters.

To understand the similarities and differences in the approach to managing death anxiety among DR occupations, this chapter further compares how the three DR

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[119] Samuel, *Death, American Style*, loc. 185 of 4241.

[120] Betsy Lattanner and Bert Hayslip, "Occupation-Related Differences in Levels of Death Anxiety," *OMEGA - Journal of Death and Dying* 15, no. 1 (August 1, 1985): 53–66, https://doi.org/10.2190/R4H1-0WJT-V1W3-QUV9.

[121] Lattanner and Hayslip, abstract.

[122] Lattanner and Hayslip, "Occupation-Related Differences in Levels of Death Anxiety."

[123] Becker, *The Denial of Death*.

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occupations (professionals, armed forces, and first responders), prepare for, encounter, and respond to death.[124] This chapter also considers how these DR occupations leverage culture, community, and maintenance of in-group social identity to condition personnel in ways that support mental resilience when encountering death. This comparison is valuable because it reveals important variables that can assist researchers in this emerging area of study in identifying best practices to better prepare professionals to cope with death.

The comparison reveals that the DR occupations show significant variation in three key areas: culture, community, and social identity.[125] In particular, the historical connection to death rituals is relevant for modern DR occupations to understand the importance of providing community support and developing mental resilience.[126] The enduring strength of the community is tied to social identity and in-group narrative, which for some DR occupations is carried beyond the workplace.[127]

Overall, this chapter finds that despite the prevalence of death anxiety in modern society, DR occupations in general demonstrate at least the same or better resilience to death than NDR occupations and the general population.[128] Among DR occupations, there are cultural, educational, and social identity variables that either contribute or inhibit

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[124] Troy K. Todd, "'Good to Go!' Marines, Combat, and the Culture of Silence" (master's thesis, Princeton Theological Seminary, 2014), http://hdl.handle.net/10945/43490.

[125] Laura K. Harrawood, Lyle J. White, and John J. Benshoff, "Death Anxiety in a National Sample of United States Funeral Directors and Its Relationship with Death Exposure, Age, and Sex," *OMEGA - Journal of Death and Dying* 58, no. 2 (March 2009): 129–46, https://doi.org/10.2190/OM.58.2.c; Janet R. Serwint, Lorene E. Rutherford, and Nancy Hutton, "Personal and Professional Experiences of Pediatric Residents Concerning Death," *Journal of Palliative Medicine* 9, no. 1 (2006): 70–82, https://doi.org/10.1089/jpm.2006.9.70; Greta J. Hurt, "It Takes a Village: Integrating Firehouse Hubs to Encourage Cooperation among Police, Fire, and the Public" (master's thesis, Naval Postgraduate School, 2018), http://hdl.handle.net/10945/60412; Karen F. Deppa, "Resilience Training for Firefighters: A Proposed Approach" (capstone project, University of Pennsylvania, 2015), https://repository.upenn.edu/mapp_capstone/82.

[126] Becker, *The Denial of Death*.

[127] Sam Kedem, "My Failures and Successes in Treating 9/11 Firefighters," American Academy of Experts in Traumatic Stress, 2020, https://www.aaets.org/traumatic-stress-library/my-failures-and-successes-in-treating-9-11-firefighters.

[128] Laura K. Harrawood, Lyle J. White, and John J. Benshoff, "Death Anxiety in a National Sample of United States Funeral Directors and Its Relationship with Death Exposure, Age, and Sex," *OMEGA - Journal of Death and Dying* 58, no. 2 (March 2009): 129–46, https://doi.org/10.2190/OM.58.2.c.

community and mental resilience when death occurs.[129] Moreover, for some of the DR occupations there are opportunities for training and education and cultural influences in others that support increased mental resilience to varying degrees.[130] Identifying best practices here provides an opportunity to improve mental resilience across other DR occupations by reinforcing the positive attributes of pre-conditioning behavior when encountering death in the workplace and death of a coworker.

A.   DEATH ANXIETY

Despite everything that society has learned about death and dying, it still causes anxiety, distress, and a host of other emotions. Samuel explained that reactions to death are both an evolutionary and a learned behavior that starts in early childhood and that death anxiety perpetuates as people get older.[131] He stated that we conspire to keep death unconscious because death evokes an overwhelming terror.[132] Death anxiety is further expanded and described by Gire: "Death anxiety is a multifaceted construct that is difficult to define but has been conceptualized to include: fear of death of oneself; fear of death of others; fear of dying of self; and fear of the dying of others."[133]

Although death is one of only two universal certainties (taxes being the other), Samuel found that generally, for much of the population, experiences of death are infrequent.[134] The deaths of family, friends, and acquaintances account for the majority of these death-associated experiences. Some research suggested that because of the infrequency of most individuals' exposure to death, society tends to ignore or dismiss the

[129] Linda Jean Fraser, "Death and Grief in the Military: An Attitudinal Focus" (master's thesis, Naval Postgraduate School, 1983), http://hdl.handle.net/10945/19716; Substance Abuse and Mental Health Services Administration, "First Responders: Behavioral Health Concerns, Emergency Response, and Trauma," *Disaster Technical Assistance Center Supplemental Research Bulletin*, May 2018, 1–15, https://www.samhsa.gov/sites/default/files/dtac/supplementalresearchbulletin-firstresponders-may2018.pdf; Serwint, Rutherford, and Hutton, "Personal and Professional Experiences of Pediatric Residents Concerning Death."

[130] Harrawood, White, and Benshoff, "Death Anxiety in a National Sample."

[131] Samuel, *Death, American Style*, loc. 1032 of 4241.

[132] Becker, *The Denial of Death*.

[133] Gire, "How Death Imitates Life."

[134] Samuel, *Death, American Style*, loc. 1883 of 4241.

fact that death accompanies life, thus denying death.[135] Death anxiety perpetuates death denial and avoidance behavior.[136] Denying the possibility of death therefore makes it that much more traumatic when a death does occur, particularly when that death is proximal to an individual as with the death of a family member, friend, or close associate.

That said, modern society exhibits variations in cultural and community responses to death and death anxiety. These variations continue to influence the acceptance or denial of death by groups and individuals.[137] Gire maintained, "considering that death anxiety is a multifaceted concept, it stands to reason that differences would exist between cultural groups or ethnicities on different aspects of death anxiety."[138] As May pointed out, these cultural differences in death rituals can be influenced by a number of factors.[139] The traditional definition of culture has evolved to include cultural variations between vocations or professions.[140] In many cases, professions are a community within a community with their own distinct cultures. According to Brannan, Darken, and Strindberg, an individual's association with a particular community can be described as an in-group relationship within the framework of social identity theory.[141] With this framework in mind, regardless of the frequency of death encounters, when confronted with the death of an in-group member, the group response reflects the strength of the in-group association despite modern death anxiety among individuals.[142] This group response to death reinforces the historical findings that death and death rituals within the community support resilience of the community and individual.

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[135] Mellor and Shilling, "Modernity, Self-Identity and the Sequestration of Death," 414.

[136] Becker, *The Denial of Death*.

[137] Samuel, *Death, American Style*, loc. 22 of 4241.

[138] Gire, "How Death Imitates Life."

[139] May, "Death Is Not the End."

[140] Samuel, *Death, American Style*, loc. 44 of 4241.

[141] David Brannan, Kristin Darken, and Anders Strindberg, *A Practitioner's Way Forward: Terrorism Analysis* (Salinas, CA: Agile Press, 2014), 46.

[142] Brannan, Darken, and Strindberg.

B. DEATH-RELATED OCCUPATIONS

Many professions encounter death on a regular basis.[143] Exposure to tragedy and death in these professions is not only more frequent than for the general population but also a regular occurrence.[144] No systematic study regarding death anxiety and mental resilience among DR occupations has been conducted, but anecdotal evidence of differential mental resilience among DR occupations is evident. This evidence includes employee burnout, early retirement, and career changes, which are more prevalent among nurses, funeral directors, EMS personnel, and police.[145] Likewise, the effects of culture, community, or social identity on mental resilience among DR occupations are not found in modern research or are anecdotal at best.

However, studies have investigated the overall curriculum for medical professionals and the funeral industry as well as it's behavioral health implications in these careers.[146] There is also research on first responders and armed forces personnel, but it is largely focused on the after-effects of death and trauma in the form of post-incident treatment options rather than pre-conditioning or education.[147] The literature finds an educational component in academic areas of study specific to medical and professional DR occupations, such as the mortuary sciences, but does not specifically connect these programs to mental resilience.[148] Rather, the research correlates education about death and exposure to death with either a decrease in death anxiety or no increase in death anxiety.[149] This recognition that educating DR occupations early in their careers about death and death anxiety supports the idea that behavior of individuals can be pre-conditioned for mental

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[143] Lattanner and Hayslip, "Occupation-Related Differences in Levels of Death Anxiety."

[144] Lattanner and Hayslip.

[145] Substance Abuse and Mental Health Services Administration, "First Responders: Behavioral Health Concerns," art. 4.

[146] Harrawood, White, and Benshoff, "Death Anxiety in a National Sample."

[147] Nina Ogińska-Bulik and Magdalena Kobylarczyk, "Association between Resiliency and Posttraumatic Growth in Firefighters: The Role of Stress Appraisal," *International Journal of Occupational Safety and Ergonomics* 22, no. 1 (2016): 40–48, https://doi.org/10.1080/10803548.2015.1109372.

[148] Harrawood, White, and Benshoff, "Death Anxiety in a National Sample."

[149] Lattanner and Hayslip, "Occupation-Related Differences in Levels of Death Anxiety," 53.

resilience when faced with death. Nevertheless, the research finds gaps in consistent application or focus on the importance of death education and exposure to death across the medical and professional DR occupations.

1.   Medical and Professional DR Occupations

The medical profession sees a fair amount of death, and death is the entirety of the funeral industry. The literature reveals that attitudes toward death among medical professionals is influenced more by personal feelings than professionally inculcated.[150] Overall, the professional DR occupations do not leverage culture, community, and social identity to cope with death in the workplace or the death of a coworker. Rather, conditioning behavior to cope with death in the workplace for medical, religious, and funeral professionals is part of the educational process.[151] The medical and professional DR occupations receive some formal training related to death and dying. Harrawood, Wood, and Benshoff argued that this approach acknowledges death anxiety as a stumbling block for students pursuing medical careers.[152] The authors concluded, "Review of mortuary science program's death education components may provide information applicable to the development of death education in training programs."[153] Reducing death anxiety through education could therefore assist in the long-term mental health of other medical professionals.[154] Furthermore, this concept of reduction of death anxiety through education would likely benefit the broader DR occupations and arguably NDR occupations as well.

Perhaps the most difficult death to deal with as a professional of any type is the death of a child.[155] This inference reveals the importance of education, preparation, and

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[150] Serwint, Rutherford, and Hutton, "Personal and Professional Experiences of Pediatric Residents Concerning Death."

[151] Harrawood, White, and Benshoff, "Death Anxiety in a National Sample," 142.

[152] Harrawood, White, and Benshoff,

[153] Harrawood, White, and Benshoff, 142.

[154] Harrawood, White, and Benshoff,

[155] Serwint, Rutherford, and Hutton, "Personal and Professional Experiences of Pediatric Residents Concerning Death."

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community support when encountering a pediatric death. In a study of mid-residency pediatric residents, Serwint, Rutherfurd, and Hutton determined that personal feelings on death can positively or negatively impact both how this group interacts with patients' families and how they perform their duties in response to the death of a pediatric patient.[156] They explained that negative personal feelings toward death or death anxiety are barriers that may lead to dissatisfaction for both the family and the health care provider. These barriers may cause the provider to only focus on the patients' medical needs and dismiss the emotional needs of both family and provider.[157] Therefore, they argued that there is not only a benefit but a need to include an end-of-life training curriculum, offer pediatric residents' venues to discuss patient death, and provide time off to attend patients' funerals.[158]

Participating or attending the death ritual for a patient directly correlates to the findings in Chapter II that death rituals play an important role in community resilience by allowing the community to acknowledge the death and move beyond it. These recommendations therefore offer a means of improving resilience for the pediatric resident as well as improving care for future patients. Serwint, Rutherford, and Hutton concluded that these measures will have a positive influence on pediatric residents' long-term attitudes and behaviors toward death and minimize death anxiety.[159] However, the study pointed out that there is scarce research on this approach across the medical field.[160] According to the authors, acknowledging death in the workplace is countercultural for most medical professionals despite the education they receive.[161] Indeed, the very nature of medicine is to preserve health and life.[162]

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[156] Serwint, Rutherford, and Hutton.

[157] Serwint, Rutherford, and Hutton, 71.

[158] Serwint, Rutherford, and Hutton.

[159] Serwint, Rutherford, and Hutton.

[160] Serwint, Rutherford, and Hutton, 71.

[161] Serwint, Rutherford, and Hutton.

[162] Samuel, *Death, American Style*, loc. 200 of 4241.

In terms of social identity, the in-group narrative about death and death anxiety does not extend beyond the workplace for medical and professional DR occupations. Moreover, it only offers a loose framework for processing the death of a patient, parishioner, or client.[163] The literature for these DR occupations does not discuss death training or the importance of participation in death rituals for the death of a coworker. Rather, the research finds that among these DR occupations, the response to death of a colleague or coworker is similar to that found in the general population, namely individualized and based on past personal experience.[164] Thus, the in-group narrative and social identity framework for death of a coworker is absent among these DR occupations.

Nevertheless, Lattanner and Hayslip found that there are no significant increases in death anxiety for medical and professional DR occupations when compared to NDR occupations.[165] By contrast, Harrawood, White, and Benshoff disputed this perspective.[166] They find an increase in death anxiety among the same professionals, contending that medical and professional DR occupations exhibit signs of lower self-esteem and motivational issues as a result of increased death anxiety.[167] However, Harrawood, White, and Benshoff conceded that their research was flawed in that a very small sample of respondents participated and that the respondents were measured in their responses to the survey or did not answer completely.[168] Notwithstanding, the literature is largely in agreement that those in DR occupations manage death anxiety as well or better than the general public.

2. Armed Forces

Given the lethality of combat, the armed forces are one of the main DR occupations susceptible to death anxiety. Granted, the ratio of combat troops to active-duty service

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[163] Harrawood, White, and Benshoff, "Death Anxiety in a National Sample."

[164] Serwint, Rutherford, and Hutton, "Personal and Professional Experiences of Pediatric Residents Concerning Death."

[165] Lattanner and Hayslip, "Occupation-Related Differences in Levels of Death Anxiety."

[166] Harrawood, White, and Benshoff, "Death Anxiety in a National Sample."

[167] Harrawood, White, and Benshoff. 1

[168] Harrawood, White, and Benshoff, 4.

members is low, but the prospect of sudden and accidental death remains for all armed forces personnel whether in training or other activity outside the combat arena.[169] The armed forces have a strong social identity and in-group narrative.[170] However, the research revealed that on the whole, the armed forces do not leverage culture, community, or social identity in response to death or to condition personnel to be resilient when a line-of-duty death occurs. According to Todd, the idea of death anxiety and coping mechanisms for Marines is counter to Marine Corps culture.[171] He argued that according to many Marines, failing your fellow Marine is worse than the fear of death.[172] This suggests that although they may have death anxiety, Marines engage in active death denial in support of this commitment to their fellow Marine.[173] The topic of death is ignored in the Marine Corps, and when a death occurs, it is internalized by the individual Marine. Todd concluded that even in severe cases of PTSD, the Marine Corps culture of silence and the warrior mentality hinders the individual Marines efforts to acknowledge the need to ask for support or seek help.[174]

Indeed, Fraser concluded that there is a noticeable absence of data specific to armed forces' perspectives on death anxiety and the effects of DR incidents.[175] Fraser's work focused primarily on combat troops yet nevertheless identified elements that could be used to positively influence armed forces members' attitude toward death.[176] She identified the importance of community in the form of support groups as one of those elements but maintained that this support lasts only as long as the member's' service. Fraser concluded that strong unit support and the benefits of that support are attributable to comradery among

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169 Fraser, "Death and Grief in the Military."

170 Todd, "Good to Go."

171 Todd.

172 Todd, 5.

173 Todd, "Good to Go," 5.

174 Todd, 87

175 Fraser, "Death and Grief in the Military."

176 Fraser, 21

soldiers.[177] However, Fraser found that the armed forces culture toward death and death anxiety lack in the form of community acknowledgment and support. She suggested that both a pre- and post-combat program be developed to increase effectiveness and resilience of the armed forces member and the unit.[178]

This position reflects the importance that pre-conditioning and participating in death rituals have for community resilience among armed forces members.[179] Furthermore, this position suggests that strong social identity *and* community response is necessary for resilience. However, for combat troops, the ability to immediately attend to grief, mourning and traditional death rituals as a community is absent, thus depriving them of the resiliency that comes from community response when a death occurs.[180] The fight must go on for the troops engaged in combat. Even for peacetime and support troops, the deceased soldier goes home. Although some of the unit may attend a service, the armed forces culture does not recognize or cannot accommodate the need for the unit to confront the death via participation in the death ritual. According to the literature, soldiers are trained to be stoic in the face of death.[181]

Finally, it is a duty of the unit commander to identify personnel who may be struggling with grief after a traumatic event, including the death of a unit member, using CISM.[182] Primarily, CISM is a post-incident resource. It does not address the needs of soldiers to be pre-emptively prepared or conditioned to accept death as a possible outcome. Thus, despite the strong social identity and in-group narrative of the armed forces, the support they receive for the trauma of death is post-incident and their limited opportunity to participate in the death ritual is a barrier to resilience. Overall, there are inherent

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[177] Brannan, Darken, and Strindberg, *A Practitioner's Way Forward,* 6.

[178] Fraser, "Death and Grief in the Military," 104.

[179] Renfrew, Boyd, and Morley, *Death Rituals, Social Order and the Archaeology of Immortality*, 2.

[180] Fraser, "Death and Grief in the Military."

[181] Fraser.

[182] "Critical Incident Stress Management," Good Therapy, August 13, 2015, https://www.goodtherapy.org/learn-about-therapy/types/critical-incident-stress-management.

structural and practical impediments to implementing facilitators to resilience in the armed forces that may work for other DR occupations.

3. First Responders

First responders encounter death as frequently as medical and professional DR occupations and, like the armed forces, they have a strong sense of community and social identity.[183] The term "first responder" includes law enforcement, EMS, and firefighters who share a social identity and are part of a larger in-group. It could be argued that EMS is more appropriately included with the medical profession, as their primary mission does not include the same life-sacrificing proposition for personnel as that of armed forces, law enforcement, or firefighters.[184] However, EMS is certainly exposed to as much trauma and tragedy as any other first responder, maybe more so.[185] First responders are on par with the medical and professional DR occupations in that they may encounter death on any given day and potentially on any given call.[186]

What differentiates first responders from civilian DR occupations is that medical and professional DR occupations do not include the proposition of giving their life to save another, be it a civilian or a coworker. When death of a coworker does occur in medical and professional DR occupations, it is not typically from a violent or traumatic event inherent in the profession.[187] Collectively, first responders share the proposition of their own death in the line of duty and the possibility of the death of a coworker in the line of duty.

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[183] Harrawood, White, and Benshoff, "Death Anxiety in a National Sample."

[184] Melissa A. Bentley et al., "An Assessment of Depression, Anxiety, and Stress among Nationally Certified EMS Professionals," *Prehospital Emergency Care* 17, no. 3 (September 2013): 330–38, https://doi.org/10.3109/10903127.2012.761307; Substance Abuse and Mental Health Services Administration, "First Responders: Behavioral Health Concerns."

[185] Substance Abuse and Mental Health Services Administration, "First Responders: Behavioral Health Concerns."

[186] Deppa, "Resilience Training for Firefighters," 3.

[187] Alexandra Jo, "Practicing Self-Care Could Save Your Career in Deathcare," *The Leader*, November 2, 2021, https://funeralleader.com/2021/11/02/practicing-self-care-could-save-your-career-in-deathcare/.

While first responders do share these professional circumstances of self-sacrifice with the armed forces, there are differences here as well. First responders are exposed to more death and trauma than armed forces personnel, except perhaps ground forces in forward areas of a combat arena. However, combat troops represent only 10 percent of all armed forces personnel.[188] Furthermore, the scale of combat deaths for armed forces has decreased as conventional warfare has evolved. We do not see the same level of ground war and battlefield death as in the world wars or Vietnam, for example.[189]

Overall, first responders share a broader socially constructed identity developed in some cases through shared operational difficulties. These shared operational difficulties include a high- stress environment, exposure to trauma, public service, and the demand of a physically and mentally taxing career. At the same time, that shared experience as first responders separates them to some degree from professional DR occupations and the armed forces. However, among first responders there are cultural and community differences as well as socially developed in-group identities, which further separate these DR communities from each other.[190] The nature of the work, schedules, and operational practicalities vary and organizational and cultural approaches to death and specific group identity vary as reflected by the in-group narrative.[191]

a. Law Enforcement

Although there is a strong social identity and in-group narrative within the law enforcement community at large, their work conditions, schedule, and perception by the public serve to counteract the benefits typically associated with social identity and in-group

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[188] Everett Bledsoe, "What Percentage of The Military Sees Combat? - Thesoldiersproject," *The Soldiers Project* (blog), October 2, 2022, https://www.thesoldiersproject.org/what-percentage-of-the-military-sees-combat/.

[189] Fraser, "Death and Grief in the Military."

[190] Kinga Witczak-Błoszyk et al., "Work-Related Suicide Exposure, Occupational Burnout, and Coping in Emergency Medical Services Personnel in Poland," *International Journal of Environmental Research and Public Health* 19, no. 3 (January 20, 2022): 1156, https://doi.org/10.3390/ijerph19031156; Hurt, "It Takes a Village"; Vincent E. Henry, *Death Work: Police, Trauma, and the Psychology of Survival* (New York: Oxford University Press, 2004), ProQuest.

[191] Peter L. Berger and Thomas Luckmann, *The Social Construction of Reality* (London: Penguin Books, 1991), 183–93.

association.[192] These variables are important because although culture and social identity are similar to those in the armed forces and other first responders, law enforcement faces barriers to conditioning personnel in advance to combat death anxiety and for improved mental resilience.[193]

Law enforcement personnel report for work with a shift or platoon, but once a shift starts, they are generally on one- or two-person patrol, either on foot or in a vehicle. Police officers are therefore relatively isolated from their colleagues except when beginning or ending a shift or when called for additional assistance. Henry discussed the extreme isolation police officers feel, particularly at the beginning of their career.[194] He revealed the ambivalence and mixed messages police officers receive from their family, the public, and their own department about their role in policing and in the community.[195] The research suggests this is relevant when considering death anxiety and mental resilience.[196] First, it suggests a contradiction between the positive benefits typically found of in-group association and the negative effects of isolation and public perception. Second, despite a distinct culture and strong social identity, the research implies that law enforcement has barriers to leveraging community in support of mental resilience.[197]

b.   EMS

Like law enforcement, EMS shares a strong social identity and in-group narrative. However, EMS suffers from many of the same barriers as law enforcement for leveraging the benefits of community to combat death anxiety and build mental resilience.[198] EMS functions much the same as law enforcement and spends their shifts in smaller teams and

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[192] Hurt, "It Takes a Village."

[193] Henry, *Death Work*.

[194] Henry.

[195] Henry, bk. Introduction.

[196] Patrice Nicole Hubbard, "Implementation of Policies to Bridge the Gap between Police Officer Line of Duty Deaths and Agency Resiliency" (master's thesis, Naval Postgraduate School, 2015), https://www.hsdl.org/?abstract&did=790325.

[197] Henry, *Death Work*, 196.

[198] Witczak-Błoszyk et al., "Work-Related Suicide Exposure, Occupational Burnout, and Coping in Emergency Medical Services Personnel in Poland."

on the road for the duration of a shift. They may encounter colleagues on another call, at a hospital, or when they return to a station for supplies or a meal, but for the most part, they do not enjoy the same sense of community as firefighters.[199] (The exception to this is the combination fire/EMS departments, which are co-housed and cross- trained.)

The literature does not reveal that EMS workers feel the same isolation and ambivalence that police officers feel, but EMS personnel have their own challenges to cultivating mental resilience. According to Bentley et al.,, behavioral problems and burnout among EMS staff are both attributable to the pace of work.[200] He contended that EMS personnel "has never had enough recovery time between traumatic events" demonstrating a negative cultural component inherent in EMS as a profession.[201] These variables, although different from those of law enforcement, have the same negative effects and are barriers to minimizing death anxiety and maximizing resilience.

c.   *Firefighters*

Firefighters also have a strong social identity and in-group narrative. However, they differ from law enforcement and EMS in terms of schedule, work environment, and overall positive public perception. According to Hurt, what differentiates firefighters from other first responders is a sense of community and the greater resilience that community association provides.[202] What the fire service has that law enforcement and EMS do not is a close-knit familial bond with an in-group that comes from living with others.[203] This familial bond is a product of the nature of the work: the larger team environment, the schedule, and the day-to-day firehouse setting. These variables represent facilitators to combating death anxiety and increasing mental resilience by replicating the positive

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[199] Substance Abuse and Mental Health Services Administration, "First Responders: Behavioral Health Concerns."

[200] Bentley et al., "An Assessment of Depression, Anxiety, and Stress among Nationally Certified EMS Professionals."

[201] Bentley et al.

[202] Hurt, "It Takes a Village."

[203] Hurt.

cultural, community, and social identity influences.[204] Deppa argued that these variables are foundational in a proactive approach to mental resilience for firefighters.[205]

The firehouse serves as a base of operations and a home away from home or, as Hurt referred to it, a hub.[206] For the majority of the fire service, shifts are of 12, 24, or 48 hours, during which time the entire team is ostensibly together including calls for service. Furthermore, there are group trainings, shared meals, and living conditions that emulate family dynamics and further strengthen social identity and in-group narrative.[207] This role of firehouse as the hub of activity while on duty naturally produces a round-the-clock team mentality demonstrating a culture not found in the literature on other first responders. This dynamic extends beyond the firehouse and into the personal lives of firefighters. The firehouse is a second family, and by association, the families of the firefighters are included as well.[208] This is not to say that police and EMS do not share some of the same in-group characteristics and social dynamics of firefighters. However, living, cooking, and training together in larger groups form the foundations for much stronger bonds among firefighters than for other first responders.[209]

Sharing and participating in each other's lives as a family also encourages sharing in grief and mourning. As suggested by both Fraser and Deppa, forming a strong support group is critical to coping with trauma and tragedy, especially the loss of a fellow firefighter.[210] This concept is explored by Hurt, who suggested that firehouses, when viewed as hubs or villages inclusive of police officers, "encourage informal peer support and resiliency—benefits that firefighters often enjoy but may be lacking for officers who

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[204] Lois Elizabeth Alexander, "When the Bells Go Down: Resilience and Vulnerability in Firefighters" (PhD diss., University of Hertfordshire, 2016), http://hdl.handle.net/2299/17096.

[205] Deppa, "Resilience Training for Firefighters."

[206] Hurt, "It Takes a Village."

[207] Kedem, "My Failures and Successes in Treating 9/11 Firefighters."

[208] Kedem.

[209] Deppa, "Resilience Training for Firefighters."

[210] Deppa; Fraser, "Death and Grief in the Military."

patrol alone."[211] This idea of family, village, and the resulting resilience in the face of death exhibits the idea of community found throughout Renfrew, Boyd, and Morley's work, which traces this concept back to the earliest civilizations.[212]

C.   CONCLUSION

This chapter has shown that despite the prevalence of modern death anxiety, death cannot be denied; it is a certainty.[213] There is a need to address and confront death for community and individual resilience for NDR occupations and DR occupations alike. Furthermore, among the DR occupations, there are differences in how each occupation encounters and approaches death in the course of business or line of duty. For example, fire personnel often process shared trauma and emotional difficulties encountered on the job (and off) through communal living experiences. The shared meals and close team approach to firehouse life facilitates in-group understanding, and in many cases, a shared in-group narrative about those traumatic events.[214] The structure of fire house living contributes to this process and thus illustrates the nuance between NDR and DR occupations and between the fire service and other first responders.

For DR occupations such as medical and funeral professionals, the approach to encountering death in the workplace is more practical and academic. Each has some training for death of a patient incorporated into the academic program. However, their social identity is not as strong outside the workplace as it is for the armed forces or first responders. The institutional preparations for medical and funeral professionals for the death of a colleague is not found in any of the literature except to say that death of a colleague and how one reacts is based on personal feelings on death.[215]

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[211] Hurt, "It Takes a Village."

[212] Renfrew, Boyd, and Morley, *Death Rituals, Social Order and the Archaeology of Immortality*.

[213] Samuel, *Death, American Style*, loc. 22 of 4241.

[214] Kedem, "My Failures and Successes in Treating 9/11 Firefighters."

[215] Serwint, Rutherford, and Hutton, "Personal and Professional Experiences of Pediatric Residents Concerning Death."

For the armed forces, death in the line of duty is either relegated as a structural and organizational impracticality as with the Marine Corps or treated post-incident with CISM. Identifying personnel struggling to cope with the death of another soldier is left to the unit commander, or it is up to the soldier to acknowledge their own need for support and request it, which is counter to the culture of the armed forces.[216]

The literature on first responders indicates that increased resilience is tied to a strong in-group narrative.[217] This in-group association is embedded in the culture of firefighters and to a lesser degree for law enforcement and EMS simply by the nature of the work, schedule, and, according to Henry, the public perception of law enforcement.[218]

Whether there is trauma associated with death and loss depends on how each DR occupation comes to "know" death. In general, death and dying are partly personal, cultural, and social as discussed by Becker.[219] Furthermore, death anxiety and responses to death can be conditioned with training as Harrawood, White, and Benshoff emphasized.[220] As Deppa asserted, proactive exposure to death through training, acknowledgement, and rituals helps build mental resilience in firefighters.[221]

Understanding how each DR occupation copes with death and assimilates death anxiety is significant in understanding the foundational elements that support individual mental resilience when a death occurs. Those foundational elements, culture, community, and social identity, have a long history of supporting community and individual resilience when encountering death. Medical and professional DR occupations lack the strong social identity that the armed forces and first responders have, which extends beyond the workplace. However, even among these DR occupations (armed forces and first responders), the cultural variations and in-group narrative better support community and

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[216] Todd, "Good to Go."

[217] Deppa, "Resilience Training for Firefighters."

[218] Henry, *Death Work*.

[219] Becker, *The Denial of Death*, 4.

[220] Harrawood, White, and Benshoff, "Death Anxiety in a National Sample."

[221] Deppa, "Resilience Training for Firefighters."

mental resilience among first responders. Finally, among first responders, the fire service demonstrates both structural and social variables that further delineate a distinction that facilitates better community and individual mental resilience when encountering death and the death of a coworker in the line of duty.

IV. CONCLUSION

This thesis has sought to answer the question "How do the traditions of grief and mourning in the fire service affect mental resilience?" The answer provides keen insight into a topic that affects all of society without prejudice but DR occupations generally, and firefighters specifically: the topic of death. Overall, the research indicates, yes, the traditions of grief and mourning in the fire service *do* contribute to mental resilience. When a line-of-duty death occurs, the fire service demonstrates the positive attributes of death rituals found throughout the literature as it relates to culture, community, and social identity.

One might expect to see a correlation between increased exposure to death with an increase in behavioral health issues and a corresponding *decrease* in mental resilience, meaning every death becomes more difficult to take. However, this perspective is an oversimplification and denotes only a cursory glance of a much deeper issue and more complex set of ideas surrounding death in modern society such as communal response, social identity, and in-group narrative to support the individual and community when a death occurs.[222]

Furthermore, the answer to this question has broader implications for other DR occupations as well as for NDR occupations and the public at large. Death is not always disastrous for the survivors. Prolonged and repeated exposure to death does not' always abrade the soul. These broader implications include commentary on the positive aspects of culture, community, social identity, as well as in-group narrative by exposing death and putting it on display.

Death rituals date back to the earliest communities and were integral in the settlement and sustainment of ancient civilizations.[223] Ancient death rituals include funeral practices that demonstrate more than a casual cohesiveness of people living in proximity

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[222] Renfrew, Boyd, and Morley, *Death Rituals, Social Order and the Archaeology of Immortality*; Berger and Luckmann, The Social Construction of Reality.

[223] Renfrew, Boyd, and Morley, *Death Rituals, Social Order and the Archaeology of Immortality*, 4.

to others.[224] The death of a community member is a social event that triggers a communal response.[225] This communal response demonstrates several things, primarily, that the individual was important to the community, the family of the deceased need not bear the loss alone, and the loss of a member of the community is a shared experience. Additionally, the death ritual permits the communal acknowledgement that the social unit is not only forever altered by the death of a member but also that the community is not diminished by death. Rather, the shared experience makes the community stronger and more resilient.[226]

Moreover, the death ritual itself implies immortality.[227] This does not signify a requirement to adhere to a specific religious or spiritual belief in an afterlife.[228] However, for those who do follow a traditional belief system, therein lies the basis for faith and belief in immortality, and for those who do not subscribe to a belief in the afterlife, immortality simply means the dead go on living in the memory of those left behind. For others, immortality means energy is neither destroyed nor created but merely changes shape. Whatever form the death ritual takes, it can simply be said it is an acknowledgement that this earthly existence is ending, and another existence is beginning for either or both, the dead and the living.[229]

There is a correlation between social identity with a community and individual mental resilience.[230] Communities close ranks around a member in need, providing support that strengthens the in-group narrative. The research finds this correlation dates back to the establishment of communities in ancient civilization (as discussed in Chapter II) and for the armed forces and first responders and specifically the fire service (Chapter

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[224] Renfrew, Boyd, and Morley, 5.

[225] Samuel, *Death, American Style*, loc. 220 of 4241.

[226] Renfrew, Boyd, and Morley, *Death Rituals, Social Order and the Archaeology of Immortality*, 9.

[227] Renfrew, Boyd, and Morley, *Death Rituals, Social Order and the Archaeology of Immortality*.

[228] Veena Das and Clara Han, *Living and Dying in the Contemporary World: A Compendium* (Oakland, CA: University of California Press, 2016), https://doi.org/10.1525/9780520961067; Beck and Spielman, "Comparing Stories"; Mellor and Shilling, "Modernity, Self-Identity and the Sequestration of Death."

[229] Beck and Spielman, "Comparing Stories"; May, "Death Is Not the End."

[230] Berger and Luckmann, The Social Construction of Reality.

III).[231] This affirms an aspect of social identity not often considered. With social identity framework in mind, when the death of a community member occurs the community response and death ritual can be seen as a positive honor challenge according to Brannan et al.[232] As the current research has shown, culture, community, and social identity are complementary support mechanisms to be leveraged when death occurs.[233]

Today however, for the general population, including NDR, these three support mechanisms have been degraded to varying degrees and by a variety of factors associated with modernity.[234] This degradation of support mechanisms is problematic for mental resilience because there is a noticeably absent familiarity with death and death rituals.[235] According to the research, the general population has lost much of the traditional framework to acknowledge and accept death when it occurs.[236] Advances in modern medicine, death removed from the home, and a decrease in religious participation all contribute to this loss of familiarity with death, which inhibits mental resilience.[237]

The more society has modernized, the more problematic death has become.[238] Modern society as a whole has an increased death anxiety that our ancestors did not, even as recently as post World War II.[239] Living longer due to improved health awareness and medical advances perpetuate this death anxiety.[240] Furthermore, death denial, which accompanies death anxiety, has also increased and is pervasive in modern society.

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[231] Renfrew, Boyd, and Morley, *Death Rituals, Social Order and the Archaeology of Immortality*; Robben, Death, Mourning, and Burial, 66; Hurt, "It Takes a Village."

[232] Brannan, Darken, and Strindberg, *A Practitioner's Way Forward*.

[233] Renfrew, Boyd, and Morley, *Death Rituals, Social Order and the Archaeology of Immortality*; Berger and Luckmann, The Social Construction of Reality.

[234] Mellor and Shilling, "Modernity, Self-Identity and the Sequestration of Death."

[235] Mellor and Shilling.

[236] Ariès, Western Attitudes toward Death: From the Middle Ages to the Present, 43.

[237] Samuel, *Death, American Style*, loc. 1965 of 4241.

[238] Samuel, loc. 102 of 4241.

[239] Samuel, loc. 29 of 4241.

[240] Samuel, loc. 3180 of 4241.

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Hospitals have replaced the home as the place where death occurs, removing the discomfort and unpleasantness of death from the line of sight.[241]

However, for DR occupations, there is a nearness of death that requires attention to the support mechanisms in order to provide both community and mental resilience.[242] None of the DR occupations leverage these support mechanisms as uniformly or consistently as the fire service, in particular when a line-of-duty death occurs.[243] As discussed in the previous chapter, for the fire service this leveraging of support mechanisms primarily comes from living together as a family and in a broader sense, belonging to a larger community with a strong social identity. Family is the first and strongest support when a death occurs, followed by community.[244]

Culturally, attending line-of-duty funerals is considered a requirement of the job. When the death of a member occurs, firefighters show up. So ingrained is funeral attendance in the firefighting culture that both the Uniformed Firefighter Association and the Uniformed Fire Officers Association established a line-of-duty fund for members to attend line-of-duty funerals in other cities. There are ancient and historical precedents for death rituals that are consistently observed by only a few groups in modern societies, firefighters being one of foremost.[245] Firefighters share the same or greater exposure to death as all other DR occupations.[246] Firefighters share the same lifelong career as the medical and professional communities with the added benefit of a social identity that transcends the workplace.[247] Firefighters share the same life and death proposition as the armed forces but do not suffer the same structural or cultural limitations when a death

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[241] Ariès, Western Attitudes toward Death: From the Middle Ages to the Present, loc. 695 of 1084.

[242] Lattanner and Hayslip, "Occupation-Related Differences in Levels of Death Anxiety."

[243] Hurt, "It Takes a Village"; Deppa, "Resilience Training for Firefighters."

[244] Fraser, "Death and Grief in the Military."

[245] Renfrew, Boyd, and Morley, *Death Rituals, Social Order and the Archaeology of Immortality*; Walter, "Modern Death"; Kedem, "My Failures and Successes in Treating 9/11 Firefighters."

[246] Lattanner and Hayslip, "Occupation-Related Differences in Levels of Death Anxiety."

[247] Ogińska-Bulik and Kobylarczyk, "Association Between Resiliency and Posttraumatic Growth in Firefighters"; Deppa, "Resilience Training for Firefighters"; Kedem, "My Failures and Successes in Treating 9/11 Firefighters."

occurs.[248] Firefighters share the same exposure to death as EMS and law enforcement but do not suffer the same isolation.[249] Firefighters share the same life and death propositions as law enforcement but do not suffer a negative or diminished public perception.[250] Rather, firefighters enjoy a consistent positive public perception.[251] Finally, the fire service at large responds as one when a line-of-duty death occurs. This can only be explained in terms of culture, community ,and social identity, which according to the research supports resilience.[252]

A.   POLICY RECOMMENDATIONS

The following recommendation is an extension of the cultural phenomenon that the fire service demonstrates, attending funerals:

- Be it a line-of-duty death or death of a patient or client, DR occupations and NDR occupations should consider a program that not only encourages but normalizes funeral attendance. This program could be in the form of a health-and-wellness program initiative.

- For the armed forces and first responder communities, funeral attendance as a part of entry-level training could be adopted as a mandatory part of the training program for recruits, countering the problems of modernity and isolation.

- For school -age children, curriculum that raises the questions in a non-traumatic and non-religious way could be introduced, perhaps as part of a

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[248] Fraser, "Death and Grief in the Military."

[249] Bentley et al., "An Assessment of Depression, Anxiety, and Stress among Nationally Certified EMS Professionals"; Bentley et al.; Henry, *Death Work*.

[250] Henry, *Death Work*; Hurt, "It Takes a Village."

[251] Hurt, "It Takes a Village."

[252] Renfrew, Boyd, and Morley, *Death Rituals, Social Order and the Archaeology of Immortality*; May, "Death Is Not the End"; Berger and Luckmann, The Social Construction of Reality; Brannan, Darken, and Strindberg, A Practitioner's Way Forward.

health class or social sciences program to further counter the problems of death anxiety and modernity for the larger population.

B.   FUTURE RESEARCH

There are multiple studies of death anxiety and PTSD on professionals, the armed forces, and first responders. A study of responders who have attended at least a minimum number of funerals personally and professionally could be conducted to determine if there is an increased mental resilience among this group when compared to a group that has attended none or has a negative personal view of death.

Studies of negative and traumatic events early in childhood have shown a correlation to susceptibility to PTSD later in life. A similar study of early positive influences and exposure to death in a non-traumatic way could be performed to determine if it increases mental resilience later in life. The results of this study would be useful for longer- term mental health improvements for DR occupations and others by focusing on pre-conditioning. It would further place the focus on the positive reinforcement of extending and receiving support for resilience in the face of death.

Studies of academic programs for medical students and funeral directors have shown some increased resilience and acceptance of death for these DR occupations. An evaluation of first responder training programs could be performed to ascertain what level of formal training for exposure death exists, if any. Consideration for formalizing death training for all responders modeled on the academic programs for medical and professional DR could further increase resilience for all DR occupations.

There is a noticeable lack of empirical data quantifying pre-conditioning and its relationship to mental resilience. A study that captures statistical data related to pre-conditioning and mental resilience should be conducted.

C.   CONCLUSION

This thesis is in no way meant to diminish or eliminate the need for a post- incident program to address mental health and PTSD as with CISM or as mandated in *NFPA*

1500.[253] Rather it is intended to highlight how a culture of pre-incident conditioning to address death and death anxiety has proved to increase mental resilience and lower the duration and incidents of long-term mental and emotional recovery following line-of-duty deaths.

The traditions of grief and mourning in the fire service are on full display at one of the most somber and profound events one can witness: a line-of-duty funeral. The public expects firefighters to show up both physically and mentally strong. Firefighters also hold each other to the same standard. When a line-of-duty death occurs, it challenges this fundamental perception of firefighters for the public; that they are in fact mere mortals. It humanizes them. But for firefighters it shakes their very existence to the core. Showing up at a line-of-duty funeral for each other, for the family, and the public in the aftermath is essential in immediately addressing the positive honor challenge of sacrifice and the mental resilience of individual firefighters and the fire service as a community.[254]

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[253] National Fire Protection Association, "Standard on Fire Department Occupational Safety, Health, and Wellness Program," in *NFPA 1500* (Quincy, MA: National Fire Protection Association), accessed November 22, 2022, https://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards/detail?code=1500.

[254] Hurt, "It Takes a Village"; Alexander, "When the Bells Go Down"; Deppa, "Resilience Training for Firefighters."

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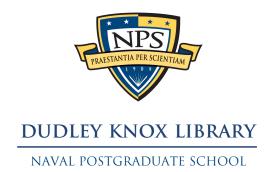
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