

British Crematorium Managers & Covid-19

DOUGLAS DAVIES

GEORGINA ROBINSON



The Cremation Society

BRITISH CREMATORIUM MANAGERS & COVID-19

Douglas Davies & Georgina Robinson

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Dedicated to Britain's Crematorium Staff

Introduction

DOUGLAS DAVIES

This Report offers a brief account of a sample of British Crematorium managers reporting on their experience during the Covid-19 2020-2022 crisis. As the study progressed it became obvious to me that it should be finally presented as nothing less than a tribute to the crematorium staff whose work underpinned the British experience of mortality during that critical period.

What follows documents how hard-pressed colleagues dealt with deceased persons and bereaved relatives as government directives and social circumstances changed, while their own work was simply taken for granted or ignored by society at large. Here we combine simple statistics with more expansive comments both derived from questionnaire and interview materials to create a complex and touching set of narratives available for feeding into that larger national picture of this remarkable pandemic that will emerge in the future. At the time of completing this Report, August 2023, the UK's formal Covid Inquiry is still underway and will doubtless contribute to that future understanding of this national and international trauma. Whatever cultural accounts emerge, they will always have an underlying foundation in many thousands of personal stories, where 'story' is accorded the highest status, not as some easy 'fiction' but as capturing emotions that reflect our shared humanity.

In what follows, the interplay of pandemic-framed topics and funerals occurring during Covid-19 crisis periods has tried to keep in mind the pre-covid ‘normality’ of British cremation practice. This has allowed us to see how many crisis-shifts have simply intensified cremation staff’s ordinary routine, or indeed changed it. Those shifts notably involved high death rates, rapidly changing national imposition of funeral regulations, notably on social distancing, and the needy expectations of bereaved families. Some thirty-five crematoria managers were kind enough to take part in this Project, with some twenty-five of them also being interviewed by telephone. What emerges captures something of the commitment, emotion, care, and anxiety evident in many of their responses. To that basic evidence we bring an interpretative perspective including notions of sacrifice, gift, and ‘cultural gratitude’, making this Report a wider consideration of contemporary cremation testimony while keeping a sharp focus on the remarkable and selfless work of crematorium and allied staff in their service to a grief-laden public. So it is that the overall Report furnishes its own form of reflection on cremation and cultural practice over a most distinctive period of social and personal trauma.

Background – cremation and crisis

By the 2020s and before the arrival of the Covid Pandemic, cremation had long become the most frequent and familiar form of British funeral, covering nearly 80% of the dead. It was precisely this taken for granted experience that led to moments of frustration when rapidly imposed regulations sought to restrict crematorium congregations to maintain appropriate social distancing. Indeed, the very notion of ‘social distancing’ was an innovation in British cultural life with expectations often contradicting the conventional behaviour of bereaved people at funerals. This confusion of habit matched the way the Covid-19 Pandemic radically changed many other aspects of society, not least in people being restricted to

their homes, wearing masks when out, and with a halt to many forms of work, leisure, shopping, and notably in limited or even no access to their sick and terminally ill relatives.

By the end of January 2020, the World Health Organisation declared the Covid-19 virus as having generated an international health concern, and by March 11th 2020 as a pandemic. The high peaks of Covid-19 deaths in England, for example, ran through the spring of 2020, and the winter and spring of 2021. Intensive vaccination programmes led to a much-reduced level of Covid-19 death by the spring and early summer of 2021, but with relatively small rises in the winter and spring of 2022 and also 2023. In sketched form, for example, around the first peak of deaths on April 12th 2020 some 1,208 daily deaths were recorded; close to the second major peak around Jan 21st 2021 it was some 1,204 deaths. By June 1st of 2021 the deaths were much reduced, though from July 2021 rates would rise into hundreds per day; by January–February 2023 this would hold at around 60 to 80 each day. These figures seemed to indicate the shift from pandemic levels to a more endemic presence of the virus. So, roughly speaking, the first wave of the Pandemic covered January–April 2020, with a second emerging over October 2020–January 2021. A third wave around July 2021 was not matched by the high death rates of the previous waves due to vaccination and improved medical treatments.

During the crisis periods, rates of infection and death were a daily presence on television channels and other media, with the Prime Minister, other leading politicians, and the Chief Medical Officer of Health directly addressing the nation and stressing the need to keep distancing, wearing masks and sanitising hands. These practices rapidly became normative behaviour, directly underlining the fact that death had become a prime topic. The role of National Health Service hospitals and, unexpectedly perhaps, also the otherwise marginal place of care homes in Great Britain, moved to centre stage (see Milne 2022). No longer was ‘death’ and the need to take special care of both infected patients and their subsequent

dead bodies off-stage, sequestered, and relatively unmentioned. The covid-infected dying might well have been out of touch but never out of mind or public concern.

Project trajectory

It was amidst this highlighting of centres of infection and death that crematoria became enormously significant for families of the deceased and for government and local authorities responsible for funeral services. Yet, at the same time, they remained almost entirely marginal to public media. While new directives and instructions for crematorium procedures increasingly inundated crematorium management, crematoria as such were seldom at the forefront of the news. For bereaved families, however, these new regulations and directives imposed various degrees of social distancing, which impacted both upon the numbers allowed to attend funerals and on how participants were expected to behave at them. Moreover, crematorium staff were expected to implement them.

With these issues in mind, in July 2020 I approached the Cremation Society asking if they would be interested in funding a Covid-19 Crisis and Cremation Project. The Society readily agreed to do so and for this I express my thanks. Subsequent discussions in the autumn of 2021 and Spring 2022 with the Society decided on the content of the proposed questionnaire and led to its distribution in late May 2022; most of the ensuing responses also being returned in May–June 2022. For this I thank the participating crematoria acknowledging their many pressurised responsibilities. The present Report was then completed in August 2023 with its headline results presented at the Joint Conference of The Cremation Society and the Federation of Burial and Cremation Authorities at Southampton in July 2023. That had the advantage of being able to obtain some personal feedback from delegates who most readily and with heartfelt comments identified with the results.

This Report – Parts 1 and 2

Following this Introduction, the Report is organised in two major parts, then a copy of the relevant questionnaire and consent form (Appendix A), a note on the authors, and full references.

Part One begins with a questionnaire followed by selected interviews, each with appropriate levels of analysis and comment. The online survey was devised by Douglas Davies, Georgina Robinson, and colleagues of The Cremation Society including Professor Hilary Grainger and Wendy Buchan. The Society then hosted the survey online sending questionnaires to British crematoria with some 35 returned and passed on to Durham for analysis. This represents approximately 11% of the UK's 310 crematoria as of 2020 (*Pharos International* 2021. Vol. 87. Statistics Issue. P.25). Though this is a relatively small and self-selected sample who responded to the survey and, as indicated later when discussing livestreaming of cremation services, may reflect distinctive concerns, it remains the basis for this Report, and for some of the wider considerations especially as developed in Part Two. Following the receipt of questionnaire returns a series of telephone interviews with 25 crematoria managers followed, conducted by Douglas Davies and Georgina Robertson. Our joint work is largely contained in Part One of the Report focused on the basic statistics along with selected contributors' comments from both questionnaires and interviews alongside some preliminary comment. Not all the individual questions on the questionnaire are represented by tabular responses, some have been agglomerated in broader comments. Here I warmly thank Dr Georgina Robinson for all her work on this project and her other contributions to Death Studies at Durham University. Let me also thank Andrew Grant (aadgrant.co.uk) who designed the cover and helped edit and typeset this Report.

Part Two then takes the form of an extended analysis of some of the statistical material but adds further qualitative material from the survey and interviews along with selective cultural interpretations of several key concepts. This section draws heavily from some theoretical ideas

from anthropology and sociology as it frames aspects of the Covid crisis period with the pre-existing role of cremation in the UK. There is an inevitable strong complementarity between Parts One and Two. Appendix A contains the questionnaire and consent form on which this Report is largely based. After a brief account of the two authors, the final references are all related to topics explored or alluded to in the main text. Some of these invite much further exploration and have been included for readers with an interest in this field at large.

Prof. Douglas Davies FBA

Durham University

December 2023

PART ONE

Surveying Crematorium Staff

DOUGLAS DAVIES AND GEORGINA ROBINSON

Introduction — Crematoria

This Part One of our Report briefly locates cremation in the UK context and then describes a selection of responses to a questionnaire survey on how crematorium staff coped with the Covid-19 crisis period.

Crematoria currently host close to 80% of British funerals in what amounts to an enormous service for the UK whose innovative cremation ventures began with miniscule numbers in the late nineteenth century. From just three persons cremated in 1885 this practice grew very slowly until the tipping point of 1968 when 327,917 people or 51% of the deceased adopted this form of funeral. This led into the normative cremation-culture with 70% achieved by 1993 and then growing slowly across the seventy percentages to reach nearly 78% by 2019 and the advent of the Covid-19 Pandemic (Davies and Mates, 2005: 434–455. *Pharos* vol. 87. 2021: 54). At the time of writing, August 2023, we can rightly speak of cremation as part and parcel of the ordinary British way of death (Jupp, 2006) except for specific Jewish, Islamic, and some Orthodox Christian groups. ‘Normality’ is, however, a precarious term, capable of being turned on its head by extraordinary conditions and circumstances, and

such was the Covid-19 Crisis whose impact is reflected below through a study that underlies this Report.

Challenges

At the outset, crematorium staff were asked about the biggest challenges faced as Covid-19 set in and advanced. Most mentioned a variety of issues but some 23% pinpointed specific issues, with 20% stressing staff-illness due to Covid (Table 1).

It was inevitable that pandemic conditions brought illness to the fore notably the potential for staff and their families to contract the Covid-19 virus. Not only was that a very personal issue with its own worries, especially when staff or family members already had sensitive health conditions that might make them susceptible to serious consequences of the virus, but also carried serious consequences for staffing cremation provision. Here the issues of illness embraced just over a quarter of respondents, with 20% of these related to Covid-19. It is seldom the case that an extensive social peril abuts the functioning of cremation, but here the Pandemic conjunction added to worry and concern over daily work. Other key challenges included the rapid reception of changing directions and rules of social distancing and other aspects of Covid crisis management from Government, companies, and local authorities.

TABLE 1

THE BIGGEST CHALLENGE(S) FACED DURING THE COVID-19 CRISIS PERIOD BY UK CREMATORIA

A specific moment or single event	23%
Staff illness due to Covid-19	20%
Staff illness other than Covid-19	6%
Something else	71%

Change to ordinary practice

As for the daily pattern of cremation services, often long established by custom and practice, this was significantly transformed by the Pandemic as Table 2 shows and the following comments spell out.

TABLE 2

WAYS IN WHICH COVID-19 CHANGED TYPICAL DAILY OPERATIONS IN UK CREMATORIA

Cremators ran for longer than usual	83%
Staff work longer hours than usual	86%
Utilise extra storage space	37%
Difficulties with mourners and distancing	74%

Extra hours running cremators and staffing

For more than 80% of situations cremators had to run for longer than usual (83%), with concomitant extra working hours for staff (86%). Though easily stated as statistics this entailed considerable focus, planning, and effort. In some contexts the pressure was severe:-

‘Lots of extra hours, tiredness — cremating ’til 1.0 a.m. and still having three people to cremate — came in on Saturday to complete.’

While later responses pick up on first and second ‘wave’ of the Pandemic it is worth noting at this juncture just how the Pandemic stood as a pivotal period in the working lives of crematorium staff.

‘The first wave was a phase, a busy period. It begun a little exciting, but there wasn’t a distinction between the 1st and 2nd, it just dragged on, and we were dragged along with it. The volumes of cremating in the south-east were unbelievable. 6 a.m. starts and midnight finishes were common, and as the team grew smaller, even longer hours came — including at one point a 38 hour shift.’

Extra storage

This increase in deaths inevitably posed problems of coffin storage, with some 37% of crematoria studied reporting issues over storage space of coffins awaiting cremation, something that is seldom a problem under normal circumstances. Some funeral directors also found similar difficulties with some installing additional cool-room facilities One very heavily used crematorium reported that:-

‘It was difficult to manage the storing of coffins as you had to be as respectful as possible. We had makeshift racking, there was very little floor space.’

A few crematoria referred to prior planning for emergency situations and we turn to that later when dealing with emergency planning.

Managing bereaved attendance

A quite different issue underlay many of the 74% who mentioned difficulties controlling variation in numbers of those attending services, given that government agencies issued a series of changing directives that proved difficult and sometimes impossible for staff to implement. Some of these are discussed in more detail in Part Two. A few mentioned contacting the police for assistance in this, but that help was not usually forthcoming. The real issue here touched on the radical difference between, on the one hand, the ordinary custom and practice long embedded in people's behaviour of mutual support of each other in touching and togetherness at funerals and, on the other hand, the new demand for social distancing. Some obvious issues arose when people were asked to sit apart despite the fact that they may have arrived in a car together, or when:-

'Some mourners demanded entry when the chapel was full.'

Or again, for example, when distancing seemed difficult for community custom.

'Managing mourners with social distancing was difficult at times especially with our Sikh community.'

So much seemed abnormal, as indeed was the period of crisis itself, but the very context of funeral services marked the context where custom met new regulation.

First-second wave

When asked about their experiences during the first and second wave of the Pandemic many noted how much they had learned during the first wave that stood them in good stead during the second wave. One manager comprehensively summarises what very many others also said:-

'In the first wave everything was new, and it was like nothing we had ever experienced before, so we were constantly looking on a daily basis at the changes we needed to make to keep our team, funeral staff, and general public safe and also how we could cope with the increased workload. Only being a team of four. Split shifts, longer working days and a seven day week cremation operation was introduced. It highlighted our need for additional storage racking which we had made ... The second wave was equally as hard work, but we knew what to expect and procedures were in place to cope ... Policies, procedures, and risk assessments were all in place too.'

Touching on more emotional issues:-

'First wave of Covid — Horrendous. Tiring, exhausting mentally due to the challenges we were up against and the procedures that were implemented. All staff were physically and mentally depleted.'

Second wave — not as bad as the first wave due to procedures put in place worked well but these were unprecedented times we found ourselves in.'

Something of the personal stress experienced was also expressed.

'First wave was unbearable, having to say NO all the time, changing procedures quickly whilst still trying to do your best for families. It was heart-breaking to see. Second wave, just seemed to balance out and everyone knew what they had to do, just get on with the job in hand.'

Or, again,

'It was so difficult having to be forthright with someone who was clearly heartbroken. ... It got to the stage whereby staff were having to close the curtains so that mourners could not physically touch the coffin; it was absolutely heart-breaking.'

These two phrases, ‘heart-breaking’ and ‘heart-broken’, reflect numerous others that show the emotional reality of how staff felt as they interacted with bereaved families. Not least important were the problems of Covid-impacted families. Reflecting a great deal of the media focus on those families with hospital and nursing home isolation, one manager put it like this:-

‘Kin were getting it from all corners – they perhaps couldn’t be with them before they died, couldn’t be with them when they died, and then couldn’t be with them at their funeral’,

As for ‘rules’ one manager captured what many felt about,

‘Confusing, mixed guidance / legislation, worrying about staff-infection and closing.’

This sense of ‘worry’ seems to be part of a wider cluster of emotions that included fear — ‘staff fear was so high.’ Some of the terms used to describe Covid are telling, as when one spoke of the first wave as an ‘onslaught’ and as ‘the most challenging period we have experienced in long careers across the team’, with the result that,

‘Many staff have chosen to leave or retire since.’

Another comment on difficulties focused on some ‘ridiculous’ issues on the ‘management side’ when some local authority figures were ‘so frightened of negative press.’ By contrast, another manager spoke of ‘previous mock exercises with our Local Resilience Forum’ as having been ‘invaluable.’

‘It was that network of emergency planning resource which helped us establish a framework and to support us through it. By the second wave, we felt we could cope much better and the new ways of working almost felt like the norm. We established a closer working relationship with neighbouring crematoria which had previously been lacking.’

That collaboration with a neighbouring crematorium was also important for one crematorium that had suffered a fire. Some others have also commented on alliances between crematoria occurring through this period and being likely to remain. Administratively, some felt that new ways of working, including electronic managing of paperwork, as well as cleaning and sanitising, was ready for the second wave. The issue of social distancing of people was a major issue for most. In terms of adaptation, not least regarding social distancing, Mark Drummond, one manager who readily allows me to name him, kindly sent us a photograph of the sheet-metal outline figures he had made extremely cheaply by a local company to place alongside an entrance to the North Devon Crematorium for which he was responsible (Illustration 1). We need to look carefully to see them in this photograph for, while not being overtly dominant, these simple figures offered directly practical signage for how far people should stand apart when waiting to enter the crematorium.

ILLUSTRATION 1: OUTLINE FIGURES MARKING SOCIAL DISTANCING



Photograph provided by Mark Drummond

Change in Direct Cremations

Those figures accentuate the presence of mourners at the crematorium, but not all cremation practice is the same, and one of the changes preceding Covid-19 was the relatively limited take-up of what has been called ‘Direct Cremation’, or the taking of a body from a hospital or a funeral director’s premises straight to a crematorium for cremation with the cremated remains subsequently returned to the family. Typically, this would not involve a formal funeral service, though such an event could be held if desired, as could a subsequent memorial event. This scheme of Direct Cremation has also been called ‘pure cremation’, and much advertised in extensive television and other forms as ‘no fuss funerals.’ Several funeral companies have emerged or developed their services to embrace this minimal form of body collection, cremation, and return of ashes, albeit always leaving open for some kind of ceremonial element if families desired it. Table 3 gives a broad impression of the rise in this practice during and after Covid crisis.

TABLE 3

DID UK CREMATORIA SEE A RISE IN DIRECT CREMATIONS, BOTH DURING THE PANDEMIC AND SINCE?

Yes	80%
No	20%

This indicates that 80% of responding crematoria reckoned there was an increase in this practice at large, while 20% did not. This can be regarded as a significant increase, though it remains to be seen whether the non-Covid world of later 2023 and beyond will see how extensively this practice will be retained. There is a great deal that could be said about this shift, though formal statistics are not available for the Report

some informal conversation with funeral directors seems to indicate as much if not more a middle-class than working-class turn of events: but that stands as a topic in need of much verification in the near future. It has also been suggested by some that the practice is less an issue of money or cheaper option, but more a matter of choice under a variety of family related decision-making. In more formal and theoretical terms, it might be argued that Direct Cremation reflects an increased distancing of parts of society from a more intense involvement in death, with the reduced extent of funerary rites reflecting a marginalisation of death in society. In Part Two, specific reference is made to cremation at Andover as one distinctive centre for Direct Cremation.

Having said that, one crematorium from the North of England reported that Direct Cremation was a real change for them:-

‘We actually never had this option for families beforehand, but since the pandemic hit us we instigated one and as a result this is very much used by families especially in the economic crisis we find ourselves in at the moment with funeral poverty ... Direct Cremation services will be staying in place as this has been very beneficial to families and is constantly requested as we may even add an additional service time to this service.’

Other crematoria thought that this ‘direct’ approach was likely to continue into the future and even grow in scale.

Collection of Ashes

One slightly aligned issue lies in the collection of cremated remains from crematoria. As Table 4 shows, the general response was that much remained as before, though just about a quarter, some 26%, reckoned that more ashes had been collected than was previously the case. That is an interesting point and raises the issue of whether the bereaved

became more concerned about their deceased kin's remains than hitherto. One crematorium reported having more occasions when people came to attend interment of ashes.

TABLE 4

DID UK CREMATORIA SEE A RISE IN THE NUMBER OF ASHES COLLECTED BY KIN COMPARED WITH PRE-PANDEMIC LEVELS?

Yes	26%
No	74%

Live streaming of funeral services

One of the most significant aspects of crematoria provision over the Covid period was that of the live streaming of funeral ceremonies. In our survey, two questions were asked about this, one concerned the availability of live streaming in UK crematoria in general with the other focused on the increase of live streaming during the covid period compared with pre-Covid use. Both had identical responses with 97% being positive and 3% negative, marking the near ubiquity of provision, at least in the relatively small percentage (approximately 11%) of crematoria taking part in this survey.

This can, for example, be compared with the results of a 2010 survey some of whose results were presented at the joint Cremation and Burial Conference of 2012, and which noted the ‘emergence of the internet’ and its impact upon the funeral world. Not only did this pinpoint the fact that by 2010 some 85% of the responding crematoria possessed a webpage, with 31% having the facility of an online book of remembrance, but also that 11% had the facility for people to view the cremation event

on a webcam (Davies 2012: 5). It is this ‘viewing’ facility that is crucial here. So, the difference over that period between 2010 and 2020 is marked and could be regarded as the influence of general social change and the use of web-communications in society at large.

Those results of the Davies 2010 survey, published in 2012, and the survey behind this current Report (2024), which also only represents a relatively small number of crematoria (approximately 11% of UK crematoria) can be compared with The Cremation Society’s surveys comparing 2010 and 2021, and which embrace the great majority of UK crematoria (*Pharos*, Vol. 87. Statistics Issue 2021: 37). The similarities and differences are instructive, but some caution is vital in that the Cremation Society’s results speak jointly of ‘webcams / DVDs’ which does not, necessary, equate with immediate livestreaming, whereas this Report specifically asked only about livestreaming. Having said that two points emerge and carry one caution that might apply to much in this present Report.

First, the Cremation Society 2010 had 9.3% ‘Yes’ to webcams / DVD. This echoes the Davies 2010 with 11% for livestreaming. These figures can be taken as relatively similar markers of the situation. However, and this is where a caution emerges for:-

Second, the Cremation Society 2021 had 74.52% ‘Yes’ to webcams / DVD, which is relatively lower than this present Report’s 97% for livestreaming. The caution raised by this difference might well reflect the self-selection of respondents, with the smaller number of crematoria responding to this Report’s survey almost certainly belonging to the Cremation Society’s ‘yes’ group. What is hard to judge and almost impossible to comment upon are the motivations of those responding and not responding to this Report’s survey. This inevitably raises the point that our immediate respondents’ views might also differ from those not represented here but whose statistics are more fully reflected in the Cremation Society’s more formal annual surveys that attract a fuller response. However, the inevitable task of the social researcher is to deal with the data to hand while also being as cautious as possible, an

obligation we have now owned. In Part Two of this Report we return to livestreaming and include some depiction of the work of the Obitus webcasting company, though other resources such as the Wesley Media System also exist, at this point it suffices to say that many crematoria thought the use of livestreaming would be a feature of the crisis likely to continue into the non-critical future.

Use of buildings and outside space

While cremation within the UK is normally and legally restricted to a crematorium building with its equipment for the cremation process, crematorium premises also pass into outside spaces related to subsequent memorialisation. Most crematoria are set in moderately extensive grounds involving incoming and outgoing driveways, car parking facilities, an area adjacent to the exit from the central cremation building in which floral tributes are often set out and where mourners can congregate and mix after the main ceremony. The sharing of sympathies in these locations provide important moments of human emotions, and it was this that Covid regulations of safe distancing made problematic. There is nothing more natural than for mourners to greet, shake hands, touch, and hug after a ceremony, yet this was problematic and something that many crematorium staff did not feel able to control. It is not easy for the staff's conventional duties to be suddenly extended into areas that are socially problematic. Just as emergency regulations led to adaptations of practice, they also affected the use of inside and outside places of crematoria and grounds.

Inside-outside spaces

The following Tables 5 and 6 are closely linked in terms of topic. Table 5 shows how some 72% of survey responders did note shifts in use. This included the closure of some waiting areas to restrict people's contact

with each other and with crematorium staff. Some found having grounds available for walking or taking exercise in as a benefit of their workplace, and of use for the public.

TABLE 5

DID UK CREMATORIA MAKE USE OF INTERIOR OR EXTERIOR SPACES IN DIFFERENT WAYS DURING THE COVID-19 CRISIS PERIOD?

Yes	72%
No	28%

A significant minority referred to using loudspeakers outside the main building, others to the removal of seats or spacing them out – a motif captured in the cover for this present Report. Or, again:-

‘During the service our foyer was used only for our chapel attendant and Funeral Director.’

‘We restricted certain areas to staff only, such as the music room and general office. Smaller rooms were not allowed more than one person in at any one time such as the Book of Remembrance chapel, staff room and toilets.’

‘Additional use of other areas to divide teams into break areas Re-adjust of coffin storage.’

‘Closed waiting room during lockdown. Later, used waiting room for memorial appointments ... stopped public access to office.’

‘The general office was closed to the public at the start of lockdown ... The general office (also) closed to Funeral Directors and a post box placed alongside the office entry door for the safe delivery Cremation forms and certificates.’

Crematorium buildings and grounds

At a more subjective level, staff were asked if their attitudes had changed towards crematorium buildings and surroundings during the Crisis period. While it was a minority that said ‘yes’, and a majority that said ‘no’, that minority often found their new attitudes important for them.

TABLE 6

DID ATTITUDES TOWARDS CREMATORIUM BUILDINGS AND THEIR SURROUNDINGS CHANGE FOR UK CREMATORIA STAFF DURING THE COVID-19 PANDEMIC?

Yes	40%
No	60%

Some staff were:-

‘Very grateful we had a huge chapel.’

‘Yes, in a way, it was nice to be able to still come to work rather than being imprisoned at home, and the natural beauty of the site helped therapeutically.’

‘I went in most weekends to water (plants) keeping busy to my advantage.’

‘I appreciated our remoteness of the site, 10 miles away from nearest town.’

‘It felt fairly safe inside when we were working. We were quite protective of our inside environment – a bit siege mentality.’

‘Going in at weekends to water plants, helping to keep busy, during this strange time when roads were empty and the badgers came out.’

Public attitudes

A rather different question on attitudes asked staff if they thought that public attitudes to crematoria and surroundings had changed during this Crisis period. Responses depended partly on direct observation of members of the public as well as on more personal thoughts on how the public felt about things. As Table 7 shows, the responses were equally split 50 / 50. Much depended on the location of the crematorium.

TABLE 7

DID PUBLIC ATTITUDES TOWARDS CREMATORIUM BUILDINGS AND THEIR SURROUNDINGS CHANGE DURING THE COVID-19 PANDEMIC?

Yes	50%
No	50%

Among issues given were both negative and positive one:-

‘They blamed us for the government guidance.’

‘Unhappy with individual seats and number of mourners who could attend.’

‘The public were very nervous and unsure during the pandemic and sought reassurance about social distancing, mask wearing and confirmation of the cleaning we undertook between each service within our Chapel and Toilets.’

‘There was a marked increase in people using the grounds as a park to walk, jog and cycle, in particular those with young families.’

Conducting services

One of the trends associated with funerals at large over the last twenty-five or so years has been the relative decline of Christian ministers and the rise in civil celebrants, and also Humanist celebrants overseeing the actual ceremony as well as being involved with the bereaved in preparation for it. While this is a complex issue that still requires extensive study, some see this as a reflection of a general secularisation in the UK, or of the increased influence of some funeral directors in appraising their clients of the options available, and that they do not have to have a religious officiant, perhaps especially if the deceased was not ‘especially religious’ or churchgoing. Funeral directors have, increasingly, become gatekeepers of funerals, and key in aligning themselves with the variety of clerical, civil, and Humanist celebrants. One of the questions focused on this issue asking whether the nature of celebrants had changed during covid. Table 8 shows the results.

TABLE 8

WAS THE PROPORTION OF SERVICES CONDUCTED AT UK CREMATORIA BY CLERGY AND CIVIL CELEBRANTS THE SAME DURING COVID-19 AS BEFORE THE PANDEMIC?

Yes	81%
No	19%

Here the majority of 81% saw a relatively stable picture before and during the Pandemic, while a significant minority of 19% saw changes, and the shift was often in the direction of more non-clerical celebrants, a trend that has been noted for recent years before Covid. Interestingly, two crematoria simply said they did not keep records as to the status of those conducting services.

Normality and change

One rather direct question asked whether, as at May 2022, work at the crematorium had returned to normal. As Table 9 shows practically all (94%) reported that it had done so.

TABLE 9

AS OF MAY 2022, HAD SERVICES AT UK CREMATORIA RETURNED TO 'NORMAL'?

Yes	94%
No	6%

Permanent changes

In respect of changes implemented during the Crisis, we asked whether any such changes might be adopted on a permanent basis. As Table 10 shows, a significant majority — 74% — answered affirmatively, with the kinds of changes including:-

'Direct Cremations.'

'Direct Cremations: I think this is financial and not Covid related.'

'Webcasting and with a separate celebration of life.'

'Greater use of electronic documentation.'

'We have continued using PPE in public spaces, continue to sanitise areas.'

'I would like to see invitations (to cremation service) continue as it helps with health and safety as well as management of the chapel.'

TABLE 10

DO UK CREMATORIA SUSPECT ANY CHANGES MADE DURING THE COVID-19 PANDEMIC WILL CONTINUE BEYOND IT?

Yes	74%
No	26%

Covid-19 toll taken on staff

From the results available it is clear that Covid-19 as a pandemic did have a marked influence on crematorium staff at large. This was most obvious when staff were asked if ‘working on the front-line had taken a toll on them at a personal level as Table 11 shows.

TABLE 11

DID WORKING ON THE FRONTLINE TAKE A TOLL ON UK CREMATORIA STAFF PERSONALLY?

Yes	66%
No	34%

This was a very significant question, covered a variety of issues, while also touching some individuals quite considerably:-

‘I’m now emotionally numb, I ache and am tired, I’m (age given and under 30) and shouldn’t feel this way.’

'It has left me exhausted. There has not been the time to process what happened or take a break from the relentless workload.'

'The role has become busier, and during the height, very much more stressful, trying to keep everyone safe.'

'Answering questions regularly about our procedures and trying respectfully to explain reasoning.'

'The only real toll could possibly be the amount of verbal abuse I got (not just me but office staff as well) due to the amount of webcasts that failed because of our slow broadband speed.'

'Yes, at the time, felt alone and isolated from my line managers and colleagues. but now back to normal.'

'My own health and wellbeing, mental resilience.'

'There was no personal down-time. It was wake up, work, sleep on a cycle. Weekends were non-existent. Funeral directors bullied our company into opening up at weekends. I lost relationships, couldn't form new ones and have been left introverted and alone. And no one talks about it.'

'I am not sure if I want to continue in this industry ... I still feel exhausted. It has changed my perspective on my role and whether or not I can continue.'

'The last two years have taken a significant toll on me as manager and I am now looking forward to bring my retirement plans forward ... it took over my life, more than running a busy cemetery and crematorium usually does, and I struggled to keep going for what turned out to be a marathon.'

'I didn't realise how unwell I was until I left the role and took time to de-stress, all fine now though.'

One of the fuller responses to this ‘front-line’ question shows just how personally one manager took the issue of being affected in their professional life by Covid.

‘Yes, definitely, I have caught covid twice and the first time was very bad as I was not vaccinated at all and was out of it for approximately 3–4 weeks. Still have brain fogs. I sanitised and wore a mask if I went out shopping but I did this and still caught it. This has affected my ability to do my job as efficiently as I did previously due to still having brain fogs where I cannot remember something I have completed regularly for years, or even names of people I have worked alongside for many years. I think it was also mentally challenging to see all the covid victims and families attending on an hourly basis as this took its toll on me mentally as well.’

Covid and staff illness

As far as Covid-19 infecting staff was concerned our information is less clear. It seems that of the crematoria responding to the survey the great majority had some members of the overall team being infected at some stage (some 91% in all). However, as far as crematorium managers and their families were concerned this touched only some 66%, still a marked influence. In terms of suffering the loss of family members or friends, as Table 12 shows, some 20% had done so while the majority, some 80% had not suffered such a loss.

One large crematorium merits mention, not only reporting that, ‘Two staff members suffered acute symptoms, one was hospitalised. Other staff suffered mild cases of the virus,’ but also that its manager of some thirty years’ experience was now ‘manually digging graves in order to ensure we continued to provide the services needed.’

TABLE 12

DID UK CREMATORIA WORKERS PERSONALLY SUFFER THE LOSS OF A FAMILY MEMBER OR FRIEND FROM COVID-19?

Yes	20%
No	80%

Still, for some who had a personal family bereavement or the loss of a friend, the experience was hard hitting as these two cases show.

‘My own grandson, aged just 11, died during the beginning of COVID, not covid related, however it was very difficult regarding who could attend the funeral and he did not receive the full funeral that we would have liked for him. It did make me more compassionate and understanding to how the bereaved families who visited the crematorium felt.’

‘I had COVID twice, once confirmed, and was very ill the first time. One of our Bereavement Service Advisors passed away from COVID, she was a very good friend of mine and is missed every day.’

Emergency Planning

One question posed in the Questionnaire had asked ‘How did you / your organisation prepare for the impact of Covid-19 in your business?’ Though it is not always easy to separate different kinds of responses, two broad patterns emerge, one refers to active preparation, and the other to a more responsive dynamic.

Active Preparation

'We have been planning for a possible pandemic for many years because we are part of the Excess Deaths and Pandemic group for London. This is the reason we had a temporary morgue installed early on. Our technicians were ready for additional hours and our cremator replacement programme was suspended for two years to allow uninterrupted operations throughout.'

'Being a Local Authority, we were well versed in Emergency Planning and Business Continuity matters so action plans were triggered as the crisis deepened. We already had a Mortality Planning cell which was placed on alert, and meeting frequency increased as the pandemic progressed. The cell was put into recovery phase and then stood up again as the need arose. Membership of the cell was widened to include Funeral Directors, Registration and Coroner services, Crematorium managers, Faith group representatives, Fire Service. Other cells interlinked such as Communication, transport, NHS, Police etc. This all helped to get out 'battle rhythm' going, and we all feel that we could cope much better if / when this happens again, as we know what the pinch points are and where to concentrate resources.'

'We already had a Pandemic Action Plan in existence but, to be honest, it was work as usual with staff dealing with each situation on a day-to-day basis. The Action Plan has been updated to reflect what we encountered during the Pandemic.'

(NOTE: in an interview with this manager it emerged that 'lock-down changed it all', and it seemed that staff 'didn't refer to the Action Plan once').

'We already had a business continuity plan in place regarding excess deaths. We worked in accordance with that plan, some things we implemented incorrectly and others we did really well. For instance, in the first wave, we still allowed burial services in the chapel then

went to graveside. Second wave we only allowed straight to graveside to free chapel for cremation only.'

'Had a Pandemic Protocol in place which was adopted for guidance.'

'Planning was in place for increased funerals. This was managed well.'

Responsive action

'There was no preparation. The government didn't know how to handle it, and so no one else did. We could have operated on best practice, but no one knew what was defined as the right way and was afraid to get into trouble. We waited for the government to decide and it always came too late. The funeral sector was always thought about last, it was never in the news sort of announcing deaths.'

'The business responded quickly and well. It did feel difficult to receive huge swathes of emails / instructions from Head Office staff who were working from home and unaware of the frightening circumstances we were working in.'

'There was a COVID committee who 'met' on Teams daily during the height. Changes were implemented regularly, sometimes it felt like it was daily. They set up contracts for sanitizer, screens, gloves, masks, made posters to display etc.'

'Risk assessments were written and I joined the Emergency planning team meeting with our local authority via Teams calls on a regular basis. I also reported my cremation figures on a weekly app so that the local council could see what we were doing on a weekly basis ... The local emergency planning team was a great help as it meant everyone could give feed-back on the situations we were all facing, highlighting areas that help was required.'

‘Assessing work areas in the office, that staff were safe distance apart. Clear signs for Public information were clearly visible and up to date at all times.’

‘We followed all government guidelines. Health and Safety briefings, excess levels of PPE to keep staff and public as safe as possible.’

‘Company was very quick to react to changes whilst it was important to follow guidelines. We always tried to keep a sensible view with the understanding that families are bereaved.’

‘Quick training of cremator technicians.’

‘Additional staff brought in from other services to assist, this worked really well. We learnt to do a shift pattern better on the second wave.’

‘Implementation of new procedures. Staff needed to work from home to ensure team unaffected if there was an outbreak of Covid in team in office.’

Conclusion

What has been covered in Part One reflects most of the descriptive responses to the questionnaire and to some of the interviews following on from them. While these provide their own persuasive materials for an understanding of what crematorium staff underwent during the Covid-19 crisis period they also furnish the basis for themes and topics that will now be developed in Part Two of this Report. In this we move into an extended reflection on cremation involving some theoretical analysis grounded in selected social scientific ideas as well as some more speculative themes that serve as signposts for future consideration.

PART TWO

Crematorium Culture, Practice, and Pandemic Pressures

DOUGLAS DAVIES

Having looked at some accounts of crematorium staff in their Covid-19 crisis, we now take up some of the questionnaire and interview materials, analysing and reflecting on them through various anthropological and cultural theories. These topics include working under pressure, the mutual understanding of staff, being on the front line yet almost ignored, the place of duty of care, and of funeral organisations working together in relation to some government agencies. Here we also include brief reference to some international aspects of Covid-19 and cremation. More theoretically we also take up the issues of self-sacrifice and social service that naturally arise as part of cremation's place in cultural life and, in connection with that I also explore the problematic idea of 'cultural gratitude.'

Narrative's vitality

As stressed in the Introduction, all this material is grounded in what people have said. While this seems so obvious it needs emphasis within

the Pandemic context because the very notion of narrative expresses both heartfelt and pragmatic administrative necessities. So much more could be said about narrative or 'the science of stories' especially as Angus Fletcher has magnificently analysed the literary products of human predicaments, not least in relation to death: suffice it to say that there is considerable power in the playback of 'our experience of trauma within a safe and supportive environment' (Fletcher, 2021: 19). And, for the sake of argument, let me propose that this Report be just such a 'safe' place, where the Covid-19 crisis may be viewed as a form of cultural trauma, with crematoria as one dramatic arena of its impact upon individuals, whether bereaved kin and friends or, indeed, the crematorium staff. To encompass these dynamic issues, I seek to balance more empirical reporting with reflective analysis of what has been a pivotal moment in the cultural life of Britain and many other countries.

The Crisis

Very many staff spoke of the sense of unity developing amongst themselves as Covid-19 made its impact and they responded to the rapid rise in number of deaths: this feeling cannot be stressed enough. It emerged amongst the staff, both administrative and technical, both 'front' and 'back' of house, as well as in relation to funeral directors and, to some extent, with others involved in death and cremation registration. As a large number and range of government directives were sent to local, funerary, and cremation authorities, staff became acutely sensitive to the absolute need to act in ways that limited their likelihood of catching the virus and of spreading it to others, particularly any susceptible to infection. As the Pandemic developed there were daily national reports of levels of infection and death that made the increasing devastation apparent to the public while crematorium staff encountered the all too real and harsh reality of rapidly increasing numbers needing cremation.

Cremation Rates 2017 – 2021

Roughly speaking the various waves of the Pandemic have, for example, been depicted by Sarah Scobie as Wave 1 between March–May 2020, Wave 2 between October 2020–Feb 2021, and Wave 3 over July 2021 (Scobie, 2021). Though the following table does not directly follow those dates it does capture the 2020 increase and also the 2021 follow-on of deaths and shows a variety of UK pictures. These cases have been chosen practically at random except for the Andover crematorium which will be explained separately, these have been derived from *Pharos International*, the invaluable key journal of the Cremation Society of Great Britain which can be consulted for every UK crematorium and its rates.

TABLE 13

SELECTION OF CREMATORIA WITH PRE-COVID AND COVID CREMATION NUMBERS

PLACE	2017	2018	2019	2020	2021
Durham	2299	2413	2343	2726	2312
Leicester	2119	1976	1785	2133	1895
London City	2474	2536	2374	2711	2670
Birkenhead	3041	3260	3174	3627	3349
Newcastle	2926	2941	2864	3253	2976
Hull	2578	2398	2488	2885	3090
Pontypridd	1147	1120	1177	1520	1142

Although numerous crematoria did receive some coffins that would not have a family ceremony attached to the cremation event, and thus being their own kind of ‘Direct Cremation’, one stands out in respect of that provision, viz., Andover, whose numbers took this form.

TABLE 14

	2019	2020	2021
Andover	2382	5465	9632

Andover is a distinct location because it opened in December 2018 and was a focal site for Pure Cremation Ltd dealing with large number of Direct Cremations, an option that has been and continues to be widely advertised on the media, not least on television. Its dramatic increase in numbers over the Covid-19 period marks something of that particular choice during the Pandemic. This well-designed crematorium is set in fine grounds and has its own ‘ordinary’ chapel for funeral ceremonies if desired and requested, as well as extensive provision for the management and logistics of its direct funeral service. This includes facilities for the reception, storage, and appropriate treatment of the deceased admitted from across the UK, something I have witnessed for myself, including the dignified cremation of those whose kin were not present. Speaking personally, on my visit I found the attitude and practice of Andover’s crematory staff exemplary. The demeanour framing their ongoing work of charging coffins for cremation included a simple and direct acknowledging bow that made its own ‘rite’ of the moment. I am sure that the staff of many another crematorium will have their own ways of marking the humanity of those they treat, perhaps especially when there is no prior chapel service.

While the key practical outcome of these national and local increases in mortality rates was a much higher practical workload of all staff

involved in each crematorium's functioning, there was also a corresponding sense of teamwork and intense commitment to the task in hand reported for the great majority of crematoria covered in this Report. This was, doubtless, also shared by colleagues in other countries to which we can make only brief reference here.

International comparisons

Fortunately, by summer 2023, some international results relating to the Pandemic over 2020 have begun to emerge. In France, for example, the closure of crematoria to families where some managers 'exceeded ministerial directives,' applying 'the precautionary principle for the protection of their staff', and noting how some of the restrictive measures at both hospitals and funeral sites have resulted in 'the families concerned' remaining 'traumatized by their incomprehension of the measures taken at the beginning of the crisis.' Moreover, a French Parliamentary Report highlighted how the 'funeral sector ... be considered as a priority profession for the allocation of Personal protective Equipment' (Plaisant and Le Lamer, 2021: 27–28). Despite the fact that Norway suffered relatively low numbers of Covid-19 deaths, with some 790 by June 2021, by 'March 2020, employees at cemeteries and crematoria ... were defined as *especially essential workers*' (Stople, 2021: 30, original emphasis). In numerical terms, the Italian situation was quite unlike that of Norway, with a 15.6% increase or 100,526 actual deaths in 2020 compared with pre-covid years. By January 2021, a number of government acts and directives were forthcoming and pinpointed issues of suitable storage of coffins, 'short terms niches or tombs', creation of local acts to adapt to emergency situations, and the use of 'non-paper transmission' of certificates 'for funeral transport, burial, and cremation' (Leotta, 2021: 34). In citing the value of *Pharos International* in gathering and publishing these accounts, let me declare my own interests. On the one hand I am both an Honorary Vice-President of The Cremation Society of Great Britain and an expert panel member of The Federation of Burial and Cremation

Authorities whose *Resurgam* journal has also proved valuable in this Report. On the other hand, I always seek to retain that independence of scholarly analysis which I know these organisations and other funeral professionals fully appreciate.

Theoretical issues of teamwork under pressure

It is with just such an academic perspective in mind that I now offer some theoretical analysis of many of the themes depicted so far in the questionnaire and interview materials. At the outset I take two interlinked ideas drawn from anthropology, those of liminality and *communitas*. These will help us explore the teamwork factor surrounding the crisis period: each requires a brief introductory explanation.

Liminality

Liminality describes a context in which a group exists on a threshold situation, betwixt and between more ordinary and established forms of social life. The term liminality is derived from the Latin word *Limen* which means a threshold, as in the doorstep into a house, or between rooms in a house. Many will, perhaps, be familiar with the more psychological idea of something being ‘subliminal’ or below the threshold, as in advertising that is intended to affect us just below the level of active consciousness (Davies, 2002: 123 – 136).

Still, in social terms, liminality, marks situations lying between fixed, ordinary, or normal states with which we are familiar in everyday life. Liminal positions are often transitional within a person’s life as, for example, with apprentices in a learning situation after school but before becoming a qualified tradesperson. Or, as with university students who have left school but are in a learning situation prior to graduation and taking on responsibilities in the wider social world. Traditionally, such

liminal states were and are frequently found in the medical, clerical, and legal professions.

The key anthropologist who really developed this idea of liminality was Victor Turner who undertook much fieldwork in Africa and dealt with rather traditional 'tribal' contexts involving small numbers of people undergoing initiation leading them from the status of being a child to an adult, through rites that involve uncertainty and anxiety (Turner, 1969). In such traditional tribal contexts, for example, liminal periods are seen to foster a bonding between people a strong reinforcing of social relations that will help people rely on each other in their future adult life. In small scale societies this is a vital aspect of survival in the absence of social welfare provisions, in other words liminality fosters emotional bonds.

Communitas

In all this Turner was developing the earlier studies of Arnold van Gennep (1960), the Dutch anthropologist who had already given us the idea of rites of passage describing how a person is as it were, led by the hand of society from one social status to another social status, in what are often described as pre-liminal, liminal, and post-liminal positions in society. But, whereas van Gennep was concerned with the shift in social status, as from girl to woman, or student to graduate, Turner wanted to accentuate the emotions or the feeling-state of people as their social status changed. What Turner did, then, was to accentuate the liminal period as a time of strong emotions experienced within the group. Whereas van Gennep depicted the shift from social status to social status, Turner focused on the emotions experienced during the period of change of status and emphasised what he called the experience of *communitas*, a Latin word for community, that he took to depict the feeling of community or togetherness, or of a sense of close bonds.

Turner, however, did more than this, for he expanded the idea of liminal situations to apply to other contexts beyond those of rites of passage but which also involved people in situations apart from ordinary ways of life as, for example, with nuns and monks who are, in a sense permanently liminal. He went further and used the word liminoid to describe situations such as that of people going on a pilgrimage or forms of apartness from everyday life.

This background material on liminal periods and states of *communitas* provides one valuable approach to social situations of change and emotional contexts of shared stress and, therefore, to the Covid-19 crisis. In applying these ideas, we use liminality to describe the quite unique situation of social lockdown implemented by the UK government, backed by legal force, limiting an entire population to their own homes and to much restricted groups, often depicted as ‘bubbles.’ The limiting of indoor and outdoor time together meant that freedom was restricted with an enforced solitude for millions, something that has yet to be studied for its long-term psychological effects not least on the young. The emotions of this enforced liminality certainly included anxiety and fear not just personal and for family members but for society at large. Behavioural change involved the wearing of masks, with hand sanitising becoming rapidly normal: the world changed, became strange, with isolation generating many forms of anxiety. While remaining alert to the wider zone of the National Health Service, care-homes, funeral directors, clergy and civil celebrants, my prime focus here lies with crematoria.

Crematoria: liminal yet occupational

In many respects crematoria are always liminal places for the public at large. They stand at that margin of life and death and, for some also for an after-life. I couch it in these terms since we could, for example, speak of the separation of life and death, or of the dead body and its

removal and transformation into ‘remains’ or, indeed, of the ongoing lives of the bereaved now separated from their dead. Certainly, in terms of values, beliefs, and emotions, crematoria cover a spectrum of religious, spiritual, or secular values in the emotions of the public.

However, and this is a key point in this Report, crematoria are also a place of work, central occupation for their staff, a kind of hub for other funeral professionals whether funeral directors, clergy, and civil celebrants, and also a place of memorialisation for some families. While all these factors became intensified to some degree over the Crisis period it makes sense to speak of crematoria, their centrality for their staff, their relative marginality for society at large, and a problematic space for many bereaved families. Each of these emphases is found throughout this Report, but we next focus on the centrality of crematoria for their staff.

Centrality for staffing

Each crematorium is a place of work of some quite different kinds each often located to a different place within the overall crematorium building, and involving different staff. These areas include (a) the entrance, waiting area, chapel or ceremonies room, meeting area with floral tributes, and a place for a book of remembrance constitute one public-related area; (b) the crematory with its cremators, filtering equipment, and cremulators for rendering the outcome of cremation into remains for the families, along with storage of uncollected remains, restricted very largely to operational staff; (c) the offices and reception area for meeting funeral directors and members of the public; (d) the wider grounds, paved areas and memorials that may or may not contain cremated remains; (e) some crematoria are also located within or adjacent to traditional cemeteries or even woodland burial sites.

Each of these possesses its own form of work and different modes of relating to the public before, during, and after funerals, moreover each

was touched by change over the Crisis period as we have documented in Part One of this Report. So, for example, crematoria staff were accustomed to their 'normal' (pre-covid) work of receiving a coffin and funeral party to the crematorium where the funeral director's staff bring the coffin from the hearse into the chapel and place it on the catafalque. After the service the crematorium staff take charge of the coffin, removing it from the chapel for its actual cremation. There is, as it were, a hand-over of the deceased from funeral director to crematorium staff who now, technically, 'frame' the service or ceremony hosted or conducted by clerical or civil celebrant and in the presence of family and friends. In slightly difference terms it is as though the family have 'possession' of the deceased during this critical period of transfer as the host conducts proceedings that end with the committal of the body to the more active processes of the removal of the coffin for cremation whether the transfer takes place as in closing of curtains or other forms of now leaving the coffin on its catafalque while the funeral party leaves under the funeral director's indication. The congregation members then move to the area of floral memorials, whence people make their own way back to their cars. All this changed to some degree during the crisis, as did the processing of remains, with the key issues involving the maintenance of hygiene, crowd control, and organisational paperwork.

Regarding hygiene, crematoria in general seem to have adopted behaviour different from pre-Pandemic habits with two standing out. One concerned the handling of coffins, notably in using a bier or trolley for moving them thus avoiding carrying the coffin at shoulder height. This behaviour was typically described by some as ensuring that the bearers would be in less of a proximity to the deceased. The use of disposable gloves also came into use. Even so, some decisions were very difficult to make as when one manager felt it important to 'say no' to a parent's request to carry their baby's coffin.

'I thought, did I make the right decision? I don't want you to die as well, your wife needs you. We just didn't want another person to die

in their family, but they weren't thinking about that, they were thinking about the person they had already lost.'

Another shift included disinfecting the exterior of the coffin as well as spaces inside the crematorium chapel and entrance and exits.

Directives

A series of government directives changed familiar practices, notably in reducing numbers allowed to attend funerals. While these were often clearly explained when passed to the crematorium staff, they sometimes left staff uncertain over procedures of possible implementation. This was especially true as the directives changed as the Pandemic proceeded with some cremation companies and local authorities being more or less efficient in their communication. A clear account of these formal changes has been provided by The Cremation Society (see, www.cremation.org.uk/COVID19-News), and we return to them below. Amongst these changes, the shift to online rather than paper documentation was reckoned by most to have been advantageous and have been retained by some after the crisis, and regarded as a positive legacy, though some other crematoria report having returned to their previous paper-processing.

Social world beyond the crematorium

In terms of ordinary human relationships 'recognition' is a powerful and significant aspect of life which makes being ignored or even rejected a most repugnant fact of life. Such relationships were a repeated feature of our project especially when crematorium staff experienced negative responses from the public. This took several forms from not being initially categorised as frontline workers to having to control funeral parties when distancing was ignored by families. Some simply did not feel able to attempt that control, and a few mentioned contacting the police who did not intend coming to engage with the issue. This kind of 'crowd-control' was quite different from ordinary times and numerous staff

spoke of the conflict between their sympathy for mourners who wished to hug and the official government restrictions on distancing. ‘On one occasion, fifty mourners turned up to a funeral’, so the staff had to stop the service. ‘It was not fair on those who obeyed the rules.’ Being strict meant it was fairer for everyone, including the staff who had to manage it. Another crematorium described a kind of picnic party arranged in the crematorium grounds by a family, and this they had to stop.

Understanding each other

Behind such events, decision-making, and management, lay the fundamental issue of mutual understanding, as one expressed it:-

‘There was a whole range of feelings and emotions – both with staff and members of the public ... how to understand one another became difficult. They (the public) were in lockdown, while we were working more than ever. Some felt that the rules were stricter than they needed to be, but clear and fair rules helped.’

The crematorium had, in an unusual way, become an arena of conflict between emotional and official behaviours. Outside the crematorium itself several staff spoke of their ambivalent sense of identity in public spaces. One manager told how she was asked to leave a supermarket of a well-known chain as someone whom they saw as ‘not a key worker’, turned away when trying to shop at times restricted for ‘front-line’ workers, especially since her crematorium duties made shopping at ordinary times impossible. In the same breath she spoke of ‘being ignored.’ Another simply said, ‘We felt forgotten, not counted as key workers.’ Or another spoke of having to ‘fight to be identified as key workers.’ Or, again, ‘The whole funeral industry was forgotten during the pandemic and undervalued.’ We return to this issue of front-line workers and of being forgotten below in relation to the funeral professions and their united communication with the government.

Cultural Gratitude

These points on identity and social relationships lead us into a discussion of what might be called ‘cultural gratitude’, an idea I will develop from long-established notions of gifts and thanks. This involves some technical discussion surrounding anthropology, philosophy, and ethics and is included here for two reasons. First because it touches on the theme of ‘clapping for the NHS’ but not for crematoria – issues mentioned several times in this Report, and second because some readers might be interested in thinking further about reasons for those behaviours.

To think in terms of ‘cultural gratitude’ and its absence we need to consider a broad background beginning with the ordinary work of crematorium staff that hardly ever attracts formal public attention and recognition and to pose the question of why that might be? One reason lies in the very largely unknown practical work of a crematorium. For the thousands who attend UK cremation services each week the crematorium building is encountered in terms of its external grounds and ceremony-located chapel or hall. This ‘front of house’ is quite separate from the ‘behind the scenes’ working area in which the charging of the coffin into a cremator and the withdrawal and treatment of remains occurs though, occasionally, some Eastern cultural traditions may wish to observe or even assist in the charging or entry of the coffin into the cremator, with some crematoria have space to facilitate this. Furthermore, some crematoria also hold open days, or host visits of educational groups that encourage experience of these wider dimensions of the crematorium’s work, though these involve a small percentage of the public. So, for most people during ordinary times, and most especially during the Covid-19 period, the unseen part of crematorium operations remains firmly unknown, and much the same applies to crematorium staff and their behind-the-scenes work. I always find it interesting to take undergraduate groups of Durham student on the ‘Death, Ritual, and Belief’ module on visits to a local crematorium, because for the great majority it almost involves visiting ‘another country’: this is a strange place, even

if they have been to a family cremation where they only saw the ‘front of house’ and not ‘behind the scenes.’

For the public at large, and perhaps for life in general, what is unseen remains un-thanked. For those clergy, civil, and Humanist celebrants, and very occasionally a crematorium staff member who assists in conducting ceremonies, some expression of thanks is normal. Indeed, for the reduced number of family members allowed to attend Covid period, officiants were also likely to have been thanked for their services. One interesting social fact allied to this is that ‘thanks’ tend to enhance the identity of recipients, in this case celebrants. Such public-facing people, as with folk at large, appreciate having their work recognised, it enhances their sense of identity and worth. By contrast, the permanent crematorium staff working ‘in the background’ and doing what they always do, are relatively unobserved and, accordingly, un-thanked. And how much more significant this was during the crisis period. One feature of being unobserved and un-thanked is closely allied with the sense of being ignored, for while being unobserved is, perhaps, a largely neutral fact of life, being ignored – or having a sense of being ignored – carries a more emotional and even moral charge with it: and it is a negative emotional charge. This is a theme that could be extended well beyond this Report as a factor relating to human wellbeing and flourishing in the workplace, most especially for people whose sense of personal identity comes to be associated with their work, or whose work assumes a new degree of significance under circumstances such as that of the Pandemic.

Gifts – cremation’s cost

Not all work of cremation is the same and this includes some aspects of funeral care, not least under the Pandemic’s pressures. It is now many years since Hochschild studied emotions in relation to occupations and everyday life, including a focus on ‘Paying respects with Feeling’ (Hochschild, 1983: 76–86). That work was linked with the earlier work

of the anthropologist Marcel Mauss who had already opened up the field of reciprocity or gift theory which showed the obligations people have to give, receive, and repay 'gifts' as a way of creating and maintain social groups (Mauss, [1954] 1969). This has been extensively developed by later writers (James and Allen, 1998), and most notably by Maurice Godelier who spoke of certain gifts and behaviours that link us to the very source of our lives, things that we often speak of as having sentimental value. Such things are inalienable or priceless, rather than being alienable or having a market price (Godelier 1999). If ever Hochschild's phrase 'paying respects with feeling' finds an apt home it was amidst cremation services and the Pandemic. For the 'dead' are in many ways part of the feeling of the living and paying respects to them through the funeral service takes us into the heart of 'gift theory.'

Although 'gift theory' would be worth extensive discussion in future work on both funerals and death I briefly dwell on it here in terms of the Pandemic and cremation.

The very idea of the 'gift', whether practically or theoretically, enables us to discuss relationships, life, and death in profoundly significant ways. Following the scholars already mentioned, Jacques Godbout and Alain Caillé have developed ways of thinking about 'gifts' that I think are applicable to Covid-19 crisis work at crematoria. They stress the difference between market prices for things and the human value of things, of what something 'costs' in monetary-economic-commercial terms compared with what it 'costs' a person emotionally-psychologically. And it is that very difference of 'price and cost' that often seems to shape-shift across funeral websites. The commercial and the interpersonal join and separate, flit and offer different faces. This catches my concern as to what crematorium staff have said in terms of Godbout and Caillé's 1998 work on the 'gift' and the reciprocity of give and take.

'The gift is the very definition of life. It is the concrete and day to day act that binds us to the cosmos ... that reconnects us to the world ... to reciprocate is to give, to give is to receive and to reciprocate, to receive

is to give, and to give, receive, to receive, to reciprocate is, each time, to recognise the world's indeterminacy and the risk of existence: it is, each time, to bring society alive, all of society.'

(Godbout and Caillé, 1998: 219–220).

To get the force of their argument, especially if those quotes seem too repetitive, it is better to read them less as a series of propositions and more as a kind of prose poem. They go on to ask why social sciences often miss what is at the heart of things? I agree with them in this especially when they wonder why discussions of social ties ignore 'words that are associated with them in daily life', and the words they want included are,

'Surrender, forgiveness, renunciation, love, respect, dignity, redemption, salvation, redress, compassion, everything that is at the heart of relationships between people and that is nourished by the gift.'

(Godbout and Caillé, 1998: 220).

Some of these words stand out in terms of dedicated service and are highly applicable not just to the Pandemic period but also to much 'ordinary' work in the funeral professions. Readers will pinpoint the ideas relevant to their own life and work, and here I do not want to romanticise any situation, indeed these authors strongly remind us that this is but one way of speaking about life, fully acknowledging that there is 'self-interest everywhere – or almost everywhere. Yet there is rarely only self-interest.' 'The gift', they say, 'is a reflection arising from experience. One must share the experience for the reflection to take on meaning ... only those imbued with the spirit of the gift can see it at work in their observations of human behaviour.' (Godbout and Caillé, 1998: 220–221).

Godbout and Caillé end their collaborative volume with a sentence that could be the beginning of a new study of death, one that would easily embrace the experience not only of some bereaved people but

also of those who work with them and for them, as throughout the Covid-19 crisis.

‘To embrace the experience of giving up objects and people, and to know the begetting and the renewal such an experience offers, is finally to serve the apprenticeship of death. And of the gift.’

(Godbout and Caillé, 1998: 2022).

What does a cremation cost?

This challenging assertion brings us back to the issue of the ‘cost’ of cremation. At first glance this is an obvious question with any number of websites available offering a company’s costs — the monetary fee for services rendered — often compared with those of others. Indeed, the Cremation Society frequently publishes lists of fees charged by different crematoria. But here, in the light of the Covid crisis, that question has already taken us into the quite different domain of personal, emotional, and psychological costs incurred by crematorium staff. It shifts the alienable costs to the inalienable values of events, and to behaviours framing them.

Clapping for the NHS

This is where the unusual crisis period brought a quite new behaviour into British life for a brief yet telling period of time as far as crematoria staff were concerned. This was the much encouraged behaviour of ‘clapping for the NHS’, when the public was invited to stand at the door of their house and clap and otherwise make noise to mark the dedicated work of National Health Service staff. This example of applause as ritual is something that I have described in more detail in ‘NHS values, ritual, religion, and Covid-19 death’, a chapter (Davies, 2022), in an excellent edited collection of social-cultural aspects of the crisis period, *Death, Grief and Loss in the Context of Covid-19* (Pentaris, 2022).

But now I want to comment on that very public and media-reported behaviour because of the way it was perceived by some crematoria staff. While they, quite obviously, saw it as worthy in itself as far as the very hard-pressed NHS staff were concerned, it also served to highlight the way their own crematorium-based work passed as unnoticed. One South of England manager spoke of ‘Clapping for the NHS’ as something that brought:-

‘A feeling of frustration: of course, clapping for those keeping people alive is important but what happens when those people die? Where is / was the recognition.’

Another said:- ‘Many staff felt left out — no public thanks for the work. No ‘clapping’ for the funeral industry.’ They were as much ignored as the NHS personnel were highlighted. Yet their work, too, was vital in dealing with the dead and bereaved families at funerals. The noise made for NHS staff was matched by a silence for crematorium staff. This was a matter of perception in which the public, unconsciously as it were, ignored the vital funerary work lying behind the Pandemic. Some crematorium staff also gained criticism in the context of cremation events if and when they sought to implement government rules on social distancing.

Identity and appreciation of work

This, then, is the place to re-emphasise the very nature of the appreciation of people in, through and for their work. The very social nature of human beings means that people benefit from being recognised for what they do, not simply through their wages, but also in being recognised by colleagues, line-management, and those they serve. This is, perhaps, especially the case when providing personal services involving the ‘emotional work’ mentioned earlier. This has long been the case for clergy conducting funerals and other rites when people thank them or comment on events that have helped them. Such comments and moments

are life-enhancing and bring their own satisfaction to a person's sense of worth and identity. Over the last thirty or so years this identity-benefit has been extended to civil and other funeral celebrants and, partly at least, probably goes some way to explain the dramatic rise in non-clergy conducting of funeral rites.

These issues were made more complex over the Covid-19 period with its shut-down, isolation, and restrictions on behaviour, including visiting sick and terminally ill kin in hospital (see Visser, 2022). Mask-wearing, and family and group-avoidance being widespread example of restriction while clapping for the NHS was one distinctively positive activity in which isolated families and individuals could still express something of a shared event. Their applause was directed towards self-sacrificial work framing healthcare under difficult and potentially dangerous conditions. However, such overtly encouraged recognition of National Health Service staff could hardly be extended to many other social contexts, not least to either crematorium or funeral directing staff. Indeed, the very concept of 'clapping for the crematorium' would pose a most paradoxically strange situation. The reason why it is practically inconceivable to think of the public doing so is because death and the processing of dead bodies at the crematorium touches a very particular phase of funerary rites lying between the prior work of funeral directors dealing with the immediate bereavement and body collection and preparation and the subsequent funeral service led by clergy, celebrants, or sometimes by family members.

The technical cremating of bodies belongs to a world of its own, hidden, and largely not thought about by bereaved families or the public at large. It is in most respects a negative period of forgetfulness and because of its absent or negative emotional charge it is not culturally amenable to the positivity of applause. It is difficult to clap for the unknown, especially when framed by death and grief. What many have identified as the sequestration of death in many contemporary societies (Mellor and Shilling, 1993) was put well in one interview.

'We were kind of forgotten because we were the reality; (people) didn't want to think about us.'

Marking memory — positivity and stress

Gratitude, by contrast, is the opposite of forgetting, for it specifically involves 'thinking about' someone and engaging in positive aspects of life: this includes love, generosity, and the fostering of wellbeing in others. Some social psychologists have described this in the rather technical term of 'salutogenesis', a word with deep roots in religious ideas of salvation (Levin 2007: 193–195). In essence, this idea accentuates the birth and emergence of positivity as people work with and for each other: it marks our essential nature as social beings grounded in mutual relationships. It emphasises those positive attitudes and motivations that drive people when helping others and which also bring about positive effects in the helpers, it is an idea that runs in parallel with the theme of altruism as an intrinsically human engagement with others and which can also influence a person's health and wellbeing in marked ways (Post, 2007). There is, I think, something of this to be seen in how many crematorium staff pulled together for the good of bereaved families, each other, and for society at large. This is a notion that has very deep roots in Christian theology where service is deemed its own form of freedom, it is shared with many other traditions too, as amongst Sikhs and their notion of *sewa* or service.

Online and Obelisk

Numerous people taking part in this survey underscored the place of mutual recognition amongst funeral professionals and the work they were doing as, for example, in the case of one crematorium that created a section on the 'muchloved.com platform' to 'thank funeral workers' so that crematorium staff, funeral directors, celebrants, could recognise the work of their colleagues (see www.muchloved.com).

Another response lay with the Westerleigh Group of independent crematoria and cemetery managers and the way they created and unveiled some 34 obelisks in six designs across the country, placed ‘to remember and recognise the lives and efforts of all affected by the Covid-19 Pandemic (*Pharos International* 2021, Volume 87, Number 4, P. 13). The following example (Illustration 2) is taken from the Cam Valley Covid-19 Memorial Launch of July 29th 2021 with Mr Alan José, representing the Westerleigh Group. He is a very well-known person within the cremation and funeral world at large, with whom I had happy contact when he managed the Durham Crematorium and hosted visits by Durham University students studying ‘Death, Ritual, and Belief.’ He opened this Cam Valley memorial depicted below, and I quote from his remarks on that day which he has kindly passed on to me, because they exemplify some of the thoughts of the funeral trade in respect of what so many colleagues, as well as the public, encountered over the Covid-19 crisis period.

‘Good Morning everyone,

It is a great pleasure for me to be here this morning taking part in this very special occasion for the unveiling of the Covid-19 Memorial here at Cam Valley Crematorium. ... We all know how the Pandemic has had an effect on each and every one of us, a time for reflection indeed. The concept for the Covid-19 memorials was simple; The Westerleigh Group wanted to create tranquil places within the landscaped grounds of its crematoria throughout England, Scotland, and Wales for people to visit and remember loved ones who died during the pandemic. The permanent, lasting, memorials would also provide places for people to remember, reflect on and give thanks for the way in which the NHS, key workers, shop staff, warehouse staff, delivery drivers, all involved in the production and distribution of food, our teachers and so many others together with whole communities who have pulled together during the crisis and pay tribute to those who sacrificed so much to help others who were sick, isolated or vulnerable. ... I would particularly like to pay tribute to the Funeral Directors, Crematoria and Cemetery staff

and all involved in the Bereavement sector during the worst crisis the country has faced since the end of World War two and the worst Pandemic that the world has faced since the Spanish Flu outbreak between 1918 and 1922. ... those who gave so much during this last very difficult time will be remembered as our Covid-19 Memorials will be maintained for all time. Thank You.'

This clearly marked recognition by a major player in the world of funeral provision was echoed at the 2023 Joint Conference of the Cremation Society and the Federation of Burial and Cremation Authorities held at Southampton when the person chairing the session on crematorium staff and the Covid-19 crisis period which had noted the absence of 'clapping for crematoria' proposed that the assembly did just that. And they did so quite voluminously. Such spontaneity of a large number of funeral professionals seemed to express its own form of self-awareness and emotional expression of feelings rooted in the crisis period.

Thanks at large

Thanks are, of course, often associated with funerals as with many other formal events, as when families express gratitude to funeral directors for services rendered and, not least when clergy and celebrants are thanked for what they have done. Such gratitude belongs to aspects of service society involving some emotional exchange that goes beyond mere mechanical transaction to embrace behaviour rooted in deep cultural values and aspects of our identity. This is not part of the ordinary 'thank you' language of daily life, as important as that is, but this deeper gratitude belongs to activities that link us to the sources of our life's meaning. This often relates to our families and those people who have touched our lives at significant moments perhaps a mentor, teacher, medical practitioner or friend. Thanks and the recognition of care often go hand in hand.

**ILLUSTRATION 2: PHOTOGRAPH WITH THANKS TO THE WESTERLEIGH GROUP
AND MR ALAN JOSÉ**



Duty of care

Care can, of course, be implicit and informal, but much of what arises directly from this study could easily fall under the more explicit legislative provision of 'duty of care': this presses 'ordinary' care into the mutual domain of social ethics established on a legal platform. So it is that the Covid-19 crisis takes us beyond that ordinary daily framework of duty into more critical issues of mutual and governmental responsibilities for health. This was certainly the case for numerous branches of funeral services that saw the decisive need to work together to express anxieties, to respond to government directives, and to share best practice under the new adverse circumstances. One key background aspect concerned the issue of crematorium staff and the status of 'front-line' workers.

Front line workers

This status of being a front-line worker was not apparent at the outset but only later in the Pandemic. This was of considerable significance for crematorium staff for two reasons. First as a social status that would have given them a sense of propriety when travelling to and from work at times when people at large should not be travelling distances; one manager spoke of wondering if he might be stopped by the police when travelling to work. Secondly in terms of their psychological sense of personal worth in the stressful job they were doing. Not being identified as 'front-line' when their prime task was coping with the increasing numbers of the dead during a pandemic is, in retrospect, a mistake. Certainly, some staff had issues with this topic. In one interview a manager spoke of the way local Funeral Directors had written letters for crematorium staff to use if needs be, since no concessions then existed. In that specific case, a local G.P. had also been very considerate in providing vaccination. Some of the consequences mentioned included the difficulty in rapidly obtaining protective equipment for staff and early

vaccinations against the virus issues needed to be borne in mind for future events.

At a national level the Federation of Burial and Cremation Authorities (FBCA) published information on February 10th 2021 noting how the Department of Health and Social Care had issued notification dated February 9th 2021 relating to ‘Funeral activities as part of ‘Frontline Healthcare’ to be prioritised for vaccination ...’ (*Resurgam* Vol. 64. No. 1. Spring 2021, p.28). The FBCA took this to apply to ‘those involved in the operation of cemetery and crematorium chapels’ and encouraged such staff ‘to use the revised definition’ when seeking vaccination for staff from NHS or allied agencies. So, this issue of formal status was not ignored by leaders within the funeral trade as they sought to interpret and apply government communiques. In terms of developing a unified voice a considerable stride forward was made through the creation of DMAG.

DMAG

DMAG or Deceased Management Advisory Group was convened early in the crisis period between organisations including, The Association of Private Crematoria and Cemeteries (APCC), Federation of Burial; and Cremation Authorities (FBCA), Funerals Suppliers’ Association (FSA), Institute of Cemetery and Cremation Management (ICCM), National Association of Funeral Directors (NAFD), National Association of Allied and Independent Funeral Directors (SAIF), and The Cremation Society, (see dmag2020.org).

This served many functions as when, for example, Julie Dunk wrote on its behalf to Michael Gove as Minister for the Cabinet Office and Matthew Hancock as Secretary of State for Social Care on October 16th 2020. She stressed the need to protect all involved in funerals from infection from the Pandemic virus, noting that while infected individuals are very strongly advised not to attend funerals yet under existing

legislation ‘they have the legal right to do so.’ DMAG, however, expressed the view that ‘based on the ‘balance of risk’ the legislation should make it illegal for people within the categories defined to attend a funeral’ (Dunk 2020: 39). The response of Nadine Dorries MP, Minister of State for Patient Safety, Suicide Prevention and Mental Health simply dated October 2020 is instructive for three reasons. The first lies in her thanks to the funeral sector for all it is doing for the deceased and their relatives: government ministers are ‘very grateful for everything’ done by DMAG — this echoes the ‘gratitude’ aspect of this Report. The second lies in two affirmations: one emphasises the already strong advice for infected persons to self-isolate while the other identifies a person’s legal right to attend where ‘there is no practical alternative to attendance in person.’ Dorries cites Article 8 of the European Court of Human Rights Act (ECHR) that affirms a person’s right ‘for a private and family life’, assuming that funeral attendance falls into that category. This left crematoria staff with the problematic situation. She notes that while it is not illegal for an infected person to attend a funeral ‘it is absolutely not our intention to alter existing guidance’, but rather to avoid such a person ‘committing a criminal offence.’ These options capture something of the cultural paradox engendered by the Pandemic, leaving crematorium staff to consider how best to act, though she has ‘asked officials to discuss this issue with you.’

But it is to Dorries’ third point that I wish to draw special attention; there she affirms the desire of government Ministers to work together with funeral services ‘to support the expansion of live streaming facilities across crematoriums’ so that mourners can attend services remotely.’ This emphasis on live streaming of services has obviously come into its own, not least as part of government responses to the deep complexity of bereaved people and the funerals of those they love. In some ways this can be seen as a valuable avenue of response, especially given the much publicised and criticised isolating of dying Covid patients from their relatives.

Some responses of the Scottish Government also covered this issue as in a 2021 edition of *Resurgam, the Journal of the Federation of Burial and Cremation Authorities* (Vol. . 64. No. 1. Spring 2021, pp. 26–27) citing a ‘Scottish Government Update – Funeral Attendance Guidance During COVID-19.’ This stated quite directly that persons showing ‘symptoms of COVID-19 Should not attend a funeral in person’, these and others who could not attend because of size of funeral groups (restricted to 20 people) ‘should consider joining remotely from home via electronic means or viewing a recording of the service.’ To such live streaming we turn below.

Crematorium and community

Meanwhile, returning to respondents of our survey, we found that very many spoke of how crematoria staff looked out for each other, alert to the possibilities of Covid-19 infection, and keen to observe rules and regulations as much as possible, something they felt was made more difficult by the changing directives received early in the crisis period. Here it is significant to pinpoint the extent and depth of personal emotional disturbance spoken of by many crematorium staff. Two issues arise here, one concerns the ordinary pre-Pandemic situation, the other focuses on the crisis and its ongoing entailments.

During the ordinary running of crematoria there are times when staff experience a degree of emotional feeling when ‘difficult’ funerals involve babies, children, or other deaths that resonate with their own life experience. Here the issue of duty of care can be more widely recognised across all categories of staff although it may play out differently for office, crematory, and grounds staff, as each person’s life-circumstance and personal temperament exert their own influence. This issue has occasionally been addressed at conferences of the joint Cremation Society and Federation of Burial and Cremation Authorities. For example, at the July 2011 conference held at Bristol the issue was raised alongside questions of emotion.

'We might even ask whether there is a duty of care by those who employ cremation staff in relation to their emotional lives and the work they do, especially at times of bereavement ... an area in which the widespread idea of 'best practice' might be relevant. ... These are all major issues since identity and the emotions that sustain or detract from it underlie our very sense of who we are.' (Davies, 2012: 7).

In that 2011 conference paper I also rephrased the familiar theme of 'work / life balance' to speak of 'death-work / life' balance and spoke of the 'emotional life of crematorium managers' (Davies, 2012: 6). More recently, my virtual conference presentation of 2021, 'Ethical Commitments to Funerary Environments', re-emphasised 'Duty of care, commitments, emotions' to pinpoint the fact that 'those involved in the funeral world have enormous responsibilities towards people, towards the bereaved, towards funeral staff, towards all who have worked so hard over the Covid-19 period dealing with the dead whether in funeral directors' premises and businesses or at crematoria and cemeteries' (Davies, 2021: 30). Finally, in the 2023 conference I produced a sketched outline on 'Crematorium Staff and the Covid-19 Crisis Period', which this present Report spells out at large. That sketch noted the inevitable absence of 'work/life' balance during the Covid Crisis period for crematorium staff and refocused on the 'duty of care' theme. It is worth noting that these conference addresses cover pre-Covid, Covid, and post-Covid periods.

The Pandemic period both intensified and extended these human concerns not only because of the greatly increased workload but also because of the social and family worlds beyond the crematorium. Pressures to avoid contexts of infection inevitably prompted degrees of anxiety, as amongst the population at large, but the obvious focus on people who had died of Covid-19 added to this pressure. While crematorium teams were profoundly aware of these difficulties, with some being grateful for higher line management thinking about their situation this was not always the case. One manager spoke of 'being ignored'; 'no one checked

on us', to ask 'are you coping?' This must be a concern carried into future planning for the wellbeing of all concerned.

Another manager pinpointed the issue of Covid-19 vaccination for staff by stressing its absence. Proactively, he got in touch with local medical General practitioners to provide this service and they did just that; this was at the end of January and into February 2021. He also referred to funeral directors on the same issue but thought that some of them were slow on this issue, but our Report has no general data on that point. Overall, what emerges is the deep sense of personal, team, and social responsibility. This is well-captured by the manager:-

'We couldn't go down with it (Covid-19). If we went down, the knock-on effect would have been huge. ... We all had the same mindset – we actively carried this through outside of work too ... One colleague did not see their son for 6–7 weeks because their son stayed with their dad, just trying to stay within bubbles ... We gave up a lot ... We put it all on ourselves.'

Another person noted that,

'Personally. I was very careful to keep away from my friends who have health issues – so didn't socialise for nearly two years, thinking I was likely to be infected as meeting lots of people every day.'

Sacrifice

It is just such comments that throw personal factors into what is best seen as a form of sacrifice even though that word was not used as such by respondents. The changed circumstances that the Covid-19 period initiated made explicit just how some funeral service people feel about their work; ordinary commitments gain sharper profile as new circumstances frame people's thought and feeling.

While ‘sacrifice’ is a morally strong word, it comes into its own in this context of life and death circumstances. Sacrifice and death have long been complementary concepts lying not only at the heart of the Christian tradition, where Christ dies as a sacrifice for the sins of the world, but also of its wider cultural resonances including military deaths (Jon Davies, 1995. Marvin and Ingle, 1999). It is this ‘death’ factor that makes ‘sacrifice’ a right and proper word to use when analysing the dedicated work of crematorium staff framed by Covid-19.

For many people, crematoria belong to the taken for granted funerary life of the near 80% or so of the British public who are now cremated. And, while we should not take for granted the day-by-day work of crematorium staff, their work falls into that accepted funerary world in which the dead are, in a sense, passive, even though their family and friends are very much alive and sensitively alert to their funerals. The Covid-19 period, however, changed this, bringing anxiety, fear, and the potential for infection, serious illness, and death to British society at large as well as to the entire world. It is perfectly understandable that the dead, including their confined body, should be allied with those anxieties, and ways of dealing with it. We have already seen this associated with hygienic spray-treatment of coffins, the wearing of gloves, and not bearing coffins into the crematorium at shoulder-level, but rather wheeled in on trolleys.

Fear

While it is easy simply to mention anxiety, as well as worry and fear it is important to dwell on it for a moment to appreciate the nature of negative emotions, especially when we are dealing with events that can easily be turned into an historical account of things. In her important historical account of ‘fear’ Joanna Bourke notes how the ‘narrative approach’ often adopted in historical studies often ‘implies that there is no body to the emotions at all.’ She regrets that, and stresses the point that ‘fear has a physiology’ in which ‘the heart pounds faster or seems to freeze,

breathing quickens or stops, blood pressure soars or falls and adrenalin floods into the bloodstream', all related to what happens around us, not least to other people, leading her to say that 'a world without fear would also be a world without love, (Bourke, 2005: 289–90, 391). Here, then, we think of the anxiety-fear cluster of emotions as playing a profound part in the challenges of an intensified place of working with the dead and with their relatives. Just how working at a crematorium or in funeral services at large may touch a person's individual anxiety over life and death is an under-researched area, but whatever accommodation people may develop with it was likely to be influenced by the universality and extremely high social profile given to a 'killer' virus.

Such emotions and responses undergird how forms of behaviour that can be depicted as sacrifice are played out in society. These are recognised in many ways, whether in military medals or the Honours System of the British Empire that recognises service to many social activities. It is against that background that the absence of formal recognition of cremation services — the 'no clapping factor' — assumes additional significance, and one reason for this Report's accentuation of the individuals and their teams who coped with potentially perilous deaths.

Covid, live streaming, families and royal families

Though some general research on social media and the streaming of services during Covid-19 period has been published (Pitsillides and Wallace 2022), the key point I now want to make focuses on a more detailed case of live streaming as crematoria increased their use of pre-existing equipment or acquire new facilities. Having alluded to this in Part One, we can now be more detailed as to this provision as with providers who made considerable efforts at meeting the needs of crematoria across the UK not least in increased production, delivery, and installation of equipment. This was the case, for example, of Obitus, the webcasting company to which our attention was specifically drawn by one

interviewee who saw the role of that company as especially valuable over the crisis period. Other crematoria also mentioned their use of the Wesley Media System.

One simple way of pinpointing the significance of live streaming case can be drawn from an informative article by James Crossland, Managing Director of Obitus. Entitled ‘Surviving the first wave of COVID-19’ he spoke of how at the Pandemic’s first height the company had ‘over 180,000 people watching webcasts each week’, alongside ‘a 60% increase in average music requests, and about 300 extra phone calls each day’ (Crossland, 2020). These calls were novel, in the sense that they were from members of the public engaged in watching webcasts, prior to the Pandemic most calls were from funeral professionals simply organising events. This critical period also saw the company come to work with some ‘33 crematoria across the UK.’ He highlights the ‘webcasting transformation’ that took place as the crisis arose with the following quotation depicting the transformation.

‘In normal times, music and visual tributes are our core services, with webcasting being an optional extra to allow a few family and friends across the world to watch a loved one’s service. Webcasting was never meant to replace being part of the congregation, yet during COVID-19 that’s exactly what it became.’ (Crossland, 2020: 20).

He notes that ‘at peak periods’ some ‘350 times the number of people’ watched events than before the crisis and how this placed pressure on the company that, nevertheless, apart from some moments in April 2020, enormous effort by their technical team and colleagues an ‘improved resilience’ resulted resulting in ‘a virtually flawless webcasting service from the end of April.’

The emergency regulations that prevented or very strongly dissuaded many people from attending funerals of kin and friends turned already available and new provision into necessities, developing live streaming into a new ‘normality.’ This is not to say that many mourners gained

the same support and sense of participation as if they had been physically and socially present at a cremation ceremony, but it does mark an engagement and participation that was much better than simply being absent. Where live streaming was not available family members might, for example, use their cell phones to share the event with those not able to be present, but this was far from easy given a person's need to be engaged in the service.

Time will tell as to the sustained use of live streaming. Just now it looks like a permanent feature. Indeed, this issue is one that Durham's Centre for Death and Life Studies has adopted as one research topic included in its research programme on Digital Death, funded by the European CHANSE scheme (Collaboration of Humanities and Social Sciences in Europe) in which Durham is working alongside Finland's Helsinki University, Denmark's University of Aarhus, and Romania's University of Bucharest. I am the Durham lead on this with Dr Georgina Robinson as a full-time researcher. So far, I have begun some preliminary work with the Obitus company, noting the strong determination of its leadership and staff in supporting funeral services as the Covid crisis developed and work intensified in providing webcasting systems for many crematoria. James Crossland, its Managing Director has already spoken of the need that emerged to increase staffing levels. In retrospect he sees that it would have been wise to recruit more staff early on given the time taken to recruit and train them when all were heavily at work. They ultimately 'increased their team by 50%' (Crossland, 2020: 20).

Though not the same as a visual 'live streaming', some crematoria had the facility for relaying the service to mourners who stood outside the building, retaining social distancing. Some had the facility to listen to loud-speaker provision of the service.

'At times we allowed families to stand outside, but social distanced.'

'We encouraged more mourners to listen to the service outside more when limited numbers were in the chapel.'

‘We used our outside space to allow mourners to stand and listen to the service on our loudspeakers.’

Some staff had the visual experience of the hearse and close family arriving in cars, fostering their shared sympathies at the death of a relative or friend. The following quote also summarises something of the personal experience of crematorium staff that resonated with social distancing, live streaming, and the grief of others.

‘Having lost a dear friend to Covid at the beginning of the crisis, I was able to really grasp the importance of why we were taking the control measures we had to. Having viewed his funeral service via live streaming (not at our crematorium), this also gave me a real appreciation of how valuable that service was / is.’

Royal family funerals

Though it might, at first glance, seem strange to link the live streaming of funerals for thousands of ordinary families with recent royal funerals, there is a cultural logic in their alignment. The royal funerals of the Duke of Edinburgh and Queen Elizabeth, though involving entombment and neither cremation nor earth burial, both stand high as points of funerary ceremony during and after the Covid crisis period. In both historical and cultural terms, let alone the issue of public mourning, it is at least notable and culturally speaking highly providential that the Queen’s death and funeral occurred after and not during the Pandemic. The main reason for including them here is because they were, in their own way, ‘live streamed’, albeit in the sense of live television, and came to form part of an immense public awareness of death, grief, and funerals. The royal funerals became part of the ritual grammar of discourse of the United Kingdom.

The funeral of Philip, Duke of Edinburgh, took place on Saturday April 17th 2021, and that of Her Majesty Queen Elizabeth the Second on Monday September 19th 2022. The Duke’s marked the most public

of funerals occurring during the Covid Crisis period, ending in entombment in St George's Chapel Windsor. Widely televised, it presented one scene at a national level that was echoed in thousands of local funerals. It provided its own form of a paradigmatic scene, in the sense of capturing an image of deep cultural importance and presenting it to the public at large as a kind of example to follow. The most telling moment was pictured in Queen Elizabeth, the new widow, sitting alone and separated from her children in observance of the social distancing then laid upon all funeral mourners. Here she provided an example for the nation, as well as eliciting sympathies for her loss. While the funeral itself followed a largely Church of England format, its music was notable for a very small group of singers arranged in its own form of social distancing, while the use of a piper struck a poignant note for many. Indeed, it has been reported by some funeral directors that there has, since, been a rise in requests for the bagpipes at funerals. The contrast between Prince Philip's funeral and that of the Queen herself on September 19th 2022 was considerable as Westminster Abbey provided the national and world backdrop of events involving thousands of participants and almost providing a post-Covid charter for a new social 'normality.' After her journey from the Abbey, another service witnessed her entombment back at St George's Chapel Windsor.

Did it happen?

Those royal funerals became clear and marked historical events deeply embedded in media and press reporting, with millions watching the proceedings across the world. By sharp contrast, for hundreds of thousands of families their own funerals were on a dramatically different scale since during lockdown only small family groups were permitted to gather, more like ten than a hundred, and that in a socially distanced way. We have already seen the difficulties this often caused for crematorium staff.

In concluding this Report, however, we raise what might seem a strange issue, prompted by two comments. One is captured in an interview with a crematorium manager who, looking back at it all, said the hardest thing was, ‘believing it’, asking ‘did it all actually happen?’ The other was flagged up in a questionnaire return that is almost paradoxical. It is a response to the question of how Covid affected one’s work:-

‘Made it feel a lot more real. When dealing with such huge numbers. I became quite detached from what was happening.’

Here ‘reality’ and ‘detachment’ seem to run concurrently in this person’s experience. Perhaps this very sense of detachment parallels the rather rhetorical question of whether it happened or not? Whatever is the case, such responses furnish their own signposts of a period of disrupted normality that prompts our sense of what is plausible in life.

Cultural amnesia

These are most telling reflections and echo something of a kind of cultural amnesia or collective forgetting that one sometimes seems to encounter amongst people at large. As the desire to return to normality overtakes many, the strictures of the lockdown period are left behind, people meet, seek holidays abroad, sporting venues are refilled. It remains for a relatively small number of older and some potentially frail folk to retain the wearing of masks and to be cautious over being outside their home and community. Whether or not such forgetfulness is some form of psychological response to a kind of trauma produced by the radical disruption to life is an issue already emerging as an academic debate (e.g. Demertzis and Everman (2020). Budryte, Dovile and Erica Resende (2023), and relates to previous studies of stress and post-traumatic stress disorder (PTSD) in the workplace (Scott and Stradling 1992). While the kinds of issues involved lie beyond the competence of this Report, the crematorium arena is one that can provide materials for consideration.

For certainly, we are reporting on things that did happen and are not dealing with conspiracy theories or some ‘post-truth’ outlook, though doubtless there are many of each to be found circling around the Covid-19 Pandemic as several writers dealing with religious responses to the Pandemic have found it necessary to mention (Lewis, 2023: 7. Chu, 2023: 189–90).

Conclusion

This Report has been about the deeply impactful nature of events emblazoned on the lives of the many who served the funeral professional world at a critical time. The combination of simple statistics in Part One and more interpretative analysis and even speculative reflection in Part Two of this Report, have observed how the ordinary and taken for granted place of cremation in today’s UK were both curtailed and intensified under pandemic constraints. While it is easy to speak of cremation, crematoria, and cremation rates in the abstract, this entire Report has ever been mindful of the individual persons who have undertaken the work implied in those abstractions, never forgetting them, nor the thousands of families who have suffered the loss of bereavement and benefitted from their services. As for crematorium staff, the emotional responses, anxieties, fears, illnesses, sacrificial commitments to each other and to those they have served, have inspired this Report that may, in some small way, mark just what they achieved: it is dedicated to just these folk.

APPENDIX ONE

The Questionnaire

COVID-19 and UK Crematoria

Working in collaboration with the Cremation Society of Great Britain, Professor Douglas Davies and Georgina Robinson of Durham University's Centre for Death-Life Studies invite you to share your experiences and the work of your crematorium over the COVID-19 crisis period.

1. What was the biggest challenge you faced during the COVID-19 crisis period?
 - a. Was it a specific moment or single event?
Please specify: _____
 - b. Staff illness due to COVID-19.
 - c. Staff illness due to something else.
 - d. Something else?
Please specify: _____

2. How would you compare your experiences during the first wave with the second wave?

3. How, if at all, did COVID-19 change your typical daily operations?
- a. Did you have cremators running for longer than usual during the pandemic?
 - b. Did you have to work longer hours during the pandemic?
 - c. Did you have to utilise any extra storage space during the pandemic?
 - d. Was it difficult to manage mourners and distancing during services?
- Please add any specific details below:

4. Have you seen a rise in Direct Cremations, both during the COVID-19 crisis period and since?
- Yes
 - No
5. Have you seen a rise in the number of ashes that are collected from the crematorium compared with pre-pandemic levels?
- Yes
 - No
6. Do you have live-streaming technology installed at your crematorium?
- Yes
 - No
- a. If so, when did you install it?
Please specify: _____
 - b. Did you see an increase in the number of services that were live streamed compared with pre-pandemic levels?
- Yes
 - No

7. Did you make use of the interior or exterior spaces in the crematorium in different ways during the COVID-19 crisis period? If so, please explain how:

8. Was the proportion of services conducted by clergy on the one hand and civil celebrants on the other much the same over the COVID-19 crisis period as it was before the crisis?

Yes

No

9. Have your services returned to 'normal' as of now, May 2022?

Yes

No

10. Do you suspect any changes made during the COVID-19 crisis period will continue beyond the pandemic? (e.g., Direct Cremations, limited-invite-only services).

Yes

No

11. Did your attitude to the crematorium building or its surroundings change during the pandemic?

Yes

No

12. Did you detect any change in attitude from the public to the crematorium building or its surroundings during the pandemic?

Yes

No

13. How did you/your organisation prepare for the impact of COVID-19 in your business? Was there any learning implemented following the first wave?

Please explain below:

14. Would you say that you have been affected by COVID-19 in your professional life, and if so, how?

Yes

No

15. What went well during the COVID-19 crisis period?

16. What were the distinctive challenges during the COVID-19 crisis period?

17. Did working on the frontline take a toll on you personally?
If so, how?

Yes

No

18. Did you or other members of your family get COVID?

Yes

No

19. Did other members of the crematorium staff get COVID?

Yes

No

20. Did you suffer the loss of a family member or friend from COVID?

Yes

No

21. If you answered yes to Q18–20, how has this affected your work at the crematorium?

Please spell out below:

22. If you have the time and want to do so, please feel free to tell us about your own work and perhaps family experiences over this COVID period? Including any advice you think is worth passing on to the funeral world for future reference:

23. We hope to be able to interview some of you who reply to this questionnaire: would you be happy to join us in a brief telephone conversation?

Yes

No

If yes, please tell us who you are and give us a contact number below:

Name: _____

Contact number: _____

Many thanks for all your help,

Douglas Davies and Georgina Robinson.

Participant Consent Form

This form is to confirm that you understand what the purposes of the project are, what is involved and that you are happy to take part. Please initial each box to indicate your agreement:

I understand that anonymised (i.e., not identifiable) versions of my data may be archived and shared with others for legitimate research purposes.

I understand that my words may be quoted in publications, reports, and other research outputs.

I agree to my real name being used in the above.

I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason.

I consent to have my information used by the Cremation Society of Great Britain and Durham University Centre for Death-Life Studies for their records, research, and publications.

Participant Signature: _____ Date: / /

Print Name: _____ Date: / /

The Authors

Douglas J. Davies, Professor in the Study of Religion and Director of The Centre for Death and Life Studies at Durham University, is a Fellow of the UK Academy of Social Sciences, of The Learned Society of Wales, and of The British Academy. He is an Oxford Doctor of Letters and an Honorary Doctor of Theology of Sweden's Uppsala University. His many publications covering a variety of fields relating to the anthropology and sociology of religion as well as to theology. His major death studies publications include *Death, Ritual and Belief* (third ed. 2017). *Mors Britannic: Lifestyle and death-style in Britain Today* (2015). *Natural Burial: Traditional-Secular Spiritualities and Funeral Innovation* (2012, with Hannah Rumble). *The Theology of Death* (2008). *Encyclopedia of Cremation* (2005, with Lewis Mates). *A Brief History of Death* (2004). *British Crematoria in Public Profile* (1995). *Reusing Old Graves* (1995, with Alastair Shaw). *Cremation Today and Tomorrow* (1990). His paper 'Dividual Identity in grief theories, palliative and bereavement care' (*Palliative Care and Social Practice* 2020: vol. 14: 1–12) offers a new approach to identity and grief. He is general editor of the six volume series *A Cultural History of Death* to be published by Bloomsbury in January 2023, and the lead UK researcher on the Digital Death (DiDe) project.

Georgina M. Robinson is a graduate of Durham University where she studied for her BA and MA at The Department of Theology and Religion. She pursued further postgraduate research at this Department and successfully completed her doctoral work in July 2023 for a thesis

entitled *Alkaline Hydrolysis: The Future of British Death-Styles*. Other publications include:- 'Alkaline Hydrolysis in the United Kingdom' in *The Sustainable Dead: Searching for the Intolerable*, Ruth McManus (ed.) (2023: 76–92). 'Dying to Go Green: The Introduction of Resomation in the United Kingdom' *Religions*, 2021. 12 (2):97. doi: 10.3390/rel12020097, and also, 'The Disposal of the Body: Environmental Concerns' *Pharos International* 2020, 86(1): 42–46. Georgina is, currently, a Teaching Assistant in this Department and also a post-doctoral research assistant on the major Digital Death Project (DiDe) alongside colleagues from Finland, Denmark, and Romania, funded by the EU CHANSE scheme (Collaboration of Arts, Humanities, and Social Sciences in Europe).

References

- Bourke, Joanna (2005). *Fear, A Cultural History*. London: Virago.
- Budryte, Dovile and Erica Resende (2023). 'Covid-19 as a Collective Trauma in Global Politics: Disruption, Destruction and Resilience.' *Societies*, 2023, 13 (5), 106. doi.org/10.3390/soc13050106.
- Chu, Jolene (2023). 'When 'No Resident will say: "I am sick"': The global religious response of Jehovah's Witnesses to the Covid-19 pandemic.' *The Covid Pandemic and the World's Religions*. George D. Chryssides and Dan Cohn-Sherbok. (eds.) (2023). London: Bloomsbury.
- Crossland, James (2020). 'Surviving the First Wave of Covid-19'. *Pharos International* Vol. 86. No. 3. Pp. 20–21.
- Davies, Douglas (2021). 'Ethical Commitments to Funerary Environments.' *Pharos International*, Winter, 2021. Pp. 28–33
- Davies, Douglas (2022). 'NHS values, ritual, religion, and Covid-19 death.' *Death, Grief and Loss in the Context of Covid-19*. (ed.) Panagiotis Pentaris. London: Routledge. Pp.121–133.
- Davies, Douglas (2012). 'Revisiting British Crematoria in Public Profile.' *Pharos International*. Autumn, 2012. Pp. 4–7.
- Davies, Douglas (2002). *Anthropology and Theology*. Oxford: Berg.
- Davies, Douglas and Lewis Mates (eds.) (2005). *The Encyclopedia of Cremation*. Aldershot: Ashgate.

Davies, Jon (1995). *The Christian Warrior in the Twentieth Century*. Lampeter: Mellen Press.

Dorries, Nadine (2020). email to Julie Dunk, October, 2020. *Resurgam*, Journal of the Federation of Burial and Cremation Authorities. Vol. 63. No. 4. Winter 2020: 40.

Demertzis, Nicolas and Ron Everman (2020). 'Covid-19 as Cultural Trauma.' *American Journal of Cultural Sociology*, 2020; 8(3):428–450. doi: 10.1057/s41290-020-00112-z.

Dunk, Julie (2020). 'Deceased Management Advisory Group: DMAG Request to prohibit those who have been advised to self-isolate and / or have tested positive for Covid-19, or have symptoms of Covid-19 from attending a funeral has been refused.' *Resurgam*, Journal of the Federation of Burial and Cremation Authorities. Vol. 63. No. 4. Winter 2020: 38–39.

Fletcher, Angus (2021). *Wonderworks. Literary Invention and the Science of Stories*. Great Britain: Swift Press.

Gennep, Arnold van (1960). *The Rites of Passage*. Translated by M. K. Vizedom and G. Caffee. London: Routledge and Kegan Paul.

Godbout, Jacques T. with Alain Caillé (1998). *The World of the Gift*. Translated by Donald Winkler. McGill-Queen's University Press: Montreal & Kingston, London, Ithaca.

Godelier, Maurice (1999) *The Enigma of the Gift*. Oxford: Blackwell.

Hochschild, Arlie Russell (1983). *The Managed Heart: Commercialization of Human Feeling*. Twentieth Anniversary Edition with a New Afterword. Berkeley, London, University of California Press.

James, Wendy and N. J. Allen (1998). *Marcel Mauss, A Century Tribute*. Oxford: Berghahn Books.

Jupp, Peter C. (2006). *From Dust to Ashes: The British Way of Death*. London: Palgrave Macmillan.

Leotta, Valeria (2021). 'The effects of the COVID-19 pandemic on the Italian funeral sector.' *Pharos International*. Autumn 2021. Vol. 87. No. 3. Pp. 32–35.

Levin, Jeff (2007). 'Integrating Positive Psychology into Epidemiology Theory: Reflections on Love, Salutogenesis, and Determinants.' Stephen G. Post (ed). *Altruism and Health: Perspectives from Empirical Research*. Oxford: Oxford University Press.

Lewis, Christopher (2023). 'Covid and Religion.' *The Covid Pandemic and the World's Religions*. George D. Chryssides and Dan Cohn-Sherbok. (eds.) (2023). London: Bloomsbury. Pp. 1–8.

Marvin, C., and D. W. Ingle (1999). *Blood Sacrifice and the Nation*. Cambridge: Cambridge University Press.

Mauss, Marcel ([1954] 1969). *The Gift; forms and functions of exchange in archaic societies*. Translated by Ian Cunnison. London: Routledge and Kegan Paul.

Mellor, P. A. and C. Shilling. (1993). 'Modernity, self-identity and the sequestration of death.' *Sociology* 27 (3): 411–31.

Milne, Alison J. (2022). 'Covid-19 and care home deaths and harms: a case study from the UK.' In Panagiotis Pentaris, (ed). (2022). *Death, Grief and Loss in the Context of Covid-19*. London: Routledge. Pp. 146–159.

Pentaris, Panagiotis (ed). (2022). *Death, Grief, and Loss in the Context of Covid-19*. London: Routledge.

Pitsillides, Stacey and Jayne Wallace (2022). 'Physically distant but socially connected: streaming funerals, memorials and ritual design during COVID-19.' In Panagiotis Pentaris, (ed). (2022). *Death, Grief, and Loss in the Context of Covid-19*. London: Routledge. Pp. 60–76.

Plaisant, Frédérique, and Jo Le Lamer (2021). 'First assessment of the COVID-19 pandemic in France.' *Pharos International*. Autumn 2021. Vol. 87. No. 3. Pp.27–29.

Post, Stephen G. (ed.) (2007). *Altruism and Health, Perspectives from Empirical Research*. Oxford: Oxford University Press.

Scobie, Sarah (2021). 'What has been the impact of Covid-19 across the UK Countries?' Blog 15/10/2021.

Scott, Michael J and Stephen G. Stradling (1992). *Counselling for Post-Traumatic Stress Disorder*. London, New York: Sage Publications.

Stople, Eirik (2021). 'Experience from Norway: Running a crematorium during the COVID-19 pandemic.' *Pharos International*. Autumn 2021. Vol. 87. No. 3. Pp.30–31.

Turner, Victor (1969). *The Ritual Process*. London: Routledge.

Visser, Renske Claasje (2022). 'Losing touch? Older people and Covid-19.' In Panagiotis Pentaris, (ed). (2022). *Death, Grief and Loss in the Context of Covid-19*. London: Routledge. Pp. 197–208.

Experiences of British Crematorium staff
during the COVID-19 crisis

THANK
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