Death, Care, and Labour:
Exploring the Experiences of Workers in Ontario's Deathcare Industry

by

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Author's Declaration

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

Abstract

Deathcare industry (DI) workers perform indispensable services in the removal, preparation, and disposition of human remains. Drawing on 14 qualitative interviews, this thesis examines the experiences of workers in Ontario's DI, focusing on how workers understand their roles as part of a broader continuum of care supporting both the dead and the bereaved within an industry shaped by regulation and commerce. Central to this labour are everyday practices of emotional management and embodied care, which are experienced as both deeply personal and professionally necessary. Many workers framed their roles as service, grounded in compassion and community connection. However, this understanding contrasts with the industry's institutional organization, raising impediments to care, obscuring the nature of the work and industry, and limiting recognition, resources, and support. In this way, deathcare labour reveals important tensions between care and its institutional framing and speaks to broader questions about how care is recognized and valued.

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All remaining faults in this project are my mine alone.

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List of Abbreviations

DI	Deathcare Industry
BAO	Bereavement Authority of Ontario
BOFS	Board of Funeral Services
FBCSA	Funeral, Burial, and Cremation Services Act, 2002

Introduction

> *They are happy people. They're generally happy people. They're not doom and gloom people, and I think that's what makes a good funeral director and makes a good individual candidate within this industry. It's just their automatic, joyful personality. Because I know when I'm joyful, I'm gonna help you lift you up during a very dark period of time. (Mara)*

I met Mara[1] in the summer of 2025 when she invited me to her funeral home for an interview. Like others I have been in, Mara's funeral home gave the feeling of being in two places at once. It was homey and also decidedly deathy. She led me from the living room-like lobby into the small meeting room, and it almost felt as though I was visiting for tea in the dining room. A tidy stack of pricelists and casket brochures sat on the long wooden table between us. Above the sideboard, a wall-to-wall shelf held selection of urns twinkling under display lights. When we sat down, I said some pleasantry about being happy to be there and Mara laughed. Most people aren't happy to be at a funeral home. They joke, "I hope I never see you again." Only, they're not really joking. With over a decade of experience working in funeral homes, Mara doesn't mind. In fact, when anyone asks what her job is, she replies, "I'm a funeral director and I love it."

In Ontario, Canada, people like Mara working in the Deathcare Industry (DI) provide services and products for funeral practices, body disposition, and memorialization of our dead. The enthusiasm Mara expressed for her profession was not rare. The workers I met shared stories steeped in passion, pride, fulfilment, and reward. They stressed both the personal and public importance of their work. Deathcare labour plays an essential role in maintaining public health, or as one of my interlocutors put it, in preventing "bodies from piling up in the streets". Beyond the corpse, deathcare workers provide, maintain, and keep record of interment locations (cemeteries), and support grieving families completing the necessary documentation and administrative responsibilities associated with a death. Deathcare workers operate at the intersection of death, the body, "death related behaviour" (Fabian 1972), and the administrative management of death and dying. The experiences of individual workers are anthropologically significant because they represent a collective care humans provide to each other in difficult

[1] All names are pseudonyms.

times. They remain underexplored in anthropological scholarship, despite the indispensable nature of their work.

My research aims to explore the experiences of individuals working in Ontario's DI and shed light on what motivates people to work in this often misunderstood or taboo field of service work. Drawing on interviews with industry professionals, I focus on the work of funeral directors, cemetery groundskeepers, crematorium operators, and sales representatives. This work is often occurring at the nexus between governmental policy, cultural tradition, feeling and emotion, biomedical care, and commercial enterprise; between life and death. Inherent to the DI, the tension between care and commerce is experienced and addressed by workers very differently to how it is conceptualized and governed by the industry's regulator. Though this sets up a fundamental disconnect between workers and the bureaucratic structures in which they operate, it fosters a strong intra-professional identity based in care and service.

I begin by describing the organization of Ontario's DI and briefly tracing the shift from community care to regulation and consumer protection. I discuss how the structural categorization and organization of the DI is felt by workers and the ways in which their professionalism and susceptibility are legitimised, questioned, or obscured. With this context, I then turn to the everyday work and acts of care that DI workers carry out in their communities, both as providers of services essential to public health and as business owners, salespeople, and physical labourers. Finally, I focus on the individual workers, their perceptions of their work and selves, and how conceptions of mental health support are simultaneously desired and rejected. I end by discussing some of the limits of my research and possibilities for further research with people working in deathcare.

I avoid terms like "death industry," "bereavement industry," and the BAO's "bereavement sector" which emphasise the situation of the consumer rather than the labour completed by workers. Instead, I use the term "deathcare industry" to emphasise the involvement of care in the work done by my participants. I also use it because of its resemblance to "healthcare," as many of my participants saw their work as an extension of the "medical circle of care"; preparation for disposition being the final act of care that a body receives. Drawing from Carol Gilligan, I understand care as "an activity of relationship, of seeing and responding to need, taking care of the world by sustaining the web of connection so that no one is left alone"

Gilligan 1982). Though the individual relationships may be confined to the specific context and timeframe of a death, these smaller interactions build trust and enact a broader set of social relations in which DI workers participate in networks of communities, church congregations, families, etc. People may joke, “I hope I never see you again.” Yet, when death returns, they know who they’ll call and who they’ll recommend. By conceptualizing care as an activity of relationship, I focus on the DI as a place where people can “foster the good in their real social relations” (Robbins 2013, 458).

Methods, Positions, and Public Anthropology

Public issues anthropology highlights the ability of anthropological research to not just say something about people's lives, but to also attempt to engage with them in ways that matter. Borofsky and De Lauri state that public anthropology brings a "commitment to being an ethnographic witness, to describing, in human terms how life is lived beyond the borders of many readers' experiences" while also entangling us in the public conversations and understandings around social issues (2019, 6). With this public, socio-political engagement, Purcell describes public anthropology "as a type of anthropology, which […] is practiced with a view toward directly and indirectly contributing to the general public good" (2000, 30).

I was drawn to anthropology by the storytelling and quickly learned that anthropology has long wrestled with the question of whose stories are told and who gets to tell them, as well as whether or not, and the degree to which, ethnographic accounts can produce objective or complete accounts of social life (Clifford 2022; Abu-Lughod 1991). For Ingold (2008), ethnography is the practice of describing the lives, perceptions, and actions of people other than ourselves. Narratives, vignettes, differential diagnoses, and even the more militant 'speaking-truth-to-power' advocacy (Scheper-Hughes 1995), all echo the simplicity of saying something about the ever-entangled, ever-changing, ever-social experience of being human. This study represents a glimpse into what it is like to work in Ontario's DI. The DI is an industry each of us will interact with in some way or another while we are alive and coping with the deaths of others and, eventually, when we ourselves are dead. Thus, with this project I hope to say something about the workers who will undertake caring for us, our loved ones, and our communities through our hardest days.

In the summer of 2022, I was in desperate need of a job. When I saw that a cemetery was hiring, I thought that the grim setting might mean a smaller applicant pool and better chances of being hired. I didn't know the first thing about cemeteries, or the death and dying industry. I watched families come and go, some preparing for the inevitable, some processing their grief, and some experiencing the worst day, week, month of their life. As an anthropology student, what struck me were the responses, the care, and the interactions from and between the workers.

As my goal was to explore the subjective experience of my research participants, I chose qualitative research methods. I recruited participants for an anthropological research project on

"the experiences of individuals working in the deathcare/bereavement industry in Ontario" by sending many emails. Though the BAO website has a public register of all licenced individuals and establishments, I found it awkward to use and the information was incomplete at times. I instead chose to contact funeral homes and cemeteries through the publicly available emails on their websites. I also reached out to people I knew from my time working in the industry. This was followed by a small amount of snowball sampling as my research participants suggested my project to colleagues.

I chose to use semi-structured interviewing as my main research method as it allowed me to understand participants as engaged in narrating, interpreting, and mediating their own lived experiences and recognises their abilities to describe their lives, actions, and perceptions in their own words (Hockey and Forsey 2012; Forsey 2010; Cefkin 2013). These interviews varied in length from 20 minutes to two hours and were framed as conversations in which participants were able to ask questions, share stories, and steer the conversation to what they felt was interesting or important. I chose to frame and conduct the interview this way as a means of allowing space for anything "interpretive, emergent, and cumulative" to unfold (Cefkin 2013, 114; Dolson 2018). I conducted one set of interviews between February and March of 2024 as a part of my undergraduate honours' thesis and a second set between June and August 2025. In total, I conducted 14 semi-structured interviews. All participants were either currently or formerly employed in the death care industry and many had experience in a variety of roles. Nine of the interviews were conducted at participants' places of work, and all others were conducted through online video chats.

While conducting my research, I was open with my participants about my being a 'partial insider' to the industry, sharing that I had spent time working in an administration role at a cemetery. As I did not have sufficient time to engage in the extended periods of participant observation, I relied on this positionality and experience when building the relationships and trust needed to share in my participants personal experiences and feelings about their work (Morse 2016; Musante Dewalt 2014; Van Maanen 2011; Dolson 2018; Palmer et al. 2018).

Background

Feeling, Care, and Labour

Encounters with death and emotion are inherent to the experience of working in the deathcare industry; so, too, is the sale of costly funeral services and products. This mix of caring and commercial labour[2] which implicates emotion and feeling in work is not unique to the deathcare industry. Terms such as affective labour, feeling labour, emotional labour, and relational labour have been used, sometimes interchangeably, to describe forms of labour which produce affects, feelings, emotions, and social relations situated within particular political, economic contexts (Hochschild 1983; Hardt 1999; Lutz 2017; E. Martin 2013; Hardt and Negri 2000; Korkman 2023). I refer to affect, emotion, and feeling synonymously as they all involve both the mind and the body, exist within the realm of social experience, and can be exploited in systems of global capitalism (Rosaldo 1984; Lutz 2017; Csordas 1990; Lock 1993).[3]

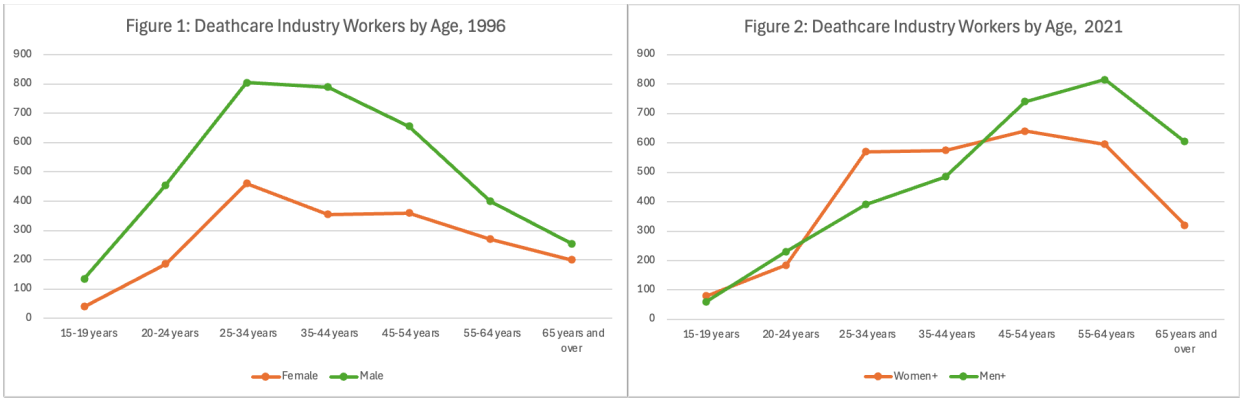
The service economy, in which much of the work is immaterial, has commodified and marketized human interaction and everyday life (Weeks 2011; Oksala 2016). Therein, feeling and social relations have become both a product and a mode of labour. Hardt and Negri discuss affective labour as involved in the "the creation and manipulation of affects"[4] and productive of "social networks, forms of community, biopower[5]" (2000, 293). Hochschild's (1983) emotional labour identifies that workers modulate their own feelings to produce emotions understood to be appropriate for work and conducive to productive interactions with clients. In both perspectives, feeling is experienced and acted upon within messy, entangled, and specific social contexts (E. Martin 2013). However, where work on affective labour tends to explore the role of emotions within larger processes of capitalist production, emotional labour, and subsequent work on the theory, foregrounds the worker and their experience of work, including how workers understand

[2] *Waged* work.
[3] There are, of course, substantial literatures on each of these that delineate areas of distinction and overlap, as well as various lineages within each (Ahmed 2014; White and De Antoni 2025).
[4] Hardt and Negri use the term 'affect' because "[u]nlike emotions, which are mental phenomena", affects can be both mental and corporeal (Hardt and Negri 2004, 108). In this thesis, I draw from the anthropological theory of embodiment to understand affects, emotions, and feelings as mental, corporeal, and social (Rosaldo 1984; Lutz 2017; Csordas 1990; Lock 1993).
[5] Hardt and Negri draw from Foucault's concept of *biopower* to argue that all power becomes biopolitical under *Empire* (Hardt and Negri 2000, 24). Rabinow and Rose argue that their "expanded concept … can describe everything but analyse nothing" and clarify that Foucault's *biopower* is "not trans-historical or metaphoric, but precisely grounded in historical, or genealogical, analysis" (Rabinow and Rose 2006, 199).

and negotiate emotions in the workplace, and the consequences of sustained emotional regulation (Whitney 2018; Hochschild 1979, 1983; Wharton 1999). As this project aims to explore the experience of working in Ontario's DI, I am interested in the ways workers themselves experience, interpret, and respond to emotions, affects, feelings, and social relations through everyday work practices.

Additionally, the lineage of scholarship on emotional labour is rooted in feminist work on the intersections of social difference and labour, including gender, race, class, and migration status (Whitney 2018; Weeks 2007; Gutierrez-Rodriguez 2014; Glenn 1992). Globalized political economic systems rely upon and reinforce an unequal distribution of feeling labour whereby it is disproportionately done by specific portions of the population that are viewed as being innately 'better' at performing the required skills: women and racialized minorities (Hochschild 1983, 1979; Muehlebach 2012; Oksala 2016; Lutz 2017). This gendered and racialized nature of immaterial labour has roots in colonial imperialism which relied on the extraction of care and domestic labour from colonized populations and positioned these forms of work as natural expressions of difference in race and gender rather than as a skilled labour (Glenn 1992, 2010; Gutierrez-Rodriguez 2014). The framework of emotional labour has been used to analyse how broader structures of inequality are experienced and reproduced through everyday interactions (Mulla 2014; Hochschild 1983; Oksala 2016; Whitney 2018; S. E. Martin 1999).

Ontario's DI complicates these ideas as the workforce has been dominated by white settler men. Similarly to what Donely and Baird (2017) observed in the United States, Ontario has seen an increase of women working in the industry, however this *feminization* has brought the industry closer to a 50/50 split (*see* Figure 1 and Figure 2). While the DI remains male-dominated, particularly in positions of authority (Donley and Baird 2017), it still exists within a broader context in which emotional and caring labour have been codified as women's work. Further, Oksala comments that "the characteristics historically present in female work—precariousness, flexibility, mobility, fragmentary nature, low status, and low pay—have increasingly come to characterize most of the work in global capitalism" (Oksala 2016, 281). I am interested to understand the way workers conceptualize the DI as caring or emotional labour and how gendered experiences of work might take form.



(Government of Canada 2023)

Caring Identities at Work

In many professions, workers come to find meaning and identity in their work, and neoliberalism has reworked economic systems and redefined how people perceive their role in society and their responsibilities to others (Vallier 2022). Characterized by a prioritization of free markets, privatization, deregulation, individual responsibility, and modest social welfare policies, labour is not merely a means of survival but becomes a reflection of personal worth and moral responsibility. Moral and ethical selves are negotiated and reshaped by the demands of the market, especially by those performing low-wage or volunteer care work and affective labour. As Kleinman states, "We are what we do; we define ourselves by how we act to live the values we claim as our own; our being and becoming is not fixed but is lived bodily" (2020, 462). Caring forms of labour come to hold both economic and moral value as workers sites where ethical personhood and civic responsibility can be experienced and expressed.

Muelhebach (2012, 2011) discusses the state-mediated relationships between the care labour done by volunteers in Italy, social belonging, and ethical identity. The reduction of state welfare by post-Fordist neoliberal governance is reframed as opportunity for moral and civic engagement and the affectively-labouring public is mobilised to perform this labour for social recognition rather than wages. This moral citizenship, however, is born out of the *unwaged* nature of volunteer work, the participation of otherwise unlabouring populations (students, the elderly, and the unemployed), and is valued for its "presumed capacity to foster noncommercialized social bonds" (2011, 61–62). Stacey's analysis of homecare aides in the United States provides a helpful framework for understanding how workers negotiate the desire

to provide adequate and appropriate care for their clients and *waged* labour conditions, such as low pay, limited benefits, and precarity. Stacey proposes that caregivers construct an identity of a "caring self" through "professing care as natural and innate, emphasizing service to others, and marking boundaries between themselves and "uncaring" others" (2011, p. 107). By negotiating identity through this relational labour, homecare aides "downplay the fact that home care is a form of waged labour", contributing to structural inequality (2011, p. 161).

Stacey joins a body of work that has theorized that feeling labour is not systematically detrimental to workers (Stacey 2011; Mulla 2014; Roseman 2019; Thelen 2015). Liebelt (2011) demonstrated that workers can engage both in acts of resistance against and collaboration with structural inequality through their labour practices. She found that by inhabiting gender norms and Christian spiritualities, Filipina care workers in Israel rejected their marginalized subjectivity and negotiated an ethical, Christian identity of service and pilgrimage (Liebelt 2011). Hochschild's binary approach to authentic/alienated emotions may not capture the complexity of people's labour, emotions, and relationships, and the consequences of emotional labour are dependent on the context in which work is occurring (Stacey 2011; Wharton 1999; Weeks 2007; Muehlebach 2012). Understanding the experience of labour through dichotomies, such as subordination-subversion, may miss the ways that workers experience and form subjectivities in relation to existing structures.

The literature examining care work, moral labour, and identity helps contextualize the ways workers negotiate their identities within the specific structural conditions of their labour. By examining how workers understand themselves through their work, I consider how an occupational identity rooted in care is produced within the particular structural conditions of Ontario's deathcare industry, where the legislative organization of deathcare often obscures the emotional, relational, and caring labour that workers understand as central to what they do.

Bureaucracy And Obfuscation

Deathcare in Ontario: regulation

In Canada, death-related services and sales are legislated by provincial governments. Ontario's Funeral, Burial, and Cremation Services Act, 2002 (FBCSA) includes funeral homes, cemeteries, crematoriums, and alkaline hydrolysis operators,[6] and is administered by the Bereavement Authority of Ontario (BAO), a Delegated Administrative Authority (DAA) under the consumer affairs ministry[7]. Though today Ontario's DI is shrouded in consumer protection legislation, early legislation served to address public health in the face of a growing settler population. Cemeteries and funeral services were initially addressed in separate acts. As the industry grew and deathcare roles were professionalised, increasing commercialization and corporatization prompted the Ontario government to implement legislation to protect vulnerable, bereaved consumers as they purchased the costly services provided by cemeteries and funeral homes (*see* Appendix I: Additional Historical Background and Literature Review). Both cemeteries and funeral services moved from the regulation of the Ontario Ministry of Health to the consumer affairs ministry before finally being combined under a single act, the FBCSA, in 2002. The consumer affairs nature of the DI was noted by most of my participants who shared that they view themselves as part of systems of care, both medical and social. Funeral director and poet Thomas Lynch states, "[a funeral] is not an exercise in salesmanship; it is an exercise in humanity" (1999). Yet, this administrative move turns away from this ethos of care and positions the workers as salespeople.

Since 2016, the BAO has been responsible for administering the FBCSA and the licences under it. There are five types of licenced establishments: funeral homes, transfer services, cemeteries, crematoriums, and alternative disposition providers.

[6] Some areas of the DI, like monument builders and death doulas, are not included in the FBCSA and operate outside of the BAO's authority, however the FBCSA remains the current, principal piece of legislation as it relates to the DI in Ontario.

[7] I use "consumer affairs ministry" rather than the actual name of the ministry due to it having been renamed numerous times. By using "consumer affairs ministry", I refer to all iterations of the consumer affairs ministry in Ontario including, the Ministry of Consumer and Commercial Relations (1972-2001), the Ministry of Consumer and Business Services (2001-2005), the Ministry of Government Services (2005-2007), the Ministry of Government and Consumer Services (2007-2022), and the Ministry of Public and Business Service Delivery and Procurement (2022-present).

Table 1: Active Establishment Licences Reported in the 2016/2017 and 2024/2025 BAO Annual Reports (Bereavement Authority of Ontario 2025, 2018a)

Licence	Licences Active in the 2016/2017 Fiscal Year	Licences Active in the 2024/2025 Fiscal Year
Funeral Establishment Operator - Class 1	574	552
Funeral Establishment Operator - Class 2	9	6
Transfer Service Operator - Class 1	41	73
Transfer Service Operator - Class 2	21	31
Transfer Service Operator - Class 2 (Restricted)	**Introduced in 2021*	30
Cemetery Operators	2,370	5,246
Crematorium Operator	53	76
Alternative Disposition (Hydrolysis)	**Introduced in 2019*	5

Funeral homes are divided into Class 1 establishments, which are permitted to fully handle and prepare human remains, including embalming, and are required to provide an inexpensive transfer service; and Class 2 establishments, which have some restrictions on the handling of human remains and cannot provide embalming or a transfer service. Transfer services primarily provide services in the transportation, or *transfer*, of human remains. Though more restricted than funeral homes, they are also divided into two sub-classes on the basis of body-handling. Religious organizations can obtain a "restricted" Class 2 licence to provide services to their members. Cemetery and Crematorium licences are not divided into subclasses. As alkaline hydrolysis currently the only approved "alternative disposition" in Ontario, these are currently the only kind of Alternative Disposition license. Since 2016, the BAO has reported a

decline in the number of active funeral home establishment licenses while all other license types have increased (see Table 1 above).

In roles that involve handling bodies and/or interacting with consumers, individual workers must obtain personal licences from the BAO, some of which having education or training requirements, licencing exams, or continued education/professional development expectations (See Table 2 for the different Professional Licences and roles). Two colleges in Ontario offer diplomas and certificates for careers in funeral services; Humber Polytechnic offers in English and Collège Boréal offers in French. The Ontario Association of Cemetery and Funeral Professionals (OACFP), a professional association, provides the BAO-approved courses for the Cemetery/Crematorium Sales Representative licence and for crematorium operators working at licenced establishments.

Table 2: Ontario DI Personal Licence and Role Specifications

Professional Licence/Role	**Educational Requirements**	**Educational Pathways**	**Permissions**
Funeral Director – Class 1	Ontario College Diploma	- Humber College - Collège Boréal	- Transport bodies. - Embalm bodies. - Sell funerals and supplies pre-need or at-need. - Plan and direct funeral services. - At an appropriately licenced establishment, provide alkaline hydrolysis.
Funeral Director – Class 2	Ontario College Diploma	- Humber College - Collège Boréal	- Sell funerals and supplies pre-need or at-need.

			- Plan and direct funeral services.
Funeral Preplanner	Ontario College Certificate of Accomplishment	- Humber College (online)	- At a funeral home, sell funerals and supplies pre-need.
Transfer Service Sales Representative	Ontario College Certificate	- Humber College	- At a funeral home or a transfer service, sell funerals and supplies pre-need or at-need. - Limited handling of human remains to transport, remove effects, and put in a casket.
Cemetery/Crematorium Sales Representative	Certificate of Completion	- OACFP Course	- At a cemetery or crematorium, sell cemetery and cremation services, burial locations, and supplies.
Crematorium Operator[8]	Certificate of Completion	- OACFP Course	- Cremate bodies at a licenced crematorium.

After-End-of-Life Care

The majority of the funeral directors I spoke with voiced that their work was a form of end-of-life (or post-life) healthcare. Though the timing of death can be manipulated by medical intervention (Kaufman 2006), all living bodies (people), ultimately, become dead bodies (corpses). Deathcare is not representative of the "failure" of healthcare but an extension of that

[8] Crematorium operator is not a professional license designated by the BAO, however, to maintain their establishment license, crematorium establishments must employ crematorium operators trained through the course offered by the Ontario Association of Cemetery and Funeral Professionals (OACFP).

work. Like living bodies experiencing health and illness (Scheper-Hughes and Lock 1987), dead bodies are physical, social, and political.

Deathcare workers perform a number of basic care activities for corpses who, on account of their being dead, are unable to complete these tasks for themselves. When requested, workers reverse, correct, or mask visible biomedical treatments, trauma, and decomposition to invoke the appearance of health. When people have made plans for their death, deathcare workers carry out a person's final acts of agency over their physical body. Without advanced planning, deathcare workers support the bereaved in making informed decisions about the body that are legal, biologically feasible, culturally appropriate, and emotionally satisfactory. Deathcare workers establish and maintain the physical locations in which corpses can be stored, both temporarily and permanently.

Categorizing the DI under the consumer affairs ministry rather than the Ministry of Health contradicts how many of the workers I spoke with, particularly funeral directors, understood their position, though everyone I spoke with emphasised the importance of professional accountability and consumer protection in the industry. Kim, who started her career as a funeral director before the ministry changed, explained:

> *"Because we're not government. All the other healthcare people are government employees, right? So, for the funeral homes they mark us as a desk job, like administration, and really at the end of the day, we're very much dealing with emotions and healthcare and even our own personal safety for the health. We have people that die with diseases and things like that. We have to protect our own people, right? That's all healthcare."*

The social and political aspects of dead bodies are also supported by deathcare workers. Death is filled with both meaning and paperwork. When a parent, child, friend, spouse, or lover dies, so does a legal guardian, an employee, a student, a tenant, a homeowner, an insurance policy holder, a taxpayer, a debtor, a social service recipient, a Costco member, etc. As bereaved friends and family navigate grief, they may also face navigating the structural, governmental

administration of the death[9], and they may be unfamiliar with what this entails[10]. Deathcare workers guide the bereaved through the bureaucratic and emotional processes of what happens when someone dies. Aside from taking on the work of handling the body, filling out paperwork, and organizing information, I was told that deathcare workers can provide "small 'c' counselling." This includes listening as family members talk through their grief and emotions, explaining "fundamental theories of grief or common reactions to grief" (Board of Funeral Services 2009, 5), being aware of signs that might indicate that someone may be at risk to themself and/or others, and connecting people with big "C" Counselling resources or emergency services when appropriate. For many of my research participants, this kind of care is particularly important as families transition away from the support of healthcare providers, hospital staff, hospice volunteers, or law enforcement. Deathcare workers can build relationship with families, sometimes spanning multiple generations, and leverage connections to community resources so that grief does not leave people feeling isolated and alone.

"The Medical Circle of Care"

Understanding deathcare work as external to healthcare has significant, practical implications when it comes to working with dead human bodies. A common theme was the break in communication between the medical healthcare system and funeral services. Funeral directors receive the cause of death but other medical information about the deceased, such as treatments they were receiving or organs that were donated, is not passed on. Heather explained that embalming and restoring bodies is already a big job, but the lack of information can complicate things:

> *"When people get organ donation for example, they will donate long bones now. You receive a body that doesn't have bones from the wrist to the shoulder, and the hip to the ankle is gone. Families ask us to provide an open casket visitation and we spend hours preparing the*

[9] For example, deaths need to be registered with municipal clerks, requiring the Medical Certificate of Death and the Statement of Death. Things might need to be cancelled, like newspaper subscriptions, gym memberships, Ontario health insurance cards, Social Insurance Numbers, bank accounts and credit cards, and pension or benefit payments. Applications may need to be made for death and survivor benefits, life insurance claims, or financial assistance that may be available to help cover deathcare expenses (for example, for low-income decedents, victims of crimes, or military veterans).

[10] Though many have discussed the nature of "death denying" culture in the west (see Kaufman 2006; Kaufman and Morgan 2005; Green 2008), the opinion shared by participants, based on their experience, is that, generally, the people living in their communities do not want to talk or think about death.

body. Sometimes we're in the prep room 48 hours straight. You go home, you sleep, and then you come back and you're right at it again. The amount of time and effort that we put into some of these cases is unimaginable. We don't charge extra for our restorative work - I don't feel that it's fair to families, but sometimes I feel like I wish that people knew how much love and effort we put into restoration and ensuring that the family can see their loved one. It's not as though we are simply dressing them and putting them in a casket. It's hours and hours of work, and your fingers are aching from suturing. All of your fingers are sore from stitching and stitching and stitching. If families only knew what we had started with– he had no structure, no bones, no eyes, no skin on his back, because they take so much for organ donation– but also for accidents and traumatic situations. I think people are pretty quick to say, "Oh, he looks okay." or, "He doesn't really look himself." but they don't realise that we've been working on him for 50 hours as a team."

I hadn't heard of long bone donation, so I asked Heather if it is common that the funeral industry has to suddenly adapt to medical advancements:

"Definitely. For example, there's a treatment hospitals use where a blue substance is injected into the arterial system that will actually turn a whole body blue. So, all of a sudden, we need to know how to remedy that. Certain medications or cancer treatments people are receiving will also cause our embalming chemicals to react differently. If someone is jaundice or yellow, we can't have our strength of solution too high or the body will turn green. There are certainly a lot of different medical treatments that can affect or change your decisions in the prep room. We learn more and more as science advances, like this new blue solution that they're using, […] And you don't get a note with a body saying, "This person might turn blue!"

If death is sudden or unexpected, families may not have had the chance to say goodbye to their loved one. If someone dies after an illness, restoration can provide a family with the chance to see and remember their loved one as they looked when they weren't sick. Heather said that she takes a lot of pride in her restoration work, that being able to give those opportunities to families is "more reward than getting a paycheque every week". However, without access to information, funeral directors are not always able to anticipate the amount of time and labour that will be required. Passing the cost of additional restoration work on to families could require directors to

discuss the biological realities of death, decomposition, and trauma with families and so, some funeral homes subsidise it[11].

Rick explained that not being in "the medical circle of care" also restricts access to information that is relevant to the health and safety of workers:

> *"There was a noticeable shift when that happened and that also created some complications for us. Because beforehand, because we were under the Ministry of Health, we had better communication and access to information from hospitals on if a decedent was infectious or not, because we could now be considered part of the medical circle of care. Because we were the final practitioner to handle that individual. Whether we have extensive medical training or not, we had enough to allow us to prepare or restore an individual. […] And yeah, there was a heavier focus on protecting the actual [funeral] directors and the team. And so, when that changed to consumer affairs, we went from being an extension of the healthcare service to strictly a business. And it's a very nuanced difference. But now we cannot be considered part of the circle of care. So now we don't get to be told if someone died of an infectious illness. […] So, there's just a lot of stuff that kind of fell away."*

The role of infectious diseases in Funeral Services has been studied and the BAO has outlined "routine practices in the bereavement care setting"(Davidson and Benjamin 2006; Bereavement Authority of Ontario 2018b; Le et al. 2017). One participant who managed funeral establishments told me that they went beyond the BAO's guidance with their own safe handling guides and conducted additional training for their staff.

The COVID-19 pandemic heightened the disjunction between deathcare and healthcare. While considering that the healthcare system may have to manage an increase in patients and patient deaths, the practical reality that those bodies would then be transferred to the DI for disposition was not discussed. Like healthcare workers, deathcare workers rely on personal protective equipment (PPE), particularly when handling bodies that have died from infectious diseases. The private, non-healthcare status of the DI meant that workers were not considered in the distribution of resources or conversations around the risk of exposure. Establishments had to buy their own PPE at inflated prices to protect staff as they handled COVID-19 bodies and

[11] Heather said that she doesn't charge extra fees for restoration work even when it requires additional time and labour because she doesn't feel it is fair to the family.

attended hospitals, long-term care homes, and other places with risk of exposure. Kim explained how funeral homes were impacted by this exclusion during COVID:

> *"They didn't even have funeral directors on their emergency list. So they had nurses, they had doctors, like a whole bunch of people, and they didn't have our profession in there. And yet they were worried about people dying, right? […] and we were like, OK, so you're worried about all these people dying and putting them in these morgues and all these things. […] So when they weren't providing us with any PPE or anything like that, it was a very interesting time for us, right when the government was getting all this stuff for free, we were paying for everything."*

Workers I spoke with expressed that the DI was an after-thought in the pandemic response planning. The COVID-19 pandemic revealed just how excluded the DI is from access to essential pandemic response resources, like PPE and vaccines. One worker told me about driving to another city to get the COVID-19 vaccine because her home public health unit did not prioritise deathcare workers in their vaccination rollout (*see* Appendix II: Ontario's COVID-19 Vaccine Distribution and Deathcare).

Last Responders

Funeral directors sometimes referred to themselves as "last responders." Where firefighters, paramedics, and police arrive first to the scene of an accident to provide care to survivors, funeral directors arrive last to care for the dead. Funeral directors expressed a mismatch between their role in crisis/fatality response and how these kinds of roles are usually supported. Kim said:

> *"And there's no resources for us like they have for other healthcare professionals. And yet, you know the interesting thing for funeral directors is there's a lot of us who go out to the scene of an accident, and it could be a friend of ours in that car. We don't know until we get there and then now, you're not only dealing with that, but now you're gonna go see the family. Then you're going to prepare your friend, the body, run that funeral service… You can't tell me that does not play tricks on your mind. Like, when I look at it, the police, their job is done after they've told the family that person's passed. The firefighters, once the person's out of that vehicle, their job is done. They don't really know whatever happened after the fact. But that funeral director knows a lot, was there through the whole process and,*

you know, they do need help and there is not– the government doesn't really share that because, again, it's not considered healthcare. Our government agency is all administration."

Heather noticed this difference in treatment during COVID:

"During COVID, first responders were celebrated, nurses, doctors and paramedics, they received discounts, and so much positivity in social media. What the public failed to recognise was the countless COVID positive bodies were transferred, embalmed and cared for by funeral home staff. We were right there with them and I feel like we're often the unrecognised like tail end of that. We are sometimes referred to as last responders rather than first responders. First responders definitely have challenging jobs, but so do we. We're going out on the road at two in the morning and picking up pieces of people to put them in a body bag. There's trauma that comes with our jobs too. The paramedics and the firefighters and policemen all have programs in place for support and therapies. But when you talk about the same thing in Funeral services, we're just told, "put your big girl panties on and deal with it" and that is sort of how things have always been in our industry."

Critiques of the COVID-19 frontline/healthcare hero have argued that this discourse of "the hero" operated to mask the structural inequalities revealed by the global pandemic (Lohmeyer and Taylor 2021; Mohammed et al. 2021; Aboii 2025; Collins 2023). This discourse of celebrating reward through moral citizenship and sacrifice simultaneously reinforced the risk associated with the work and the acceptance of the risky, precarious labour conditions. Deathcare workers recognised their own work as *essential* or *frontline* labour but did not feel recognised or celebrated by the broader public.

Beyond support, first responders receive official, legal recognition. Ontario's *Workplace Safety and Insurance Act, 1997* classifies Post-Traumatic Stress Disorder as a work-related psychological injury for first responders, meaning that first responders can access the provincial Workplace Safety and Insurance Board (WSIB) for compensation and medical coverage for psychological injuries obtained as a result of their occupations. Last responders are not included in this (Duffy 2019). One participant who managed a transfer service specializing in 'last responder' services said:

"You have to be available 24 hours a day, seven days a week, and very few people know what it's like to have to have your phone on you in your pocket. […] But it does happen a lot where the body responds to the phone, but you're still asleep because you've learned that you need to be available all the time."

My participants stressed that work-life balance and the expectations around availability and working hours varied between workplaces. Like firefighters and paramedics, funeral directors are included in the exemptions under the Employment Standards Act, 2000 and are not entitled to limits on hours of work, rest periods, or time off between shifts. This means that working conditions differ between establishments.

Consumer Protection

The existence of the consumer protection agency, the BAO, assumes that consumers need to be protected from something. All of my participants agreed that consumer protection is needed in the industry, but when the BAO came up, most of my participants were reticent and a couple declined to speak about it at all.

One participant described an experience in which an establishment was "stealing money blind from families" by fudging numbers or not returning prearrangements[12]. They explained that once the BAO was told and investigators called in, "it takes forever for there to be any action." They felt that the BAO did not have enough investigators. The BOFS, which only oversaw funeral homes and transfer services, had three inspectors (Board of Funeral Services 2015). In their 2018/19 annual report, the BAO, which replaced the BOFS and the Cemeteries Regulation Unit in 2016 and is responsible for funeral homes, transfer services, cemeteries, and crematoriums, reports that they went from three to five inspectors (Bereavement Authority of Ontario 2018a). The 2024/25 report states that the number of inspectors was increased from four to eight (Bereavement Authority of Ontario 2025, 11).

Some of my participants expressed disappointment in how the BAO approached consumer protection, specifically that the BAO does not make a larger effort to educate the public about death and deathcare. The BAO recognises that consumers of deathcare services are

[12] When a family prearranges their services, their money is put into a trust account. When the service is performed, any accrued interest beyond the current price of the service must be returned to the family. If the current price of the service is less than the prepaid amount and its accrued interest, the service must still be provided, and no extra fees are charged.

vulnerable because they are grieving. In the experience of my interlocutors, this is only part of it. Consumers are vulnerable when they are uninformed. A funeral director who felt comfortable sharing their thoughts about the BAO's relationship with deathcare workers said:

> *"The Bereavement Authority also is supposed to be there for us. So when a family comes to us and there's a really big grey situation going on, we're supposed to be able to call them and say, "this is the situation. We understand and this is how I would act as a practitioner under our act. But you are the BAO. How would you like us to respond to this unique circumstance?" Vague, greyness, or no response. Because they're waiting for you to screw up so that they can then charge you and that be the end of it. So they really don't support the industry the way they're supposed to. Um… They also don't, their job– Part of their job is supposed to be educating the public. Any funeral arrangement I do, the first 20 minutes after getting to know the person is dealing with all of the myths, dealing with all of the stuff they learn on TV or from the Internet, because it's all about different states rather than Ontario. And then I'm having the same fight with every cremation family: Yes, you still need a container or casket for cremation, this is the reasoning for it, this is why I have a cardboard option for you, that is this, this is the actual law, you can go read the law here – They do nothing for public education. They release a newsletter to us and then they ask us for more money as a profession. They are spineless and useless…"*

The BAO's approach to consumer protection came off as 'firefighting' rather than 'fire prevention'; responding to predatory behaviour against consumers rather than trying to structure the industry such that it is not happening. Since every time the BAO catches an 'arsonist', they announce it on their website, the organization is painted in a good light as a heroic protector of vulnerable consumers[13]. The other side is similarly painted with a singular, collective stroke, albeit an exploitative, villainous one. My participants expressed that the BAO was not "on their side." When I told one funeral director that I had been trying to get a better idea of what the BAO does, they said: "We sometimes would like to know that too."

My participants described an ethos or duty of care for consumers who, because they are grieving, are vulnerable. However, as Lynch (2013) explains:

[13] The BOFS also made public announcements of individuals and establishments that were not following the acts, however, the BOFS was made up of industry insiders, and the funeral services industry was self-regulated.

"While a death in the family does, in fact, place the consumer in a bad bargaining position—they have, after all, a corpse to deal with—the folks they call for help in times of trouble are either honest, or they are not, before, during, and after the fact."

Participants who did arrangements[14] said that public misconceptions around profit and compensation in the industry are rampant. Seeing the high cost of deathcare services, funeral directors in suits, Cadillac hearses, and the well-kept and nicely decorated businesses, people often make assumptions that these nice things reflect high wages or that workers are trying to swindle customers. Heather explained that the funeral home can "take the hit" for fees that are disbursements, like flowers, newspaper notices, or reception food. Establishments have operational costs, like taxes, rents and mortgages, utility bills, and, importantly, they need to pay their staff. Heather shared, with some sarcasm:

"Everybody wants to be paid a living wage; can you imagine our staff wants to be paid? Unreal!"

Those who had left corporately owned deathcare establishments or roles that were predominantly compensated by commissions explained that they preferred working in an environment that focused on care and service, even when sales-focused establishments provided the opportunity to increase earnings. One funeral director described trying to balance serving their community while also meeting corporate expectations:

"It was very much like a push for sales and it's like, I understand we need to make money and I do that for us. I increased our revenue by about 200%, but I did so in a very honest way and it was the community trusting us and I wasn't gonna let them the community down. I would let corporate down well before the community, but yeah."

Sometimes additional earnings came at the risk of losing the ethos of care and service. While employed by a corporate funeral home, one funeral director was told that their $41,000 salary (which included early start times, weekend work, and "being on call nearly 24 hours a day, seven days a week") was meant to be low because they had the option to receive $6,000 end-of-year bonus. This bonus was dependent on how the sales performance of the establishment compared to other locations. The majority of the people I spoke with no longer or never worked in an

[14] "Doing arrangements" involves selling products and services to families; arranging (planning out) funerals. All of my participants described this as a process of helping families select and purchase what they need and can afford as opposed to a process of negotiating a sales contract that would enhance profit.

establishment that awarded commissions on sales. One had specifically chosen a job that did not earn commission because she felt it was more ethical and meant she could better take care of families.

Taking Care of Families: Feeling Labour and Managing Emotion

Terms such as affective labour, feeling labour, emotional labour, and relational labour have been used, sometimes interchangeably, to describe forms of labour which produce affects, feelings, emotions, and social relations situated within particular political, economic contexts (Hochschild 1983; Hardt 1999; Lutz 2017; E. Martin 2013; Hardt and Negri 2000; Muehlebach 2012; Korkman 2023) Where Hardt and Negri's affective labour focuses on the commodification of feeling as it is produced in another person, Arlie Hochschild's emotional labour foregrounds the idea that some jobs require workers to manage their own emotions and feelings in order "to produce an emotional state in another person" (1983, 147). In this manipulation of feeling, emotions are "removed from the private domain and placed in a public one where they are processed, standardised, and subjected to hierarchical control" (153). Those providing more caring forms of emotional labour are required to buy into the goals and mission of their work as an extension of a personal, caring self; a person's identity becomes tied to their work and meeting the expectations of care required by their employer (132–36).

Encounters with death and emotion are inherent to the experience of working in the DI. Workers' interactions are not only aimed at providing support and guidance to dying or bereaved people but also include the sale of costly funeral services and products. This mix of caring and commercial labour which requires workers to call on emotions and feelings as part of their work is not unique to the DI. While discussing the emotional labour involved in their work, three main themes arose: emotional management as a form of care, embodied forms of emotional labour, and appropriate displays of emotion.

Emotional Management

Lisa started working in the DI in her 40s after leaving a marketing career to "get into a job that meant something." When we talked about her job in cemetery sales, she told me that the most important part is ensuring that people understand the information she provides. Often meeting with people who have no knowledge or experience with the DI, Lisa makes a point to educate families on how things work and which types of establishments can provide which services. This way families can make informed purchases. Lisa has these conversations with both "pre-need" families making arrangements before any deaths have occurred and "at-need" families making arrangements for someone who has passed. She described the pre-need

appointments as a place where she could have fun, laugh, and bring her energy up to prepare for an at-need later in the day. When describing the at-needs she said:

> *"I need the time in the morning to prepare myself for it and to build that feeling and to have that compassion because I can't be breaking down with them too. You have to kind of sit back and... It's not being a better person. It's, you really have to remove yourself from that situation. […]*
>
> *You really have to just sit. Let them talk. Let them talk, so that way you have that time to breathe too. Don't get me wrong, there are times where that tear wants to come through, many times, but if I fall apart then I'm not doing my job, right? So, you really just have to take that deep breath and keep moving forward and giving them the information, you know, making sure that they understand. It's a lot of information. It's a lot of information that they're not aware of."*

All interactions with families require emotional labour, the effort involved in displaying the appropriate emotions for work (Wharton 1999). At-need appointments require workers to perform more emotional management, in which workers induce emotion in themselves to produce a response in another (Hochschild 1983). However difficult, Lisa induces a sense of calm, collectedness in herself in order to help both herself and the family get through the appointment. Participants described working with emotional families by using words like "help," "guide," and "care." Families come to deathcare establishments to access the skills and knowledge they may not have. I was often told that the most helpful thing a worker can do is their job. Emotional management was framed as an essential way to best provide care because, in the face of intense emotions or upsetting situations, remaining "calm" and "professional" allows workers to complete their fundamental job duties: getting the family through the pre-purchasing information, planning arrangements, completing purchasing contracts, holding a funeral service, etc.

Later in my conversation with Lisa, she told me about a time she supported two parents who had recently lost their child. They came from different cultural backgrounds with conflicting funerary customs and one acted as a translator for the other. She used this instance as an example of the non-verbal cues she often relies on:

Lisa: "Body language is probably the biggest thing in this room. Grief is different. You have people that are aggressive. You have people that want to swear. You have people that want to laugh. You have people that want to cry. If I have a family in here that's laughing when they just lost somebody, that doesn't mean I need to laugh with them. I can smile, but I'm not going to laugh because now they can take that the wrong way as far as my body language goes. So, you have to really- maybe that's the biggest insight in this job is understanding body language. Body language. Eye contact."

Hannah: "You mentioned them drawing and sharing energies with you, but particularly having to be so "turned on" in an appointment, watching body language, following the vibe of the conversation, all of that. That's exhausting?"

Lisa: "It is exhausting. If I find there's two of you and you're talking to me and I don't find that I'm getting much eye contact from you, now I have to kind of turn my focus to you. I need to bring you in so you understand. If you're not having eye contact with me and your body language is slouchy, then you're going to leave here and not understand anything I said. So, body language is probably the biggest thing. In this family, that's what I had to watch, right? I really had to pay attention to someone that didn't understand me and I couldn't understand her. But at the end of the day, that mother hugged me. Many times. "Thank you, thank you, thank you.""

Lisa's description shows how her work is embodied[15]. The labour of managing her own emotions and drawing responses out of clients that will help her meet her goal is done, in part, by observing body language and responding in kind. Emotional labour and its embodied work are not finished once the cemetery arrangements are made. Like in Lisa's story, I was told that families often initiate physical contact, hugs and handshakes, to express their gratitude to the workers that helped them.

[15] Drawing from the anthropological theory of embodiment, I understand affects, emotions, and feelings as mental, corporeal, and social (Rosaldo 1984; Lutz 2017; Csordas 1990; Lock 1993). I refer to affect, emotion, and feeling synonymously to acknowledge that they all involve both the mind and the body, exist within the realm of social experience, and can be exploited in systems of global capitalism.

Embodied Care

Rick worked as a funeral director for 13 years and he told me that he was a stickler for doing the job well. This meant following the legislated rules of the industry and abiding by health and safety best practices in the embalming room. It also meant that Rick had adopted his own rules when it came to supporting families. We were talking about how he deals with the harder, more emotional parts of the job when Rick told me a story about one of his rules: families should never see their babies in caskets:

> *"I would always hold or have someone hold the baby for about half an hour before the family came in to see them because babies are warm, babies are not cold. […] Here [the mother] walked in. I was holding her baby. She started crying. I spoke with her for a few minutes and I said, "Here, take your son. You sit down. Now you spend as much time as you want with him." And I said, "I'm going to give you some private time, that you can be here as long as you need to be. I will stay all night if you need me." And she grabbed my hand and she said, "Can you please stay with me?" And she did not let go of my hand for about four hours and I knelt beside her for four hours. And you- the pain she had for this loss was insurmountable. And it… and it affected."*

Lisa's description of embodied work involved a dynamic engagement with people, but Rick spoke of a more subtle, static embodied work. Rather than use a heated blanket or any kind of device to warm them, Rick shared his own body heat. His policy was meant to facilitate the parent's experience and subsequent memory of holding their child for the last time and rather than use technology to engineer this, he uses his body to choreograph it. The funeral director holds the infant. The family arrives and sees their baby being held. The baby is passed from the arms of the funeral director to the arms of the parent and they feel the familiar weight and warmth of their baby. Rick's choreography is one that he is emotionally and corporeally involved in. He provides care that is steeped with connection and meaning. This includes his own beliefs about how babies should be: warm and held, not cold and in caskets. Babies should be alive, not dead[16]. The parent may not even be aware of his choreography, but Rick takes

[16] While working in the industry and while conducting my interviews, I noticed that child and infant deaths were *felt* differently. Like adult deaths, child and infant deaths are unavoidable; they *do* happen. However, they are not regarded with the same inevitability or acceptance as adult deaths. All adults eventually die, but every adult that dies was once a child that *did not* die. Only some children die. Child and infant deaths are also near-impossible to re-narrate. When adults die, we can focus on the life they lived and their legacy. If they passed

action to do something good and caring in the uniquely devastating circumstance of infant death so that this last memory can be one where the parent feels they are holding their child, not a corpse. Rick is not only providing care to the infant and the parent by being involved, but by doing something to right some of the perceived wrongness of infant death, he also cares for himself.

Though Rick was the only person who mentioned warming babies, his use of his physical presence was not unique. Deathcare workers often sit with families as they feel and experience their loss. This act of being present was a way to communicate to the families that they are not alone. When talking about the mother, Rick said:

> *"It would have hurt more if she was in there suffering alone, and I was standing out in the hallway. So sometimes being with them in the eye of their grief takes away a bit of the pain because you're doing something good for them and that kind of shields you a little bit."*

Much of the physical, bodily work done by my participants happened when "customers" weren't around. Workers often complete labour-intensive tasks on tight timelines. Heather explained that many people aren't aware just how laborious embalming can be:

> *"Sometimes I feel like I wish that people knew how much love and effort we put into restoration and ensuring that the family can see their loved one because it's not just like we're dressing them and putting them in a casket. It's hours and your fingers are aching from suturing- like you know when you play Game Boy for six hours and your thumbs are sore? Like all of your fingers are sore from stitching and stitching and stitching."*

Frank described the physical labour involved in his job on a cemetery grounds crew as "punishing" and that he "feels the effects today". Rick mentioned the long-term impact of embalming fluids on the health of funeral directors, something that is well documented (*see* Holness and Nethercott 1989; Allen et al. 2022). For many, providing deathcare services for their community is physical work with costs on the body. (*see* Appendix III: Bodies and Brutal Care).

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after battling a physical or mental illness, we can imagine them in a better place, freed from suffering. Child and infant deaths are not accepted as being normal or natural or bound to happen, so they are *always* unfair, abnormal, and wrong.

Appropriate Feeling

Theorizing affective labour as producing "social networks, forms of community, biopower"[17], Hardt and Negri emphasise that the feelings or 'affects' involved in affective labour are embedded with/within the social world (2000, 293). Emotions, feelings, affects and their subsequent actions are experienced and acted upon within messy, entangled, and specific social contexts (E. Martin 2013; Hochschild 1979). In addition to managing and producing feeling in others through emotional management, DI workers experience internal feeling and emotion as a result of their own work. All participants shared that they do get emotional at times; often when it "hits close to home". Emotions and feelings stimulated by work are common and expected. Frank used the metaphor of a bubble:

> *"We have this emotional bubble around us. That is our protection from what they're going through and what we have to do. But that bubble is extremely fragile. It is about as tough as a soap bubble. Extremely fragile. And sometimes it's just hearing the story of what happened, what the family's gone through. We don't always hear it, but occasionally we do. Sometimes you can just look at a person and just by the look on their face, the look in their eyes, you know they are shattered. 100% shattered. […] And you look at that person and suddenly you're there, you feel it, you take it in. It's tough, it's tough. You find a way to keep going, but it is tough."*

As labour occurs within specific contexts, it is productive of and responsive to how feelings, intensities, emotions, and/or responses are understood to be good and appropriate or bad and inappropriate. Emotional labour involves the management of feelings to align with what is understood to be 'appropriate' in context of one's work (Thomas and Correa 2016; E. Martin 2013; Wharton 1999). All participants noted that there were right and wrong ways to express feeling in their work. Though managing emotions was framed as a form of care, deathcare workers manage their emotions, "compartmentalise", or "detach" themselves because it is what is expected or required of them. 'Inappropriate' displays of emotion are not only inappropriate

[17] Hardt and Negri draw from Foucault's concept of *biopower* to argue that all power becomes biopolitical under *Empire* (Hardt and Negri 2000, 24). Rabinow and Rose argue that their "expanded concept … can describe everything but analyse nothing" and clarify that Foucault's *biopower* is "not trans-historical or metaphoric, but precisely grounded in historical, or genealogical, analysis" (Rabinow and Rose 2006, 199).

because they are unhelpful and unproductive, but they are also selfish because within the context of a meeting, that grief and sadness belong to the bereaved. As one funeral director told me:

> *"Right from the very beginning that I started in this industry, I knew I wasn't going to ever let myself cry or get impacted by someone's story or someone's passing. Because it's not my grief. And you have to remember that. It's not your grief. I've seen and heard the worst things you can imagine. But no, it's not my grief. And I'm more helpful staying composed and keeping a level head and that's how I can- doesn't mean I can't be caring and sweet to the family that it- But it can't impact me. It's not my grief. It's not my loss."*

When workers express emotions in ways that are inappropriate, it signals an inability to manage or control those feelings; an inability to complete a fundamental aspect of the job. Yet, feeling or being affected by the work is not only considered a "natural" response but lies at the very core of what it means to work in deathcare. Not feeling affected by the work was equated to being uncaring and ill-suited to the industry. Rick explained that the work is and should be difficult, because if it is easy:

> *"And that's when you should leave the industry completely. Like my preceptor said, if you go to close the casket and you don't tear up a little bit, you need to leave immediately because you no longer care."*

For many of my participants, being able to feel is what drives their ability to provide care. M. Rosaldo describes emotions as "embodied thoughts, thoughts seeped with the apprehension that "I am involved."" (1984, 143). Being affected by the work evokes involvement in the social world which then gives way for workers to form relationships, to see and respond to the needs of others (Gilligan 1982), and to try to foster good in encounters shadowed by grief and loss (Robbins 2013).

Moral Undertakings

> *"A funeral is not a great investment; it is a sad moment in a family's history. It is not a hedge against inflation; it is a rite of passage. It is not a retail event; it is an effort to make sense of our mortality. It has less to do with actuarial profits and more to do with actual losses. It is not an exercise in salesmanship; it is an exercise in humanity." (Lynch 1999)*

Links between work and identity are not unique to the DI. Kleinman states, "We are what we do; we define ourselves by how we act to live the values we claim as our own; our being and becoming is not fixed but is lived bodily" (Kleinman 2020, 462). Identity is constructed within political, social, and historical contexts and labour can be a place where aspects of identity, such as personal worth and moral citizenship, are negotiated (Muehlebach 2012, 2011). Through my interviews, it became clear that workers found meaning and purpose in their work. This ethos of care felt at odds with the structural configuration and public perception of the industry. On an individual level, this focus on caring for others could be both a driving force and a detriment.

Work Identities

I often heard that deathcare work is not for everyone; that it takes "a special kind of person" to do the job. All of my participants identified as that type of person. Some told me about specific qualities that were important: "compassionate", "caring", "patient", "emotionally strong". The skills or characteristics that were identified were ones that are important in performing feeling labour and emotional management. Two participants, who experienced chronic issues from the physical aspects of the work, additionally mentioned the physical strength required for tasks like moving bodies or digging graves. Anne, a cemetery administrator, told me some of the general qualities that she might look for when hiring:

> *"a unique personality and unique outlook on life and be able to process things and tend to have a tendency to be more caring and compassionate individuals compared to someone who ploughs roads, who pours concrete, it takes a special person, and I know that from my past experience… I interacted with cemetery staff there. There were a few staff that… within a few days realised that they could not do it from an emotional perspective. It's pretty hard for an adult to stand over a small child's grave and fill that grave in with weeping parents and grandparents down over it. It takes a lot of inner strength."*

Those who did not identify specific qualities or skills stressed that roles in the DI required some kind of tacit or innate ability: there are those who just can and those who just can't. The tacit 'can' that was emphasised was the ability to perform feeling labour well and the ability to cope with the emotional toll of the job. Heather told me that having a mix of personality traits can be a strength:

> *"I think it's more you can't be overly empathetic. Because I think that that is when someone takes it on and they're directly affected by it. And it's too much for some people. Otherwise, it's funny because when you say "oh, it's good to be extroverted, so you can lead a funeral and speak with confidence." I am that person but my [coworker], if you meet her, she is an introvert and she is quiet, but gosh, does she exude compassion. […] So we all bring something different to the table where, I can do business arrangements and get people out fast, but that's not what everybody needs. […] So as much as I say empaths are maybe not the best suited for this industry, they can also really understand what the family is going through and be a good support. So, I mean it's really just if you feel called to do it, I think. Because each of us has our different personality traits which can be an asset in different situations."*

In Rick's experience, these innate strengths are socially ascribed. He shared that women are often asked to "deal with all the baby calls because [their] maternal instincts will be better." When I asked Rick directly if he had noticed a division of labour on the basis of gender he agreed and explained that lifting bodies and other more physical aspects of the job are sometimes seen as tasks for the men. For women, he said:

> *"I do see a lot where women are put in this role, where they have to be with the families up front, which means they never get a break. Like the best place- everyone wants to be in the embalming room because it's a thousand times easier than dealing with a family, unless it's a baby. And then to only say- let's say you only have one female funeral director on staff, if it's an old-school funeral home, every single infant that comes through they're dealing with and that is such a toll on them. And it's an unfair toll because they should not be the sole carer for those challenging situations."*

While Rick was hopeful that this would change as more women enter careers in funeral services, he emphasised that women were often seen as being better suited to providing care and

compassion, particularly in difficult cases like tragic, violent, or child deaths, because of a natural or innate ability to be caring. This aligns with the literature on gendered differences in feeling and caring labour which notes that in some contexts, young girls are socialized to develop skills in care, empathy, and emotional availability, and as women, they are more likely to turn to them as resources and are more frequently employed in roles requiring emotional labour. This reinforces skills like care, empathy, and emotion as innately feminine traits and perpetuates structural inequality and ideas of "women's work" in the job market (Hochschild 1983; Muehlebach 2012; Oksala 2016; Lutz 2017; Glenn 1992; Gutierrez-Rodriguez 2014)[18]. Additionally, Donely (2021) and Donley and Baird's (2017) research on funeral directors in the United States describes similar divisions of labour in which caring tasks are innate and feminine-coded and physical tasks can be learned and are masculine-coded. While the deathcare industry remains male-dominated, particularly in positions of authority (Donley and Baird 2017), it still exists within a broader context in which emotional and caring labour have been codified as "women's work". Gender divisions of labour are reproduced in DI, yet they remain flexible as all work can be considered care in its various forms.

Callings and Shared Identity

All but two of my participants said they were motivated to enter the industry because of the care and service involved. Anne said working in the industry "isn't a job. This isn't a isn't career. It's more of a calling to serve." After retiring and surviving cancer, Anne was looking for a way to feel connected with society. She said that working in the DI "*is [her] way of giving back because [she] survived."* Many referred to their work as a "calling to serve". Heather said:

> *"Every job I've ever worked in has been a job. And I think that this job, for people who are in it for the right reasons, isn't a job. It's a calling. It is their purpose. And I think that those are the people that stay in it long-term, because you'll see too that there's a high turnover rate that people get into the industry thinking it's going to be fun or… but you know, it's kind of an underpaid job and it's a lot of work and a lot of expectations and a lot of hours and a lot*

[18] The gendered and racialized nature of immaterial labour has roots in colonial imperialism which relied on the extraction of care and domestic labour from colonized populations and positioned these forms of work as natural expressions of difference in race and gender rather than as a skilled labour (Glenn 1992, 2010; Gutierrez-Rodriguez 2014). This racialized, gendered history persists in care work today, overwhelmingly done by migrant women (Muehlebach 2012; Oksala 2016; Hochschild 1983; Liebelt 2011; Glenn 2010).

of weekends and it's demanding and it can be emotionally draining and we can burn out and we can get compassion fatigue and there's a lot of… nyegh about the job. But when you're truly working in your calling and it is a, kind of a life's purpose, I think you just get such fulfilment from your job that it is a great career to be in."

When framed as a calling, parts of the job that are "brutal", difficult, or demanding are done in service to others and provide rewards through personal satisfaction and moral fulfilment from being a good, caring citizen (see Appendix III). Motivation was not just about work as a way to do good, but affirmed strong moral opinions about how deathcare should be done. The focus on having the "right people" in the industry for the "right reasons" was primarily related to the "wrong people" and "wrong reasons". Some were very clear what the "wrong reasons" were. For instance, Rick said that there were two kinds of people in the industry:

"caring individuals who desire the best for the families, who understand that businesses need to make a profit but that that human level is incredibly important. And the remaining percentage are people who are here because their parents owned a Funeral Home and now they want to milk it or because they felt it was an easy way to make money or because it fulfils some sort of need for God complex because you're the one who sets the finality."

Regardless of why they entered the industry, everyone I spoke with described their work as rewarding and an essential service within their communities. Money, if discussed at all, was often a place where care and service were affirmed. I was told that low wages for employees mean lower prices for consumers. One participant said:

"It takes advantage of compassion, right? Because you do feel it's a vocation that's a calling. But that doesn't mean you shouldn't be compensated for the work you do in the skills you have."

Accepting a lower wage so that families could access more affordable services was a way that workers can take care of those families. This sacrifice can generate more satisfaction and fulfilment but only works when employees buy in to their "calling" and are okay with being compensated with good, moral feeling.

Support for Supporters

All of the deathcare workers I spoke with expressed that there is a need for some kind mental health support in the industry. Erin said:

> *"How can you not be impacted by seeing the worst things imaginable? I think even if you don't think you're impacted, you probably are."*

The reality of the DI is that it is beholden to death's schedule, which is: any hour of any day and any age of any life. This means that parts of the industry operate 24/7 with shifts and on-call periods and workers bear witness to death in every configuration of age and circumstance. Death and grief can be difficult. My participants feel and care, and they also have work to do. Two noticeable themes that arose when talking about support were: the dominant attitude toward support held by those working in the industry and the issue of finding someone who understands the experience of working in the DI.

"Buck up, buttercup!"

Though my participants stressed that feeling affected by the work is natural and important to providing quality care to bereaved families, to need support in managing that feeling can be framed as a failure or a lack of professional ability/credibility. When I asked about support: Erin recalled coworkers crying and being met with judgement:

> *"And it's kind of that "if you can't do it, you're not the right industry" sort of attitude, which I'm sure that happens in other places, too. So I don't really know what support would look like, because it's kind of you just, you just do it. It's your job, right."*

Another funeral director said:

> *"When a paramedic gets PTSD, they go, "Oh my God, the shit they must have seen, that's understandable." When a funeral director does it, the public goes, "Oh shit, that's horrible. They must have seen something horrible." But other funeral directors go, "You are weak, and we're gonna eat you alive because of this." We are our own worst enemy in that sense. So we don't have that- we don't have anyone sticking up for us because they go, "well, this is the job, like it or not. So then leave." […] I was always very vulnerable to the team and say, "Yeah, that one hurt us. That was a sad service," 'cause- and I was in an environment where my preceptor would say, "No shit that was sad, it's a Funeral Home," and I said "OK, but it*

was extra sad." And even he was part of that mentality, it was like, "Yeah, it's sad. Deal with it."

Hiring "the right kind of people" functions to exclude people from the job who may struggle with the emotional demands. Additionally, it attracts workers who are seeking jobs that involve emotion, relationship building, and meaning or personal fulfilment. This ideal of a deathcare worker, someone who is not only skilled at dealing with emotions but wants to do that work, stigmatises the need for support; to struggle with the emotional toll of the job is to struggle to do the job entirely. This is reinforced through social interactions with coworkers and managers. The attitude and its social reinforcement can also limit access and discourage attempts to create or improve formalised support programs and systems, such as professional or organised peer support. One funeral director told me they had asked managers about increasing the counselling benefits in the employee health plan because they felt it would be beneficial for everyone at their workplace:

"When I've asked about more, they just said that there isn't enough interest from others to do so. Which may be, honestly, that may be true. Because again, it might just be the attitude. They might not need, or I don't know… I wouldn't say I need therapy for the job or because of the job, but [laughs]."

Many of my participants shared that though the "deal with it" attitude is still dominant in the industry, things are starting to shift. Talking about the impact of the work is becoming more acceptable. This change was attributed to two main catalysts: the COVID-19 pandemic and the younger generation of workers. Though everyone I spoke with thought that formal supports should be available to workers and were open to talking about mental health, most were very clear in telling me that they had not and did not access support themselves. Two participants, both men, told me that they had participated in one-on-one counselling sessions. One shared that I was only the third person he had told about accessing support for his mental health.

"You just don't get it!"

The issue of *who* workers could talk to when support is needed was a concern for all of my participants. When I shared that I had worked in a cemetery, participants would often express some relief that I would already know a small part of their experiences. For most of my participants and all of the women I spoke with, familiarity with the industry was important. Erin

explained that this is why funeral directors often date one another or are close friends, “because no one understands it more than someone in the same industry.”

Some tried to create distance between work and home, opting not to talk things through with family members; this included some with partners or family members also in the industry or caring professions. Lisa said that it was good to “have your work family that you can let go on,” and expressed uncertainty that a therapist who wasn’t familiar with the industry would be able to help without training or familiarity with the industry. Some of the men I spoke with told me that talking to someone outside the industry might be better because it avoids the shame and judgement that comes from talking to colleagues who were also socialised with the “buck up, buttercup” attitude. Peter said:

> *“I think talking to someone that you don't know, there's no judgment then. […] Talking to someone that's been in the industry, a person could kind of hold back on some certain things that maybe they think, well, if they tell you this, you're going to think I can't deal with it or I'm a wimp or whatever the case may be, which isn't- should never be the fact in this industry whatsoever. But I think sometimes it's just better to talk to a complete stranger. I think you can be more open and honest with a stranger than you can be with a colleague that you work with eight hours a day.”*

One participant who told me he tried one-on-one counselling spoke to the worry of finding someone who would understand his experience:

> *“I'd even cancelled my appointment a couple of times before. I finally went. Finally. I thought, “Can't hurt.” I had had zero expectations of it helping. I thought, I'll never find anyone who's who knows the industry. I just needed to go talk to them. […] And then after talking with someone and understanding how people react to stress experiences, I felt better. It's not instant, but I felt better and I could… I could carry on.”*

The option of formal support from people who are familiar with the industry exists. In 2018, a group of funeral directors in Ottawa, Ontario started a local peer support group (Duffy 2019; Anderssen 2019). Now a formal organization, Funeral Professionals Peer Support supports deathcare workers across Canada. They conduct a monthly deathcare peer support meetings lead by industry peers, another lead by a mental health professional, as well as specific meetings for funeral service students, and a weekly alcoholics anonymous meeting for funeral service

professionals. None of my participants said they had accessed the program though most, including non-funeral directors, were aware of it. However, awareness of the program was limited or not up to date. I was told that the program was started during the COVID-19 pandemic and that it was only for funeral directors. None of my participants mentioned the involvement of mental health professionals[19].

[19] In 2025, Funeral Professionals Peer Support collaborated with mental health professionals to develop educational resources and a training seminar for mental health professionals (Funeral Professionals Peer Support and Thompson 2025; Funeral Professionals Peer Support 2025). At the time of this thesis, the organization is accepting applications from mental health professionals to be listed on the website in the "Approved Therapist Directory".

Conclusion

Deathcare workers are not only invaluable because they complete the necessary work of disposing of bodies, but because they will sit with you and hold your hand for four hours after your baby dies, or spend 48 hours restoring your dad's body because he was in a car accident on his way to work, or go line by line through your contract explaining every charge down to the cent, or bury your grandmother's ashes in her favourite purse because urns aren't her style. Deathcare workers care about their work, personally, and they build relationships with their clients and communities, personally. Regardless of how or why they entered the DI, which roles they worked in, and whether they worked in large or small communities, all of my participants found meaning in their work. This being a significant limit to my research, future investigations on the experience of working in deathcare industries would benefit from the perspectives of those who chose to leave the industry. Additionally, my discussion of the gendered divisions of deathcare labour as a form of caring/feeling labour is limited, by nature of most of my participants not broaching the topic of gender.

In Ontario, deathcare is not only waged labour but deathcare establishments are businesses. Even the most emotionally skilled, caring deathcare worker is selling products and services and must do so at a price that is conducive to the continued success of their business. It is not my intention to convince anyone that deathcare workers are overworked and underpaid, though I believe many are. Rather, the elements shaping deathcare work are messy and contradictory at times. However, despite these tensions, a collective occupational identity foregrounding care and service has formed in that context. The idea that workers have to be "in it for the right reasons" to be good, moral deathcare workers may validate low compensation, but it is not necessarily a bad thing. The shared occupational identity that emphasises care and service, values feeling and relationship, and places strong, personal moral value on integrity, professional accountability, and fiduciary duty might be one of the strongest elements of consumer protection we have.

~

Hannah: "Is there anything else you want to share with me about your experience or anything you think I should know about the industry?"

Peter: "It's a good industry to work in. It really is. It's very rewarding. People don't understand how rewarding it is. It's very rewarding. You've seen it. You've seen how rewarding it is. You see [colleague] on a great day and helping a whole bunch of families and their gratitude towards her. Get into it! We need more young people that have a heart."

Hannah: "Do you think if more people understood how rewarding the job was-"

Peter: "We'd be flooded with people. Yeah. Absolutely. But people are scared of death."

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Appendices

Appendix I: Additional Historical Background and Literature Review

A universal feature of the human experience, death is Woven into our biology, religion, language, symbols, and material culture. Social scientists have investigated the human perception of death through art, symbols, and mortuary practices since the end of the 19th century (Kiong and Schiller 1993). Early anthropological work on death mirrored the popular scholarly approaches of the time which sought to understand practices considered 'other' to western norms (Engelke 2019; Palgi and Abramovitch 1984). Johannes Fabian criticized the parochialization of these early anthropological approaches which obscured any understanding of a "transcendental and universal concept" of ""Death" (in the singular)" (Fabian 1972, 545). Views of death as the punctuated end of human experience and behaviour limited anthropological inquiry to the death related behaviours of living individuals, responding to the death (Fabian 1972). Studying death as a feature of 'others' kept death-related behaviour "at a safe distance from the core of one's own society" (Fabian 1972, 549). The legacy of Hertz, who focused on the materiality of death in addition to death related behaviours, is still seen the anthropology of death (Engelke 2019; Hertz 1960). Developments in the various subdisciplines of anthropology have broadened the questions asked and approaches used when studying death and dying and have turned anthropological inquiry back onto western contexts.

The medicalization of death in western societies brought death from the home to the hospital (Ariés 1975; Alexandrakis 2011; Laderman 2003). Medical Anthropology developed as a distinct subdiscipline of sociocultural anthropology in the 1950's and continued anthropological investigations of health, illness, and death in western biomedical contexts (Alexandrakis 2011; Kaufman and Morgan 2005). Increases in lifesaving and life-extending medical technologies prompted medical anthropologists to investigate the experiences, implications, and perceptions of delaying or prolonging death (Kaufman 2006; Scheper-Hughes and Lock 1987). The study of death in medical contexts was a study of the *management* of death which, in turn, explored the experiences of the managers: healthcare workers, caregivers, dying patients, and/or friends and family (Lessard et al. 2016; Cohn et al. 2024; Hewlett and Hewlett 2005; Funk et al. 2023)

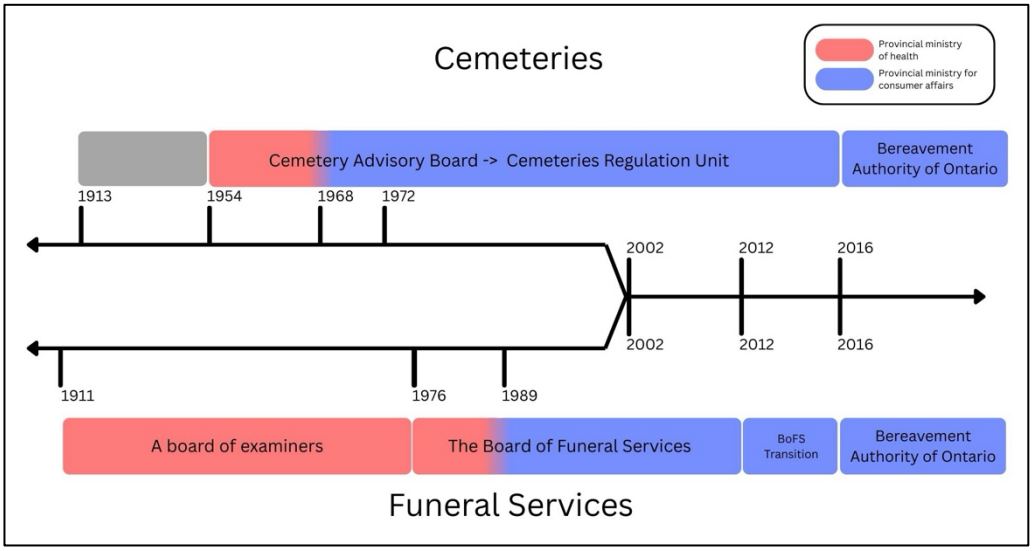
In Canada, death-related services and sales are legislated at the provincial level. As I trace the history of Ontario's deathcare industry, it is important to emphasize that the industry and history I will describe here are artifacts of settler-colonialism. The structures and processes of settler-colonialism includes the erasure of indigenous peoples and their histories from their land (Tuck and Yang 2012). White settler-colonialism exerts its power on and through burial places, which are both physical places in a landscape and designations of a relationship to and with land. Barker (2018) uses the term *necro-settlement* to describe the process by which the burial places of settlers are inscribed onto the landscape, erasing indigenous histories. Page (2025a) discusses how Ontario's legal classification of 'cemetery' provided perpetual care and recognition for settler graves but not to unmarked, indigenous 'burial places'. In speaking with my research participants – none of whom identified as indigenous – about their perspectives and experiences, the cultural, racial, and colonial aspects of death, burial, and memorialization were not discussed. While my research does not explore these aspects, they are important topics that warrant further research (*see* Barker 2018; Vadasaria 2015; Page 2025a; 2025b; Warrick 2012; Felepchuk 2019).

Ontario's *Funeral, Burial, and Cremation Services Act,* 2002 (FBCSA) includes funeral homes, cemeteries, crematoriums, and alkaline hydrolysis operators[20], and is administered by the Bereavement Authority of Ontario (BAO), a Delegated Administrative Authority (DAA) under the consumer affairs ministry[21]. Though today, Ontario's DI is shrouded in consumer protection legislation, early legislation served to address public health in the face of a growing settler population. Cemeteries and embalming/undertaking were always addressed in separate acts and early legislation distinguished between different types of cemeteries, such as public burial grounds, church years, and private cemeteries. In 1913, all previous acts were repealed and replaced by the singular *Cemetery Act* (3-4 Geo. V. c. 56). Cemeteries were overseen by

[20]Some areas of the deathcare industry, like monument builders and death doulas, are not included in the FBCSA and operate outside of the BAO's authority, however the FBCSA remains the current, principal piece of legislation as it relates to the deathcare industry in Ontario.

[21] Throughout this thesis I often use "consumer affairs ministry" rather than the actual name of the ministry due to it having been renamed numerous times. By using "consumer affairs ministry", I refer to all iterations of the consumer affairs ministry in Ontario including, the Ministry of Consumer and Commercial Relations (1972-2001), the Ministry of Consumer and Business Services (2001-2005), the Ministry of Government Services (2005-2007), the Ministry of Government and Consumer Services (2007-2022), and the Ministry of Public and Business Service Delivery and Procurement (2022-present).

municipal boards of health until a 1954 amendment established additional oversight at the provincial level via the Cemetery Advisory Board. This came in response to public concern over the unkempt state of some cemeteries (1954 c. 47). In the years that followed, various amendments strengthened rules around the establishment and protection of trust funds, which include monies set aside for the perpetual care of the cemetery and monies set aside for pre-arranged services. With this legislative focus, the government's regulatory role in the industry shifted toward consumer protection. In 1968, the Cemetery Advisory Board moved from the Department of Health to the Department of Financial and Commercial Affairs, however, the wording in the act remained unchanged. The shift was officially completed with an amendment to The Cemeteries Act as a part of the 1972 reorganization of the Ontario Government under Premier Bill Davis.



For undertakers and embalmers, the move from Health to Consumer Affairs came later. From the initial Embalmers' Act in 1911, embalming and undertaking regulation was the responsibility of a board of examiners which answered to the provincial Ministry of Health. In 1976, this "board of administration" was incorporated as the Board of Funeral Services, a committee comprised of five funeral directors and three laypersons, which regulated the profession and establishments by setting standards of knowledge and skill, qualification, and professional ethics and overseeing the provision of licenses, education, and adherence to the act (1976 c. 83). Amendments to the act further established funeral directing as a profession and incorporated disciplinary measures based on those for health professionals in The Health Disciplines Act, 1974 (*Ontario Hansard*, 1976). The funeral services industry remained under

the ministry of health, though a move to the consumer affairs ministry was mentioned. MPP Doug Moffat commented on the proposed *Funeral Services Act, 1976*:

> *"As a matter of fact, my colleague from Parkdale has questioned whether The Funeral Services Act should be in the Ministry of Health at all because it represents failure. Maybe it should be with the Ministry of Consumer and Commercial Relations."*

As professionalization took hold, cemeteries and funeral services experienced a growth in commercialization and corporatization. In 1987, an investigation into sales and business practices in the deathcare industry prompted the Ministry of Consumer and Commercial Relations (MCCR) to reevaluate consumer protection in the industry (Ontario Hansard 1987). The *Funeral Directors and Establishment Act, 1989* and *Cemeteries Act, 1989* prohibited "unethical" business practices, like door-to-door solicitation, and moved funeral services from the Ministry of Health to the MCCR.

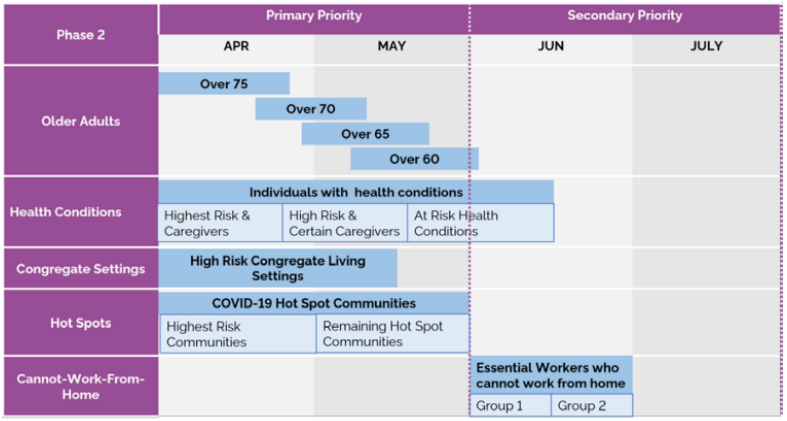
In 2002, former Ontario Premier Ernie Eves' government carried out an overhaul of consumer protection "for the 21st century", including the introduction of *The Funeral, Burial and Cremation Services Act, 2002* (FBCSA) (*Introduction of Bills - Funeral, Burial and Cremation Services Act, 2002* 2002). The FBCSA combined cemeteries, funerals, and pre-arranged deathcare services under one act and one regulator. When the FBCSA came into force in 2012, the consumer affairs ministry, now called the Ministry of Public and Business Service Delivery, became the official regulator of the deathcare industry in Ontario, though initially it assigned the administration of the FBCSA to the Board of Funeral Services (Government and Consumer Services 2016; Bereavement Authority of Ontario 2020). However, this administration changed on April 1st of 2016 when Board of Funeral Services was replaced by a delegated administrative authority (DAA) working under The Ministry of Public and Business Service Delivery. This DAA is the Bereavement Authority of Ontario (BAO) which is the current administrator/regulator and is a not-for-profit corporation funded entirely by licensing and exam fees from death care industry workers and establishments (Government and Consumer Services 2016; Bereavement Authority of Ontario 2020). The BAO is one of the 12 delegated administrative authorities reporting to the Minister of Public and Business Service Delivery and Procurement (MPBSDP), along with The Ontario Motor Vehicle Industry Council, The Real Estate Council of Ontario, and The Ontario Wine Appellation Authority.

Appendix II: Ontario's COVID-19 Vaccine Distribution and DI Worker Access

Ontario's vaccine distribution occurred in three phases and was administered somewhat unevenly across the province (Ontario 2020; Office of the Auditor General of Ontario 2022). Phase one prioritized the vaccination of healthcare workers based on guidance from the Ontario Ministry of Health which ranked occupations from highest priority to moderate priority on the basis of their risk of exposure to the virus (Fitzpatrick et al. 2022). Deathcare workers were not included in any of these priority groups despite working directly with COVID-19 infected bodies, entering hospitals and long-term care homes to collect bodies, and going out into the community to make funeral arrangements.

Phase One vaccinated healthcare workers in ranked priority order, along with the other identified high-risk groups included in Phase One. In March of 2021, the province released information about Phase Two which was scheduled to begin in April of that year. Phase Two was organized into two sub-phases and like Phase One, included categories which were internally ranked based on priority (see image below). Deathcare workers were included in the first group of "Essential Workers who cannot work from home", along with by-law enforcement, individuals working in childcare and education, and farmers. In the earliest news releases, funeral services was listed alongside police, fire, and compliance under "workers responding to critical events" (Ontario 2021). When the final guidance came out, Funeral, crematorium, and cemetery workers were listed separately.

Figure 1: Projected Timing of Phase 2 Sequence



All timelines subject to vaccine supply availability

While the province established the guidelines for who would be included in each phase of the vaccine rollout, individual public health units were responsible for developing a plan that was specific to their region. For example, I lived in Waterloo Region during the pandemic, which moved into Phase Two on March 18th, 2021 (Region of Waterloo 2021a). On March 30th, Waterloo announced that

they would open eligibility to Highest and High-Risk health conditions and their caregivers. In that, they included faith leaders involved in "Care of the deceased, funerals, bathing, or other ceremony with direct contact with deceased persons" (Region of Waterloo 2021b). Waterloo Region extended vaccine pre-registration to Group 1, which deathcare workers fell under, on April 21st of 2021 (Region of Waterloo 2021c). One of the rationales provided for including essential workers stated that:

> *"Immunizing essential workers minimizes the disproportionate burden of those taking on additional risks to maintain services essential for the functioning of society."* (National Advisory Committee on Immunization (NACI) 2021)

The potential for exposure was described by a London, Ontario funeral director to CTV News:

> *"We were literally walking into houses, homes, hospitals to pick up somebody who had died of COVID-19," he explained. "Especially in the home, you're surrounded by people coughing and hacking who all have COVID-19, and we we're told 'oh no you're not important enough to get a shot,' so I had a couple of really good part time people who just quit and left the funeral service altogether and said 'all the money in the world won't bring me back to this.'"*(Bicknell 2022)

Public Health Ontario based its guidelines for occupational vaccine distribution among healthcare workers on the occupational risk of exposure. The guidelines for Phase Two distribution were based on COVID-19 outbreaks, trends, data, and research, but the occupational risk of exposure was not listed as having been used.

Appendix III: Bodies and Brutal Care

While some physical acts of care are brutal for the bodies of workers, some are also brutal for the decedents. The deathcare workers I spoke with provide services that others in their community cannot or do not want to perform. In Ontario, family members of decedents are permitted complete some deathcare services, like transporting, washing, and dressing the body and holding a funeral service. Deathcare that is more involved with handling deceased human remains must be completed by deathcare workers with appropriate licences from the BAO. This includes arterial embalming, cremation, and alkaline hydrolysis[22]. Funeral directors take on aspects of death that might be considered disgusting or disturbing in order to protect families from having to see or think about their loved one missing limbs or patches of skin, mangled from an accident, or in a state of putrefaction, etc. One funeral director described doing parts of the embalming process with care even though the movements are "brutal" and "violent" (Full passage included at the end of this appendix).

Theoretically, crematorium operators do handle human remains. Crematoriums receive decedents in their cremation caskets and operators do not open those containers. Once in the crematoria, those containers burn away along with *almost* all of the person. In reality, crematorium operators handle human remains on a daily basis when they collect the cremated bone shards from the crematory, remove bits of metal, like implants, and grind it into the powder we know as ashes or cremains.[23] Cole said:

> *So after you pull the remains out of a unit, you're now kind of pawing through what was once somebody a couple hours ago. […] The mental strain to that is the fact that you are basically destroying a body."*

Dan said:

> *"I will say that it is not for everybody and I'll use the crematorium as an example where, sure, it's just a pine box. You bet. I am burning a pine box. But if you have the mental capacity to really understand that this is a loved one, this is a person. Yeah, that can*

[22] Alkaline hydrolysis is conducted by funeral directors because the body must be handled to be placed in the device.
[23] In *The American Way of Death*, Jessica Mitford refers to "cremains" as an example of a "deathless words" or deceptive euphemism used by the funeral services industry (Mitford 1963, 18–19, 77–78). 'Cremains' is a contraction of 'cremated remains'.

weigh pretty heavy on somebody and maybe, maybe that's just not something that you see yourself doing long term and that's OK, right? Like it's a- Yeah, it's not for everybody."

Frank said that getting comfortable with burning bodies was hard at first:

> *Just the overall idea of what I was doing. And again, it wasn't right away that this came to me, but once it came me that you know, families are asking me to do this. They want me to. There's nothing unethical- I'm not- There's nothing unethical about it; doing what needs to be done. This is how it's done. Yeah, I just have to accept that.*

These "brutal" or "violent" aspects of deathcare are ones that families are unable to legally perform themselves. Deathcare workers complete these acts on behalf of families in their communities because they have the qualifications and emotional fortitude to do so. To be "the right kind of person", workers must be able to feel and be emotionally involved in their work while also being able to "suck it up" to complete these kinds of tasks. The few participants who discussed these deathcare realities with me explained them used the language of care. By managing, or perhaps detaching from, feelings and emotions that may come from the biological or material realities of death, workers can focus their conversations with families on the administrative realities and making funeral arrangements. Two kinds of care are performed. First, workers take on the "brutal" or disgusting parts of death, decomposition, and deathcare. Second, workers spare families and the public from the "burden" this knowledge and experience.

~

"Your family can support you but there's a lot you can't share with them and you don't want to share with them. […] You don't want to burden them with that because then when they experience a death, now they're going to think more about certain elements of care that we provide that they shouldn't have to care about, like cavity treatment. That's something that we don't really tell families is part of embalming, but it's an essential part of it, just because the nature of what it is. […] The preservation, that's something we're always very comfortable to share that there's this anatomical portion that we're displacing blood and removing it. […] But the cavity treatment is the next portion. […] We use a device called a trocar, which is basically a large letter opener by the looks of it or it's a sword, that has a very sharp point on it and then there's a hose with suction and small holes. So you actually pierce all of the organs. You pierce the heart. You pierce the lungs. And you do this repeatedly in kind of a chopping motion. […] So

it's done with… um… it's done with care. It's not done something callously- […] you have to do a motion pretty fast and it is, to an extent, violent. […], there's a there's a clinical value to it, but because it has a brutal nature where you're puncturing these organs up, down, and all over and then filling it with this very high formaldehyde content, we don't really share that with family. […] I've embalmed loved ones but I've always had someone else come in to do the cavity treatment just because of the nature of what it is. It's a small, very small incision beside the belly button. We go up, we go down. Again, it's nothing insanely crazy, but because you know what you're doing you have to, uh… I would just rather someone else do it for me. So those are parts of care that we have to do. We may not like it, especially if someone is pregnant because you now also have to treat that area of where that child is and you don't have ultrasound to guide you so you're unfortunately probably gonna end up puncturing the child in utero and now you've gotta live with that. Even though you're, again, you're not – You're doing this out of love and care for that person, but you still know what you're doing. […] So it's very much that internal guilt makes you feel that way, like you've done something horribly wrong, even though you haven't. You do get used to it, and you do understand why you do it, but we don't share that with families because we don't want them to think about that."