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Between the Cold Table and the Casket

Why autopsy, organ-recovery and funeral service professionals must work together.

By Calvin M. Amato

Family members are waiting in the next room. Their eyes are swollen from tears, their voices are broken by exhaustion, and in the quiet between their sentences, they hold one another as though their grip can keep the world from sliding out from underneath them. They are not thinking about the technical realities of death or the sequence of procedures that unfolded between their loved one's final breath and the call that brought them here. They are not concerned with incision placement, suture lines or the hydrodynamics of embalming, and they do not want a briefing on the difference between a procurement suite and a morgue. They care about trust. They trust that every person who touched their loved one did so with care and foresight, and that the body they soon will see has been protected through every stage of its passage. They trust the professionals involved communicated with one another so the story they receive is clear rather than contradictory. Too often, that trust is broken by silence – silence across disciplines, silence amongst institutions, silence that leaves family members with less than they deserve.

I speak on this as someone who has stood in three interconnected rooms. As a brain- and spinal-recovery specialist,



I moved with an urgency that was measured in minutes and with the knowledge that viability could open the door for a researcher. As an autopsy assistant, I have learned to read the body for answers, to honor the necessity of precision, and to document truths that could be tested either in a courtroom or by a family's doubt. As a funeral professional, I have received bodies zipped in plastic that are both easy and deeply complicated to restore. I have learned that the last image family members carry is shaped by what everyone before me either did or failed to communicate.

These experiences have taught me that our disciplines are not rivals; they are chapters of the same story. When the chapters are written in isolation, the ending is harder to face. It is time to stop pretending we are separate, because family members experience us as one.

Each field sees the deceased through its own lens. The examiner sees evidence and a narrative, a sequence of findings that must be defensible under scrutiny. The recovery team sees potential for life, the possibility that a liver or kidney, for example, could change some stranger's future. The funeral professional sees the final gathering, where the body becomes a visible anchor for memory and farewell. None of these perspectives are wrong. In fact, they are incomplete without the

others. And when the perspectives fail to meet, the family pays the price. The funeral professional is then expected to repair the gap without the necessary tools, context or time. Family members do not know which incision belongs to which department. They only know whether they recognize the person they love and whether the story they are being told makes sense. If we want to honor the dead and support the living, we must move from parallel tracks to a shared lane.

Language is the first tool we place in family members' hands, and it might be the most powerful one we use. In our profession, words such as "traditional" and "simple" have become labels that tend to end conversations before they even begin. Autopsy reports speak in a register that serves the court but rarely the family. This leaves the funeral professional to translate clinical description into human meaning under pressure and without context. Recovery teams speak of "procurement" and "viability," words that are technically accurate but feel distant to those who are deciding how to honor their loved one. If we are serious about collaboration, we must treat language as operational rather than decorative.

Words can signal invitation or conclusion, possibility or limit, leadership or indifference. The way we speak to one another and to families determines whether we are working together or against ourselves.

The divisions we navigate were not created yesterday. Medical examiners, trained to pursue truth with a rigor that can withstand cross-examination and maintain community safety, evolved from legal and public-health needs. Organ-procurement organizations – ruled by time stamps, compatibility charts and the logistics of recovery teams that cross state lines – grew out of biomedical innovation and regulatory urgency. Funeral service descends from community ritual and craft, and is rooted in presence, continuity and the choreography of farewell. Each tradition built its own language, its own priorities and its own definition of success. But each tradition also built walls without notice. Each remains truer to its own mission than to a shared one that serves families through all stages. Families never asked for these walls, and the dead do not benefit from them. We inherited them, so it is our responsibility to decide whether they serve the public or stand in the way.

One of the most overlooked fractures amongst our disciplines is in the words we choose for a singular human being. In the examiner's notes, a mother becomes a "case," and her organs become "specimens" or "samples." In the recovery suite, she becomes a "donor," full of potential yet stripped of her name for privacy. In the funeral home, she returns to being a mother, a sister, a friend, someone who taught her child to tie their shoes, someone who sang in the kitchen on Sunday mornings.

None of these labels are false, but each one narrows the field of vision in a precise way. If we want to build trust, we must build a shared lexicon that acknowledges the whole person and maintains the accuracy that each discipline re-

quires. A short note that names the individual in relational terms, a sentence that connects a recovery to the memory that will follow, a paragraph that summarizes the autopsy in language the family can grasp – these are not sentimental gestures; they are operational tools that make the handoff stronger.

Fear inhibits collaboration. Recovery organizations worry that providing details will expand liability, examiners worry that open communication could compromise an investigation, and funeral professionals worry that any critique will look like blame rather than advocacy.

Silence becomes the defense, but silence is a terrible shield. When information does not move, mistakes recur, and family members receive explanations that do not align with what they see. True ethics favor clarity. True risk management favors shared understanding and procedural documentation. We protect ourselves and one another best when we create systems that move crucial information efficiently and appropriately, and when we allow questions to flow. A culture that treats inquiry as partnership rather than accusation is a culture that protects family members and professionals alike.

The realities of the cold table are not romantic, and they should never be sensationalized. Incisions can span the torso, cranial vaults can be opened, organs are weighed and examined, and suturing is performed with speed that respects caseload and public obligation. To the examiner, this work is necessary and urgent, as unanswered questions can hold legal consequences or public-health implications.

Where we fail is in the absence of a handoff. Too often, the funeral professional receives a body without a map – no diagram of suture lines, no note about changes in anatomy that could alter restoration, no guidance about tissue loss that could complicate arterial distribution. The first discovery happens when the bag is opened and the clock is already running. Thankfully, this is avoidable with modest, consistent communication.

If we want to build trust, we must build a shared lexicon that acknowledges the whole person and maintains the accuracy that each discipline requires.

The realities of organ and tissue recovery are equally intense. Time is measured in viability windows, equipment calibrations, and the arrival of specialized teams that must complete precise sequences that cannot be rushed or delayed. I know this urgency from the inside, and I respect it without reservation, because those hours can yield healing that reverberates for decades. But when the last instrument is set down and the donor is released, another reality begins.

If incisions sit high on the throat without closure, if dermal grafts compromise distribution, if long sections of tissue are removed, the next team inherits a challenge it did not create and cannot anticipate without information. This is not an accusation; it is a call for alignment. Placement can be coordinated. Closure can be improved. Documentation can travel with the body. When that happens, the donor's gift is not only preserved but also honored in the way family members experience the final farewell.

The casket is where all the upstream decisions become visible. Family members do not see a procurement log or an autopsy worksheet when they approach. They see a face, the angle of a hand folded on fabric, the set of a jaw they used to kiss goodbye before work. They see clothing carefully arranged, they smell the flowers they chose, and they carry years of memories into one room all at once. They do not know the hours of reconstruction that might have been needed, and they should not be forced to become experts in our conflicts. When collaboration fails, the funeral professional spends precious time undoing what a simple conversation could have prevented. What is more, the family receives a farewell that is merely "good enough." When collaboration succeeds, the hours in the preparation room become focused, the choices in the arrangement room expand, and family members leave with a memory that feels whole.

The path forward is simple in concept yet demanding in practice. We must choose collaboration over competition. Imagine a standard where every autopsy is released to the funeral home with a one-page summary that notes incisions, anatomical changes, and considerations that might affect restoration or timing. Imagine a standard where every recovery includes a simple diagram of placements and closures, as well as the name of a contact who can answer questions promptly as they arise. Imagine the funeral professional not as the last to know but as part of the loop, providing feedback about what worked and what did not so that practices can improve over time. None of this diminishes the authority of the examiner or the mission of the organ-procurement team. It elevates the outcomes that matter most – the experience of the family and the integrity of the entire passage.

To move from imagination to implementation, we need a practical playbook, not platitudes. Start with a pretransfer communication standard that requires a live call or secure messages between the releasing institution and the receiving funeral home. Include a structured checklist that covers incisions, closures, anatomical changes and expected challenges. Adopt a universal case companion form that travels with the body – a simple document with diagrams and notes that the next professional can absorb in minutes. Create regional and state committees that collaborate with medical examiners, organ-procurement organizations and funeral homes to review cases, share patterns and refine checklists based on real outcomes. Establish after-action reviews for complex cases. They should be brief, nonpunitive, and focused on process improvements that benefit families and reduce

friction. Track simple yet meaningful metrics, such as the amount of time between the release and the body's readiness for viewing, the number of clarification calls, and the percentage of cases accompanied by complete documentation. Then, use these figures to coach rather than shame. Tie continuing-education credits to joint trainings so professionals have a reason and a pathway to learn one another's worlds. None of these steps require a revolution; they require a desire to work as one system.

I offer these steps with conviction and from experience. Serving on the advisory board of the Louisiana Organ Procurement Agency, I have seen what changes when a funeral professional is in the room when protocols are being discussed and revised. When someone can describe how a line will influence the position of a collar or the fall of a tie, conversations about incision placement shift. When someone can explain family members' needs in regard to viewing or ceremony, conversations about timelines become more humane. Respect grows when everyone in the room is reminded that feedback is not a complaint but an invitation to make the next case better for all involved. Small adjustments compound into trust, and trust changes the posture of the entire partnership. If alignment is possible at a statewide organizational level, then it is possible across counties, within single cities, and wherever else professionals choose to sit together and make a plan.

The stories that stay with me are those in which a few minutes of communication would have altered everything. In one such case, long dermal sections were removed in a way that left no clear way for fluid to move past the knee, and a late-night shift became a search for a solution that should have been a conversation. I also remember the opposite: A recovery team once called ahead with a diagram and a suggestion, and a case that would have been difficult became routine. The family never knew how close we came to a different outcome. I remember an examiner who added three sentences to a release note and saved us hours of guesswork. I recall sending a short letter of thanks to a recovery office after a particularly smooth collaboration. These are small things, but these are the things that change everything.

Philosophically, the choice before us is plain. Death is not a series of transactions; it is one continuous passage, experienced by family members as a single story told from multiple rooms. When we fracture this passage through silence or territorial thinking, the family feels abandoned. When we unite it through communication and shared standards, the family feels carried. The funeral professional is not the owner of the story, nor is the examiner or the recovery team. We are contributors, and our contributions must fit together so that the family can walk forward without carrying the weight of our divisions. Collaboration is not the erosion of professional identity. In fact, it is evidence that we have one – and that we care enough about the outcome to align our efforts, even when inconvenient.

If we want collaboration to become durable, we must train for it in the same way we train for any technical task. Conduct

staff workshops where funeral professionals practice reading mock release summaries and deciding restoration plans under guidance. This way, when a real call comes, the process is familiar. Invite a recovery coordinator and an autopsy assistant to walk your staff through their procedures with photos and diagrams, then return the favor by walking them through the embalming room and chapel. This will help them understand where their work becomes visible. Build a coalition of local professionals who agree to share forms and refine them together quarterly. Encourage mortuary schools to begin partnerships that place students in medical-examiner offices and recovery facilities. Additionally, encourage those institutions to send trainees into funeral homes so the next generation can learn the language of partnership before habits harden. Pair professionals who can call each other when cases become complex. Over time, these practices turn collaboration into a habit.

We should be honest about resistance, because it will appear. There will be concerns about time, about who pays, about what details can be shared. You will hear people say, “This is the way things have always been.” There will be habits that feel comfortable, even when they do not serve the whole, and there will be personalities that remember old conflicts too well. The way through is to start small and to start local.

Choose a single form, a single pretransfer call standard, a single joint training. Do it so well that everyone wants to participate. Invite legal counsel early, write protocols that respect privacy and statute, and protect the professionals who partake so questions do not become grievances. Leadership matters, and it can come from any seat in the room. A funeral professional who calls with gratitude instead of anger can change a relationship in one afternoon. An examiner who adds a note for the family changes a legacy without so much as leaving their lab. A recovery coordinator who asks where a line should be placed changes what the family will carry forever.

The future we build can be measured – and it should be. Families experience fewer delays and fewer surprises when communication is the norm. Professionals spend less time undoing things that were preventable. Trust in institutions rises when stories align.

Technology can help by providing secure pathways for notes and diagrams, and privacy can still be respected when we write the rules together. The goal is not perfection. The goal is coherence, and coherence is interpreted by families as compassion. When the passage feels whole, grief has one less barrier through which to fight.

The role of the funeral professional within this vision is clear. We are the point at which every prior decision becomes visible, and that visibility gives us both a burden and a voice. We can choose to carry the burden in silence and resent those who went before us, or we can use our voice to gather people round same table and insist on better for the families we serve. We direct experiences, and we translate across worlds – not because we want control but because families need continuity they cannot create by themselves.

When we lead collaboration with humility and persistence, we improve the work of everyone involved, including our own. When we refuse it, we guarantee that future families will face the same obstacles.

Return, for a moment, to the hypothetical family members in the next room. They know none of our acronyms, and they care for none of our territorial debates. They will remember whether the face they love looked like itself and whether the words they heard from one office matched those they heard from another. They will remember whether we seemed like one profession working together or like a set of strangers competing for authority. They will remember whether we answered their questions before they had to ask them. They will carry these memories into every conversation they have about death for the rest of their lives. The question for us is simple: Will we keep working in pieces and expecting them to assemble us, or will we assemble ourselves so they do not have to work so hard amid their grief?

If the deceased is to pass through our hands, let those hands be many yet aligned. Let the examiner’s scalpel, the recovery technician’s instruments and the funeral professional’s restorative touch form one continuum that family members can trust. Let our language invite rather than extinguish possibility, and let our protocols make communication the norm rather than the exception. Let our trainings include one another so that curiosity replaces suspicion. Let our metrics favor clarity and outcome rather than internal convenience. And let our institutions model the respect we ask families to extend to us. There is no reason this cannot begin today.

We can honor the dead and serve the living with greater coherence than we have in the past. We can stop forcing families to navigate the gaps our silence has created. We can teach the next generation to expect partnership rather than rivalry. We can change the culture one call, one form, one meeting and one family at a time. The choice is not whether collaboration is possible.

The choice is whether we are willing to do the work that makes it real. The family members in the next room are waiting. They will never know the names of those who made this passage easier, but they will feel what we chose together. That feeling will last longer than any of us, and that is reason enough to begin.

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A Tale of Two Cultures

The real shortage in funeral service isn't licensees. It's healthy workplace cultures.

By Allyse R. Worland

It was just another morning at the funeral home as I prepared everything for a church service. I stepped into the garage to start loading the hearse when an umbrella, aimed at me as if it were a spear, flew past my head. The manager was having a full meltdown, and I was the target. I was reduced to a punching bag, no longer a licensed professional, because the umbrellas were packed in a way not up to his imaginary standards.

Instances such as this might seem isolated, but they are far more common than they appear. I have yet to meet a colleague who has not had at least one terrible experience with leadership during their time in funeral service.

For the past several years, funeral service leaders have repeated on a loop that they “can't find good people.” I can't tell you how many seminars I have attended that focused on this exact topic. We've blamed the labor pool, the mortuary schools, the licensure requirements and, of course, “those damn millennials.”

But if we're honest with ourselves, the real shortage isn't talent; it's culture. Specifically, funeral homes with a healthy workplace culture are in critically short supply.

This is the conversation we've avoided for too long because it's far easier to talk about recruitment and retention than it is to talk about accountability.

It's far easier to blame the workforce than it is to examine the environments we expect workers to endure. And it's far easier to say, “No one wants to work anymore,” than it is to admit that many funeral homes have normalized dysfunction for so long that they've forgotten it's not supposed to be this way.

Here is the truth: People aren't leaving funeral service because they don't love the work. They're leaving because of how the work feels inside too many funeral homes.

CULTURE SAMPLES

There are plenty of talented, compassionate and motivated people entering or already in funeral service. Mortuary schools are seeing record numbers of entrants. Apprentices

This isn't a talent problem. It's a retention problem. And retention is always a culture problem.

are aplenty. New licensees are eager to learn, grow and contribute.

Despite this, many of these licensees either don't stay in the profession or can't find quality work. Many burn out, grow discouraged and get pushed out. Some simply decide that no job is worth sacrificing their mental health, their family or their dignity. This isn't a talent problem. It's a retention problem. And retention is always a culture problem.

When they hear about workplace toxicity, people often imagine screaming owners and managers, blatant harassment, or explosive conflict. Yes, these things exist, but toxicity in funeral service is often quieter, more insidious and more easily dismissed as “just how it is.”

It looks like on-call schedules that never end, no recovery time and no respect. Micromanagement is disguised as the upkeep of “standards”; staff are trusted with families' grief but not their own professional decisions. Prep rooms and arrangement rooms operate as two separate worlds, where teams work parallel to each other but never together, breeding resentment and miscommunication. Compensation does not keep pace with inflation, but expectations grow exponentially.

Leaders are not trained to lead, only to act as authority figures, and they default to controlling rather than coaching. Exhaustion is a badge of honor, and rest is treated as weakness. There are “good old boys” dynamics. Innovation is treated as highly suspect, feedback is unwelcome, and new voices are quietly pushed to the margins. Managers spout, “This isn't a 9-to-5 job”; meanwhile, they themselves work fewer than 40 hours a week, show up only when there's a



problem, don't engage with the community and get paid far more than the people actually putting in the work.

None of this is sustainable. And none of this is the fault of the workforce.

On the other hand, there are funeral homes nationwide that retain staff, attract talent and maintain high morale, even in the face of rising cremation rates, inflation and economic pressure. They aren't necessarily the ones with the biggest budgets or the fanciest buildings. They're the ones with healthy cultures and leaders who are not just authority figures.

These firms communicate clearly and consistently, and set expectations that are realistic – not heroic. They treat the staff in the prep room and the arrangement room as one team; invest in leadership development; pay fairly and transparently; encourage rest, boundaries and humanity; and create psychological safety so people can speak up, get involved and be heard without fear.

These firms don't have a talent shortage. They have a waiting list.

One of the biggest misconceptions in funeral service is that culture is something that simply “is what it is.” In reality, culture is built. It's intentional. It's the result of daily action.

IF YOU BUILD IT...

One of the biggest misconceptions in funeral service is that culture is something that simply “is what it is.” In reality, culture is built. It's intentional. It's the result of daily action – not a slogan or mission statement painted across a website. And, most importantly, healthy culture requires leadership competency.

If funeral service truly wants to reduce the number of licensees leaving the profession, firms must stop treating cul-

ture as an afterthought and start treating it as a strategic priority. This requires:

- Training owners and managers in communication, servant leadership and coaching
- Creating systems that support the team rather than sabotage it
- Building workflows that reduce stress and increase quality
- Aligning prep rooms and arrangement rooms so families experience seamless care
- Holding everyone, especially leadership, accountable

If you, as an owner or decision-maker, are left scratching your head and wondering why no one will work for you, look inward instead of outward. This profession is a very small world, and if you are a poor manager, word will get around. At the end of the day, no one wants to work in a toxic culture.

If we want to build a sustainable future for funeral service, we must be willing to name the real problem. We don't have a shortage of people. We have a shortage of places where people can thrive.

The good news is that culture can change. The better news is that everything else changes with it when it does. Recruitment becomes easier because word travels that there's a great place to work. With this, retention becomes simpler. Morale rises, and quality improves across the board. Families feel this difference, creating a better experience all around.

That is the future the profession deserves, and it's one we can build, one funeral home at a time. We just have to become the good people who want to put in the work.

Allyse R. Worland is a licensed embalmer and funeral director with nearly two decades of experience in funeral service. Known for her unmatched personality, she brings precision, passion and care to every aspect of her work. She has experience at both small-town and metropolitan funeral homes, as well as experience in regulatory training and state and national board-level leadership. Whether she is developing training courses, mentoring others or educating families, Worland leads with authenticity, resilience and a passion for revolutionary care.

Wake Forest Deathcare Survey Offers Surprising Results

By Edward J. Defort



A recent academic study on consumer practices in deathcare found that even though cremation remains a highly favored disposition option (cited by 72.6% of those surveyed) and the national cremation rate is more than 62%, only 33.4% of respondents

ranked cremation as their first choice for disposition. Casketed burial, cited by 35.9% of respondents, was the most popular primary preference.

According to the 2025 Wake Forest Law Survey on Consumer Preferences in Death Care, this suggests a variety of external factors could be driving consumers toward cremation. Conducted by Tanya Marsh, a professor and leading expert

in funeral and cemetery law, the study sought to examine American adults' attitudes toward six methods of disposition: cremation, casketed burial, body donation to science, green burial, human composting and alkaline hydrolysis.

Here are other key survey findings:

- There's growing interest in alternative methods of disposition. More than half of respondents said they would consider green burial.
- Human composting (i.e., natural organic reduction) and alkaline hydrolysis (i.e., water cremation) are gaining traction. Approximately 40% of respondents expressed a willingness to consider each of these disposition methods.
- Gen Z showed a surprising interest in "traditional" casketed burial. This suggests a potential shift away from the decades-long trajectory toward cremation.
- Embalming interested only a minority of respondents.

A variety of external factors could be driving consumers toward cremation.

Overall, respondents showed a high level of familiarity with three methods of disposition: cremation, 99.2%; casketed burial, 98.4%; and body donation to science, 94.7%. According to the study, only 47.5% of respondents had heard of green burial before the survey, but 56.4% were willing to consider it.

When participants were asked to rank the methods of disposition, casketed burial was the first choice of more than a third (35.9%), followed by cremation (33.4%), body donation to science (11.9%), green burial (10.7%), human composting (5.9%) and alkaline hydrolysis (2.1%).

As for respondents' second choice, cremation took the top slot with 25.2%, followed by green burial, 22.4%; casketed burial, 14.7%; alkaline hydrolysis, 13.2%; human composting, 13%; and body donation to science, 11.6%.

In terms of generational analysis, Gen Z defied expectations. When asked to consider a particular method of disposition for themselves, only 55.9% of Gen Zers were willing to consider cremation, versus 76% of the other three generations' members (millennials, Gen Xers and baby boomers) combined. At the same time, 80.5% of Gen Z was willing to consider casketed burial, versus 60.9% of the other three generations combined. Fewer Gen Z respondents were willing to consider human composting and alkaline hydrolysis than the other generations' respondents were. Millennials were the most open to new methods of disposition. Gen Z, however, did show strong interest in green burial.

The Wake Forest survey data revealed that the willingness to consider cremation seemed to increase with the age of respondents, whereas the willingness to consider casketed burial seemed to decrease with their age. Said the study: "The



jarring disconnect between the preferences expressed by Gen Z and the remaining generational cohorts raises important questions regarding the future of deathcare."

These results align somewhat with NFDA's own generational research. In its 2025 *Consumer Awareness and Preferences Study*, NFDA found that Gen Z had the highest percentage of respondents who prefer casketed burial. Thirty-seven percent of Gen Zers said they prefer casketed burial, 28% said cremation, 14% said green burial, and 3% said entombment.

As for the other three groups: 42% of millennials said they prefer cremation, 28% said casketed burial, 14% said green burial, and 3% said entombment; 50% of Gen Xers said they prefer cremation, 28% said casketed burial, 6% said green burial, and 3% said entombment; and 66% of baby boomers said they prefer cremation, 18% said casketed burial, 6% said green burial, and 2% said entombment.

Will Gen Z's preferences and viewpoints change as its members age? It's too soon to say.



EMBALMING

Survey respondents were found to be familiar with embalming. Nearly 95% of respondents had heard of embalming, and 72.9% reported that they knew someone who had been embalmed.

Only 43.1% of respondents stated they would consider embalming for themselves, however, and 56.7% stated they would not. The Wake Forest survey found a consistency among generations with respect to their willingness to consider embalming. Millennials were the most interested (46.7%), and baby boomers were the least interested (39.7%).

The study also found a consistency between those who were willing to consider embalming and those who ranked casketed burial as either their first or second preference. Nearly 70% of respondents who indicated they would be willing to consider embalming ranked casketed burial as their first or second choice.

Further, 48.5% of Gen Z respondents who ranked casketed burial as their first choice indicated they would not be willing to consider embalming. This is greater than the overall figure,

however. Approximately 37% of all respondents who ranked casketed burial as their first choice indicated they would not be willing to consider embalming.

According to the study, “this data may suggest that the interest in green burial is greater than reported due to a confusion by respondents about the difference between casket[ed] burial and green burial. It may also suggest a particular lack of understanding by Gen Z respondents.”

According to the Wake Forest study, geographic location, race, religious affiliation and political orientation were important factors. Cremation was more popular than casketed burial in the West, Northeast and Midwest.

Respondents who identified as Black preferred casketed burial more so than respondents who identified as white. Interest in green burial and human composting was fairly even across racial groups.

The willingness to consider cremation seemed to increase with the age of respondents, whereas the willingness to consider casketed burial seemed to decrease with their age.

Those who identified as Roman Catholic, Protestant or Jewish preferred casketed burial; those who identified as atheist, agnostic or “nothing in particular” preferred cremation.

Edward J. Defort is the editor of NFDA Publications.



Filling in the Dash

Although print obituaries are all but disappearing, their digital counterparts remain as relevant as ever.

By Edward J. Defort

Nearly everyone in funeral service is familiar with “The Dash.” The Linda Ellis poem, written in 1996, underscores the dash between one’s birth and death dates. Metaphorically, it is this dash that would comprise an obituary.

There was a time when the obituary was as important to a funeral event as the casket. Nowadays, neither is a given. Back then, however, a family would suffer the death of a loved one, arrangements would be made at the funeral home, then the obituary would be created and sent out into the world via the local daily newspaper. It would contain all

the pertinent information, such as occupation, marital status and survivors. The date and time of the visitation were included, as was the information about the burial. Because of this, obituaries have long served as historical records for future generations and genealogists.

Digging a little deeper into the evolution of the obituary reveals a fascinating mirror of human history. The word obituary comes from the Latin “obitus,” meaning “departure” or “death.”

That’s right. This was the time of ancient Rome. It was Julius Caesar who established a daily gazette called *Acta Diurna* (i.e., *Daily Acts*) back in 59 B.C. Carved in stone or metal, and later written on papyrus, it listed births, marriages and deaths. Of course, these early notices were reserved for prominent politicians, military generals and wealthy aristocrats. For centuries, the common person’s death went unrecorded in public media.

With the invention of the printing press in the 15th century, death notices began appearing in early newspapers. The 1800s marked a major turning point for the obituary. This is when it started to look more like what we associate with the modern obituary. The Civil War created a massive demand for death announcements. Families used newspapers to track soldiers and inform distant relatives.

As newspapers became the primary source of news, the obituary morphed into two distinct types:

- **Paid Death Notices:** short, factual snippets (e.g., survivors, service times) paid for by the family
- **Editorial Obituaries:** longer narrative biographies written by newspaper staff for notable citizens

As personalization became more of an active ingredient in the funeral service profession, obituaries reflected this shift. They often include personal facts about the deceased, such as favorite sports teams or the names of their beloved pets. Obituaries sometimes even include humorous anecdotes.

Today, the obituary largely has moved from newsprint to the screen. Websites offer families a perpetual obituary, and social media outlets allow profiles to be turned into memorial pages where survivors can post directly. Taking technology a step further, some modern headstones feature QR codes that link to a full digital biography and video tribute, when scanned.

It might seem like the tradition of the obituary is fading. Some funeral homes have reported that a growing percentage of families they serve do not want an obituary. This is part of a massive structural and economic shift. Families aren't necessarily stopping the practice of memorializing their loved ones; they are simply moving away from doing so in the local newspaper.

For a funeral home, an obituary is essentially a public service announcement that doubles as a subtle advertisement.

This is happening for several reasons. The most significant catalyst is cost. In the past, newspapers provided death notices as a community service or for a nominal fee. Today, obituaries are a major revenue stream for struggling print media. Many major metropolitan newspapers charge by the line or column inch. A standard narrative obituary with a photo easily can cost between \$500 and \$2,000 for a single day's run.

Many newspapers now partner with a website to offer simpler digital versions. Even in this arrangement, there often is a mandatory fee to host the text online through the newspaper's portal.

Funeral home websites typically have an obituary template, which is almost always offered for use as part of the funeral package. These obituaries allow for unlimited word counts, full-color photo galleries and even video tributes. All of this would be cost-prohibitive in print. Because some funeral home websites have a direct "Share to Facebook" button, they have the potential to reach the intended audience more effectively than a print newspaper ever could.

When a newspaper closes, the central place where obituaries were read disappears. Without a local paper, there is nowhere for community members to see who has died.

Moreover, if a person dies in a city where they didn't grow up, family members often don't see the value in paying for a notice in an area where the deceased had few – if any – life-long connections.

In the 20th century, you checked the morning paper to see who had died. Today, most people receive their interpersonal news through Facebook, Instagram or community WhatsApp groups. A post on a loved one's profile reaches their specific circle of friends instantly and for free.

Additionally, some families are moving away from public obituaries to protect against identity theft and scammers.

These unscrupulous people scan public death notices to find empty houses to burglarize during services or to identify survivors who can be targeted with debt scams.

Moreover, when there is no public viewing or funeral to announce, families feel less pressure to publish a formal notice. Some also view the traditional obituary as a "social resume" that feels outdated or overly performative in a modern context.

Deciding whether to write an obituary is one of the first major choices a grieving family faces. It is a deeply personal decision that balances the desire for a lasting tribute against practical concerns, such as cost and privacy.

Historically, an obituary allowed the family to control the narrative to ensure that the deceased was remembered not only for their death but also for their quirks and accomplishments (i.e., the things that filled in the dash between their birth and death dates).

Writing an obituary can be a minefield for complicated families, however. Deciding which stepchildren, ex-spouses or estranged relatives to include (or exclude) can cause fresh trauma and family feuds. There often is a struggle between honesty and politeness, especially if the deceased had a troubled history or died under difficult circumstances (e.g., overdose or suicide).

Now, many families are choosing a hybrid approach. They skip the expensive newspaper print but write a long personal narrative for the funeral home website. They then share that link privately with friends and family via email or social media.

Although the decision to write an obituary is personal for the family, it has a direct impact on the business operations and community presence of the funeral home. Funeral directors typically view the obituary as a vital tool, and when a family opts out, it can change the dynamic of the service.

For a funeral home, an obituary is essentially a public service announcement that doubles as a subtle advertisement. When community members see the name of the funeral home at the bottom of a tribute, it builds brand trust and local presence.

If no notice is published, friends and acquaintances of the deceased might not even know the death occurred. This leads to lower attendance at the visitation and/or service. When services feel "small" or unsupported in this way, it reflects poorly on the funeral home.

In the modern era, funeral homes rely heavily on their website for search engine optimization (SEO), and obituaries are the top driver of website traffic. People search the name, end up on the funeral home's site, then stay to look at photos or order flowers. Without an online obituary, the funeral home loses a useful page where people can find its address, look at its facilities or learn about its services for future planning.

Obituaries often serve as a "portal" for other revenue-generating services. For example, most digital obituaries have a "Send Flowers" button integrated with a local florist. If there is no obituary page, the funeral home misses out on

the commission or service fee associated with those integrated flower sales. Similarly, digital guestbooks often offer the option to plant a memorial tree or buy keepsake jewelry. No obituary means no platform for these purchases.

When a death is known but the details aren't published, the funeral home is likely to become the default call center. Staff could spend hours fielding phone calls from community members asking for service or donation information. A published obituary answers these questions automatically.

Many funeral homes now offer to write the obituary for the family as part of the service fee. They realize having something posted on their website is better for the family's experience and the firm's business than having nothing at all. Many funeral homes now use AI tools to help families that feel too overwhelmed to write. AI can pull together vital statistics, such as birth dates, family names and service times, to generate a polished first draft in seconds.

In most instances, families can choose whether they want the obituary to be celebratory, formal or humorous in tone. This achieves a more personalized result for the family without having to hire a professional writer or pay newspaper

word-count fees. Because these tools typically are bundled with the funeral home's website software, they often are offered to the family for free or as part of a low-cost digital package.

Digital-only obituaries on funeral home websites act more like social media profiles than static notices. At no extra charge, families can upload unlimited photos, videos and music – features that are physically impossible in print.

Moreover, friends often are given the option to light a virtual candle, post their own photos and/or share stories. These contributions turn the obituary into a community-led archive that grows over time. These digital pages are at least semipermanent. They are searchable by future generations and act as a central hub for the “digital legacy.”

As a family ponders its options when making either pre-need or at-need arrangements, underscoring the importance of “the dash” must remain an integral part of the process.

Edward J. Defort is editor of NFDA Publications.

From Clerical Chore to Elevated Experience

The Altmeyer Funeral Home initiative to renew focus on obituary quality has shown strong gains.

By James E. Altmeyer Jr.

A growing body of internal data suggests that high-quality obituary writing is emerging as one of the primary drivers of both family satisfaction and funeral home performance.

For years, many funeral homes have treated writing obituaries as a routine administrative task and reduced them to paid death notices in the local newspaper. But new findings presented in the Altmeyer Funeral Homes & Crematory study from September 2025 show that professionally crafted life-story obituaries have a measurable impact on family perception and the general reputation of funeral care providers.

Professionally crafted life-story obituaries have a measurable impact on family perception and the general reputation of funeral care providers.



The study's findings draw a clear distinction between traditional death notices and life-story obituaries. Altmeyer aims to capture the personality, history and legacy of the deceased. According to the firm's presentation, high-quality life stories not only resonate more deeply with families but also increase community engagement.

Well-crafted, thoughtfully written life stories tend to garner positive feedback from the families Altmeyer serves. Here are a few direct quotes from client families:

- “I didn't know you guys cared so much.”
- “You captured Mom perfectly.”
- “That's the best obituary I've ever read.”
- “I didn't know you were listening to me.”

These comments underscore what the firm believes: Caring funeral professionals should view the obituary as a part of the service experience rather than a clerical step.

As obituary submission rates have improved, so has business. At-need cases increased by 3%, and prearrangements increased by 7%.

Unfortunately, some funeral directors do not prioritize obituaries. The reasons for this include the cost of placement, the time required to listen and write obituaries, the back-and-forth with families during the editing process, publication deadlines, and the fear of post-publication issues. Funeral directors at Altmeyer even said laziness can contribute to the problem.

With focused attention, however, Altmeyer Funeral Homes & Crematory has been able to overcome this challenge. In previous years, its funeral homes recorded obituary submission rates below 50%. In 2025, they saw an 82% submission rate.

As obituary submission rates have improved, so has business. At-need cases increased by 3%, and prearrangements increased by 7%. These improvements demonstrate that the obituary serves as not only a tribute but also a relationship-building tool. Altmeyer believes business will continue to grow in the future.

Another major insight from the Altmeyer study concerns distribution. Despite long-standing tradition, obituary publication in newspapers has become largely obsolete. Today, less than 30% of families publish an obituary in the newspaper. Instead, families are relying on funeral directors to share their stories. Integrated memorial pages promote social sharing.

Altmeyer believes that sharing is caring. Funeral service professionals must share the modern obituary and their services with the community. In an era where funeral homes face pressure to differentiate themselves, findings show that authentic storytelling, rooted in careful listening, remains one of the most impactful ways to help families.

By elevating obituaries to life stories, funeral directors can strengthen their relationships with families, increase engagement and reinforce the meaningful role that funeral homes play in memorialization.

James E. Altmeyer Jr., president of Altmeyer Funeral Homes & Crematory, graduated from Villanova University in Philadelphia, Pennsylvania, in 1988 with a bachelor's degree. He earned an associate degree in mortuary science from the Pittsburgh Institute of Mortuary Science in 1989.

Global Grief: Working Together Across Continents and Professions

Sorrow is universal. How we respond to it is deeply cultural.

By Jennifer Muldowney

As an Irish-born funeral celebrant and memorial planner working primarily in the United States, I have spent my career moving between different approaches to death, mourning and remembrance. In 2024, attending the European Grief Conference in my hometown of Dublin, Ireland, reinforced something I believe is increasingly important for funeral service professionals to remember: Meaningful care does not come from one discipline, one profession or one culture.

The future of funeral service depends on collaboration across not only professions but also cultural perspectives.

The European Grief Conference brought together psychologists, sociologists, bereavement counselors, researchers, architects and community leaders. It was rich in data and research, but more importantly, it was a reminder that grief is not owned by any one profession.

One session explored the concept of cemeteries as therapeutic spaces. It asked whether they could be intentionally

Research alone does not comfort a grieving family. Neither do logistics. It is only when expertise and humanity work together that care becomes memorable and meaningful.

designed to support the living, not just house the dead. This kind of thinking sits at the crossroads of grief science, landscape design, community planning and funeral service.

For funeral professionals, this is where collaboration can become extremely powerful. When we engage with professionals outside our immediate field, we gain language, tools



and perspectives that can elevate how families experience care. Research alone does not comfort a grieving family. Neither do logistics. It is only when expertise and humanity work together that care becomes memorable and meaningful.

One of the most striking differences between Irish and American approaches to grief is the role of community. In Ireland, grieving is often communal by default. Local organizations, such as the Gaelic Athletic Association, regularly provide guards of honor, host post-funeral gatherings and show up visibly for families. The community does not out-source grief entirely to professionals; it participates in it.

In the United States, grief support is more professionalized. Funeral directors, clergy, celebrants and grief counselors carry much of the responsibility. Although this expertise is essential, it can unintentionally sideline community involvement.

This is not to say one approach is better than the other; it is simply an invitation to collaborate across cultural models.

What if funeral homes actively partnered with community groups, cultural organizations and faith-based networks? What if professionals worked with communities instead of around them?

One of my more concerning observations at the conference was the limited presence of funeral directors. Despite discussions directly related to end-of-life care, bereavement and ritual, very few practitioners from the funeral service profession were in the room. This highlights an ongoing disconnect between research and practice.

Grief researchers and academics benefit from hearing the real-world experiences of funeral directors. Funeral directors benefit from understanding emerging research and evolving cultural perspectives. Neither group thrives in isolation. Interdisciplinary collaboration means showing up in one another's spaces, not just inviting others into ours.

One of the most humanizing elements of any conference I've ever attended is not academic at all; it's the hospitality. Food, shared breaks and moments of informal conversation provide emotional relief. This is something funeral directors understand instinctively. Hospitality, when done well, crosses cultures and professions. It creates safety and connection, and can foster meaningful moments.

Working across cultures and disciplines offers tangible benefits:

- Broader perspectives on grief and ritual
- Stronger community trust and engagement
- More flexible, personalized service offerings
- Reduced professional isolation
- A clearer understanding of our role as coordinators and guides

Funeral directors are uniquely positioned to anchor interdisciplinary teams while respecting cultural nuance. That role is strengthened rather than diminished by collaboration.

So, why do we not seek out more opportunities for collaboration across borders and cultures? Even within the United States, funeral homes often will “stick to what has always been done” or keep to themselves, but what is lost is the chance to learn, to understand, to diversify, to include, and to grow your business and your mind.

Grief researchers and academics benefit from hearing the real-world experiences of funeral directors. Funeral directors benefit from understanding emerging research and evolving cultural perspectives.

More and more families are multicultural, interfaith and multigenerational. They bring diverse expectations, often-times shaped by various traditions, into the funeral home. By collaborating across professions and cultures, funeral directors meet families where they are, not where we think they should be.

The work of funeral service has always been about more than logistics. It is about translation: translating loss into meaning, chaos into structure, and sorrow into remembrance. And translating the universal language of grief is best done together.

Jennifer Muldowney is an award-winning funeral celebrant, memorial planner, speaker and author. She splits her time between New York City, Florida and Ireland, and brings a personalized, compassionate and cultured approach to her services. Follow her at MuldowneyMemorials.com or The Glam Reaper podcast.

Researchers Use Virtual Reality to Reduce Death Anxiety

By Valeria Koster

Texas A&M University researchers have found that a brief virtual-reality simulation of a near-death experience can sharply reduce one's anxiety about death. In a small pilot study of about 60 young adults, participants reported a 75% decrease in their fear of death after a single 12-minute session.

Death anxiety is a psychological fear associated with thinking about death. It commonly is linked to depression, stress, panic attacks, illness anxiety, obsessive-compulsive disorder and various phobias. Research shows this anxiety often peaks around age 20, declines in midlife, then increases again once over the age of 65. It also can affect those with a terminal illness, such as cancer.

The study, published in *Frontiers in Virtual Reality*, was led by Dr. Zhipeng Lu and a doctoral student, Parya Khadan. Lu is an assistant professor in the College of Architecture, the associate director of the Center for Health Systems and Design, and a fellow of the Telehealth Institute at Texas A&M.

Intervention tools such as virtual reality could be a valuable resource for tele-behavioral health counselors.

Lu said intervention tools such as virtual reality could be a valuable resource for tele-behavioral health counselors, mental health professionals who support patients remotely through technology. "This kind of intervention can be beneficial to a lot of people, having the potential to help those people with depression and anxiety," Lu said. "And I think that's the important thing we need to do."

SIMULATING A NEAR-DEATH EXPERIENCE

The experiment created a virtual environment based on real reports of near-death experiences in order to explore their therapeutic impact. The study's participants – students from the College of Architecture – were surveyed before and after the intervention to evaluate changes in their stress and death anxiety.



Wearing a virtual-reality headset, each student moved through three virtual scenes that simulated a near-death experience. First, they felt an out-of-body sensation, with their "spirit" rising from their body after a car accident. They then traveled through a channel of light while experiencing memory flashbacks. Finally, they arrived at a scenic, peaceful landscape with a barrier they could not cross.

Following the intervention, students showed a significant decrease in both stress and death anxiety. Many even reflected on life and relationships in new ways. "Research shows that those people who had a real near-death experience totally changed their view on life, and they have been treating their family members differently," Lu said. "Most [near-death experiences] are really positive impacts ... We hope that immersive virtual reality can have the same impact."

Some participants described the experience as relaxing and said it motivated them to focus on their loved ones and think about death in a different way. A minority of participants reported higher death anxiety and/or stress after the session.

Lu and his team plan to expand the research to terminally ill patients and individuals with mental health challenges, though they note the need for caution due to limited data on the potential risks for vulnerable groups.

The research was conducted in partnership with Olera Inc. and with support from the International Association of Near-Death Experience Studies, which provided the virtual-reality video.

Co-authors include Benjamin Ennemoser, assistant professor of architecture at Texas A&M, and Dr. Ryan Foster, interim department head of counseling at Tarleton State University.

Valeria Koster works in the Division of Marketing and Communications at Texas A&M University.

Preserving the Heart of Funeral Service

Self-care, sustainability and advocacy in the deathcare profession.

By Kora Michaud

Those in funeral service often describe the profession as a calling. For many of us, it isn't just what we do; it's who we are. We step into rooms filled with shock, grief and disbelief, and we bring steadiness where life has fractured. We hold families together on the worst days of their lives. Again and again, we show up with compassion and professionalism, and we give little thought to the load we carry ourselves.

But somewhere along the way, we forget to ask an essential question: Who is caring for us?

THE TOLL NO ONE TALKS ABOUT

This profession insidiously demands everything – our time, our sleep, our bodies, our emotional resilience and our sense of self. The erosion doesn't happen all at once. It happens slowly, until exhaustion feels like part of the job description.

Our days start early and end late, oftentimes without notice. An eight-hour day can quickly turn into a 14-hour one, because death does not respect schedules. On-call rotations fracture sleep with interruptions, adrenaline spikes and expectations of instant alertness.

Many funeral directors become de facto crisis responders – part counselor, part clergy, part first responder – but without the institutional support those professionals receive.

Meals become an afterthought. Many funeral directors avoid eating before meetings with families. No garlic, no tuna. Nothing that lingers on the breath. Nothing that could leave stray crumbs between teeth. Food is consumed quickly, quietly and in transit. We live on coffee; for some of us, the first cup starts the day and the last one ends it. There is rarely time to prepare a healthy meal, let alone sit down and enjoy it. Cooking and eating at the funeral home are avoided



if possible. Dinner plans are canceled. Exercise routines fall apart. Hobbies quietly disappear, replaced by community service.

Weekends and holidays, when others rest, are our busiest times. Vacation is limited, and even funeral home owners try to avoid taking what little time is offered. The work never truly leaves you. Families stay with you long after their services are over. Even when you're not on the clock, the role follows you home.

In addition, funeral directors work in a constant state of emotional rawness. We absorb grief daily. We bear witness to trauma, sudden loss, violence, suicide, overdose and unimaginable tragedy.

And yet there is rarely space to process it. Death remains taboo. We are expected to manage it but not to speak about it. We don't talk about our work with the community the way, say, doctors do; no one wants to hear the details. Our spouses or partners don't want to talk about death, especially not over dinner. The community does not praise the difficulty of our work or acknowledge its toll. There are no extra supports nor allowances for the weight we carry. Death is meant to be handled discreetly and kept at a distance, and that cultural silence leaves funeral directors to carry far more than the public ever sees.

In addition, there is no routine debriefing. There are no formal check-ins. Many funeral directors become de facto crisis responders – part counselor, part clergy, part first responder – but without the institutional support those professionals receive.

Thus, we cope however we can. My firsthand experience (and what little research exists) suggests that funeral professionals commonly turn to alcohol or other substances to cope with the emotional load they carry. In a needs assessment of U.S. funeral directors, many reported that stress,



depression and emotional strife interfere with daily life, and behaviors such as substance use have emerged as a concern.

Qualitative studies show that alcohol is used to “shut the brain off” after long, emotionally intense days. Although comprehensive industrywide data on substance abuse is scarce, the combination of chronic stress, trauma exposure and minimal formal infrastructure makes it understandable why so many funeral directors turn to unhealthy coping mechanisms.

And there is another truth we must be willing to name – gently yet honestly. Not everyone who enters this profession is rooted in reverence. As funeral service becomes more transactional and industrialized, space is created for those who are not empathetically grounded in the sacred nature of this work. I have worked alongside them. I have seen the difference in how they move through the room, how they speak to families, how they hold – or fail to hold – grief.

And families see it, too. They might not always have the language for it, but they feel when care is rushed, when presence is absent, when service is procedural rather than personal. In moments of profound vulnerability, even subtle detachment leaves an imprint.

This is not about gatekeeping. It is about guardianship. If we do not actively protect the heart of this profession, we risk losing it to those who view funeral service as a job rather than a calling, a process rather than a privilege. Sacred work does not survive on systems alone; it survives through people who are willing to carry emotional weight with integrity, humility and compassion.

We must also be honest about this: Even those of us who are deeply empathetically grounded are not immune. Burnout, unresolved grief, chronic overwork and lack of support can quietly erode the very qualities that normally define our care. Presence can thin. Compassion can harden. Reverence can slip into routine. Without intention and support, any-

Even those of us who are deeply empathetically grounded are not immune. Burnout, unresolved grief, chronic overwork and lack of support can quietly erode the very qualities that normally define our care.

one can become a version of themselves they never intended to be.

That is why this is not about blame. It is about vigilance. It is about accountability – to ourselves, to one another, to the families that trust us during life’s most sacred moments. If we want to preserve the soul of funeral service, we must protect those who serve with heart by creating systems that help them stay whole. The future of this profession depends on it.

Such an outcome would eliminate moral superiority; invite reflection instead of defensiveness; and force leadership and peers to reckon with systems, not just individuals.

STANDING UP FOR A SUSTAINABLE CAREER

Self-care in funeral service cannot be reduced to bubble baths and inspirational quotes. It requires structural change and personal advocacy, including:

- Promoting physically, emotionally and psychologically safer work environments
- Normalizing boundaries around time off, sleep and meals
- Creating space for mental health support, therapy and peer debriefing
- Acknowledging trauma as an occupational hazard, not a personal weakness



- Questioning staffing models that rely on constant overextension
- Demanding compensation that reflects the gravity and complexity of our work

Most importantly, it means allowing ourselves to say, “This pace is not sustainable.”

As we look both inward and outward, there are critical questions that deserve our attention. They’re invitations to ponder collective responsibility, growth and meaningful change.

Burnout can cost employers millions of dollars annually, demonstrating that unmanaged stress carries both human and economic consequences.

Is it governmental policy we lack or understanding? Our profession is high-touch, emotionally demanding and deeply tied to public well-being. Despite this, it operates with little formal recognition or structural support that reflects the true nature of the work. Nurses and emergency medical professionals have protections and policy frameworks that acknowledge the psychological and physical risks of their work. Meanwhile, funeral directors and deathcare professionals often function within a vacuum of institutional support and without safeguards proportionate to the toll of their work.

This gap becomes even more noticeable when we consider insurance structures. Society recognizes health insurance as essential because lack of coverage leads to delayed care and poorer outcomes. Continued coverage and paid leave correlate with better overall health. Yet similar logic is rarely

applied to protections for those who care for the dying and the bereaved – or for those professionals’ families.

Life insurance, for example, provides survivor protection and, in the case of cash-value policies, can accumulate accessible savings that offer financial flexibility during one’s lifetime. Premiums are typically lower for young and healthy people. This allows individuals to secure long-term protection affordably. Although health insurance covers medical expenses, life insurance can serve as both a safety net and a financial tool. This is particularly relevant in professions where emotional strain, unpredictable schedules and long-term stress are common.

If we acknowledge that funeral service is emotionally intensive, why do we not build protective structures that reflect that reality?

Is it time to consider unionization? Research consistently shows that union density correlates with improved access to employer-sponsored health plans, paid leave and broader benefit security. Economic and public-health literature links collective bargaining to improvements in workplace safety, wages and protections that extend beyond immediate employment conditions.

In other high-stress industries, such as healthcare, manufacturing and education, unions have improved job safety and reduced discrimination. Studies indicate that unionized workers are significantly more likely to receive employer-sponsored health insurance and paid leave. Public-health research also suggests unions help create safer, healthier work environments by addressing systemic inequities, such as excessive overtime and wage stagnation.

If funeral service professionals had collective bargaining power, could it reshape norms around on-call hours, mental health resources and workplace protections? Could it create consistent standards across the field instead of subjecting practitioners to fragmented workplace cultures? These are not ideological questions; they are structural ones.

Do independently owned funeral homes need to internalize this conversation and act? Yes. Industrywide reform might take time, but local change can begin immediately. Research within the funeral service sector itself connects work demands, stigma, work/family spillover and burnout. This supports what many professionals report firsthand: Current scheduling patterns and emotional-labor demands are linked to diminished well-being.

Studies in other high-stress professions show burnout negatively impacts work performance, job satisfaction, retention and organizational outcomes. Quantitative workplace research estimates that employee burnout can cost employers millions of dollars annually, demonstrating that unmanaged stress carries both human and economic consequences.

Can funeral homes establish employee well-being as policy? What if monthly massage sessions, gym memberships and/or structured mental health check-ins were considered professional standards instead of fringe perks? Other high-



stress industries formalize support structures because untreated stress leads to measurable health declines.

Similarly, could quarterly therapy sessions or facilitated debriefings be normalized, thereby acknowledging that emotional labor is intrinsic to funeral service?

Finally, on-call demands and heavy workloads are repeatedly cited as major contributors to burnout and work/life conflict. Research suggests predictable, regulated scheduling and balanced work/rest cycles are associated with better mental health outcomes.

When boundaries between work and home erode, stress compounds. If the evidence is clear, what is preventing us from acting?

A CALL TO ACTION: FUNERAL HOME OWNERS AND EMPLOYERS:

You are not villains. Most of you entered this profession the same way your staff did – through long hours, hard lessons and a deep belief in the value of this work. You love it, too. But tradition alone cannot remain the blueprint for sustainability. What was endured in the past does not have to define the future.

We need you to think beyond what has always been done. Invite your teams into the conversation. Ask the uncomfortable questions. Be willing to pilot unconventional ideas, such as:

- Flexible or rotating on-call structures that allow for genuine recovery
- Protected meal breaks and realistic scheduling buffers
- Built-in mental health days that are treated as essential, not indulgent
- Access to therapy, peer debriefing or trauma-informed support
- Staffing models that do not rely on chronic overextension
- A culture where rest is respected rather than judged

Supporting your staff is not a weakness in leadership. It is how you retain skilled professionals, protect institutional knowledge, and safeguard the future of your business and the profession itself. Sustainability is not softness. It is strategy.

A CALL TO ACTION: FUNERAL DIRECTORS, EMBALMERS, APPRENTICES AND SUPPORT STAFF:

Please do not leave this profession in silence. Advocate before you are beyond your limits. Speak up when exhaustion becomes unsafe. Ask for support before coping turns into numbing. Setting boundaries does not mean you care less. It means you intend to survive long enough to keep caring well.

Please know that your experience matters. Your presence matters. Your well-being matters. We do not need more martyrs; we need more sustainable professionals.



Advocate before you are beyond your limits. Speak up when exhaustion becomes unsafe. Ask for support before coping turns into numbing.

A CALL TO ACTION: THE FUNERAL SERVICE COMMUNITY AS A WHOLE:

We must do better for one another. Hold yourself accountable for self-care the same way you uphold professional standards. Check in. Ask the real questions. Normalize rest. Normalize therapy. Normalize saying, “I cannot take one more case today.”

Death might be taboo in our society, but, within our profession, silence is the greater danger.

Picture an oxygen mask on an airplane. We are instructed to secure our own mask before assisting anyone else – not because it’s selfish but because we can’t help others if we lose consciousness.

Funeral professionals give metaphorical oxygen to others constantly. We steady families when the air has been knocked out of them. We hold space when grief feels suffocating. But without self-care, without boundaries, without structural support, we begin to struggle ourselves.

This profession is sacred. It deserves to be protected – and so do the people who carry it. We are what remains when hope is thin. Let us not lose ourselves in the process of holding everyone else together.

Kora Michaud is a licensed funeral director and crematory operator in Massachusetts and New Hampshire. She has a background in hospice care and a deep commitment to servant leadership within the funeral profession.

From the Editor's Desk

The Paradox of Gen Z



The only true response to forecasts and predictions is two simple words: “We’ll see.” This is what came to mind as I read the results of the 2025 Wake Forest Law *Survey on Consumer Preferences in Death Care*.

As reported in this issue, the survey data revealed that the older the respondent, the more willing they were to consider cremation. Meanwhile, willingness to consider casketed burial seemed to decrease with age.



Gen Z defied expectations. Of note, when asked to consider a particular method of disposition for themselves, only 55.9% of Gen Zers were willing to consider cremation, versus 76% of the other three generations’ members (millennials, Gen Xers and baby boomers) combined. At the same time, 80.5% of Gen Z was open to casketed burial, compared to 60.9% of the other three generations combined.

For decades, the trend in the U.S. has been a steady rise in cremation due to lower costs and less formality. Recent studies by NFDA, however, have revealed a counter-trend. In its own research, NFDA found that Gen Z had the highest percentage of respondents who prefer casketed burial. Thirty-seven percent of Gen Zers said they prefer casketed burial, 28% said cremation, 14% said green burial, and 3% said entombment. Compare this to the responses of the other generations: 42% of millennials said they prefer cremation, 28% said casketed burial, 14% said green burial, and 3% said entombment; 50% of Gen Xers said they prefer cremation, 28% said casketed burial, 6% said green burial, and 3% said entombment; and 66% of boomers said they prefer cremation, 18% said casketed burial, 6% said green burial, and 2% said entombment.

The paradox of Generation Z – the first generation to grow up in a world with high-speed internet and ubiquitous social media – is its pivot toward traditional funeral rites. Data suggests Gen Zers are rejecting the “disposable” nature of digital life in favor of the permanence of physical burial and somber ritual.

Many Gen Zers are coming of age in homes where the cremated remains of grandparents or pets are sitting on shelves, slowly becoming clutter or a logistical burden. Observing these urns in closets and garages, they have begun to consider a permanent, deeded plot of land, where their remains would be settled once and for all. Gen Z also continues to express a stronger desire for open-casket services than baby boomers do.

Gen Z is demanding funeral service become more physical, more expert-led and more permanent. In a world where everything is “in the cloud,” being placed firmly in the ground is a radical act of self-expression.

Will Gen Z’s preferences and viewpoints change as its members age, or is it truly on track to reverse a long and steady trend? It’s too soon to say, or – to put it another way – we’ll see.

 **Edward J. Defort**
-Editor

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