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Controlling alkaline hydrolysis in US death care markets

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Controlling funeral technologies

In the preface to This Republic of Suffering, Harvard historian Drew Gilpin Faust writes:

It is work to deal with the dead ... to remove them in the literal sense of disposing of their bodies, and it is also work to remove them in a more figurative sense. The bereaved struggle to separate themselves from the dead through ritual and mourning. Families and communities must repair the rent in the domestic and social fabric, and societies, nations and cultures must work to understand and explain unfathomable loss.

(2008, p. xiv)

Funeral work is performed by a wide variety of actors, each of whom has different roles and responsibilities in the collaborative processes of caring for the dead and the bereaved. In antebellum America, the decedent’s family was typically responsible for performing most of this work — though the dying, too, were expected to do the work of preparing themselves psychologically and spiritually for a “Good Death.” Additional funeral work was dispersed across a variety of trades, including clergy, carpenters, liverypersons, blacksmiths, surgeons, druggists, and chemists, each of whom performed specific types of funeral work ad hoc (Laderman, 2003; Plater, 1996, pp. 41–49). After the Civil War, growing numbers of entrepreneurial undertakers perceived the social and economic advantages of consolidating funeral work, thereby initiating the process of professionalizing funeral work.

Today, funeral professionals play a prominent role in both the literal and figurative removals of the dead from the world of the living in the US, providing goods and services intended to manage both the decomposition of dead bodies, as well as the decomposition of social ties. These two forms of removal roughly correspond to two broad categories of funeral work, which sociologist George Sanders labels “front stage” and “back stage” work (Sanders 2010, p. 56). According to Sanders, this distinction captures “a division of labor in which the front-staff are mostly comprised of salespeople and...
bereavement counselors ... while embalmers work behind the scenes,” preparing dead bodies for their separation from the living (2010, p. 56). Several death studies scholars rightly note that US funeral professionals today seek to de-emphasize their “back stage” work, and to promote their “front stage” work (Sanders, 2010; Schäfer, 2007; Laderman, 2003; Emke, 2002; Prothero, 2001; Cahill, 1995). Indeed, funeral industry marketing executive Dean Lambert (2011, p. 48) urges funeral directors to focus less on the disposition of corpses and more on “new and creative ways to celebrate lives and help people grieve.”

Funeral professionals’ preference of their own “front stage” work feebly disguises the fact that physically working with dead bodies continues to occupy a central place in the funeral professions. Funeral consumers may turn to grief counselors, event planners, and merchants located, as Lambert puts it, “outside the traditional funeral industry” (2011, 48); but as Howarth (1996, p. 15) reminds us, “[m]odern funeral directors acquire control over the funeral service via their custody of the corpse.” Moreover, funeral professionals’ commercial custody of the corpse has been achieved by way of funeral professionals’ control over the technological means of body preparation and disposition. It is well known that embalming technologies played a powerful role in the professionalization of funeral work in the US. Through the appropriation and standardization of embalming, US undertakers transformed the care of the corpse into a technical skill, the practice of which continues to be controlled by professional funeral directors and embalmers.

As Lambert acknowledges,

[the average consumer] neither has the skills nor the desire to perform the technical function for which funeral directors receive training. It is a highly specialized trade, which is a barrier to entry into the realm of embalming and restorative arts.

(2011, p. 48)

Technological shifts and innovations can unsettle any number of boundaries that work to organize and define communities of practice, giving practitioners reason to confront anew the prevailing practices, technologies, norms, professional identities, divisions of labor, and social relations that have become routine over time. The funeral industry is no exception. Consider the rise of cremation’s increasing popularity in the US since the last half of the twentieth century. Early in their concurrent histories, embalming funeral directors and cremationists viewed themselves as belonging to distinct communities of practice. Until the end of the twentieth century, funeral directors viewed cremationists as industry outsiders, portraying cremation as undignified, irreverent, and even un-American (Prothero, 2001, pp. 174–182). Today, cremation is decidedly mainstream, and more and more US funeral homes now house cremation retorts of their own, though many crematoria operate independently of any funeral home. To accommodate cremation, funeral professionals have had to do more than simply make way for new machines, tools, and techniques; they have also had to welcome new funeral actors, and retool their own professional identities. Indeed, funeral directors’ de-emphasis of back stage work is itself a retooling of professional identity in response to the ongoing supplantation of a once identity-conferring technique (embalming) by a once disparaged process (cremation).

This chapter examines funeral actors’ efforts to control a very new dispositional technology that has begun to enter North American funeral markets and only North American funeral markets) over the last four years, namely alkaline hydrolysis (AH). The introduction of AH technologies into US funeral work involves more than the presence of new machines upon the funeral stage; it also implicates established funeral actors in new ways, while introducing new actors who wish to create a place for themselves within the funeral industry. Drawing upon intensive interviews with funeral professionals and AH system developers, industry literature, death studies literature, and historical resources, I argue that US funeral professionals’ ongoing efforts to control AH technologies involve the management of a number of professional boundaries, including the dissociation of funeral contexts and funeral technologies from non-funeral contexts and non-funeral technologies; the separation of professional funeral expertise from other kinds of expertise; and the distinction between funeral industry “insiders” and industry “outsiders.” In this chapter, I will look at the AH technologies that have been introduced into the US market and describe the repercussions of these introductions for funeral professionals’ efforts to manage their professional jurisdiction, identity, and occupational expertise in relation to a potentially disruptive technology.

Alkaline hydrolysis in focus

AH is a reductive chemical process through which tissues are dissolved in a heated (sometimes pressurized) solution of water and strong alkali. In funerary contexts, a single body is sealed in a cylindrical, stainless steel vessel into which the alkali solution is added. The design of the vessel and the duration of the process vary, depending upon the temperature and pressure at which the process is carried out. Low temperature, unpressurized systems can hydrolyze a human body in about 12 hours. At higher temperatures and pressures the process can take as little as three to four hours. The process yields an inert, sterile effluent and brittle bone material. The effluent can be disposed of through municipal sewer systems, provided the fluid is cooled and the pH adjusted to meet local requirements. The brittle bone material is cooled, dried, and crushed, and may be returned to the decedent’s family. AH remains legal in only in nine US states and one Canadian Province since its initial introduction into US death care markets in early 2011, and today only a handful of funeral service providers offer AH disposition as an option to their customers.

The story of AH originates in non-funerary contexts nearly 20 years before its introduction into US and Canadian funeral markets. In the early 1990s,
two biomedical researchers at Albany Medical College, Dr. Gordon Kaye and Dr. Peter Weber, used AH to dispose of dead laboratory animals. In 1994, Kaye and Weber’s now-defunct company, Waste Reduction by Waste Reduction (WR²), was awarded a patent that describes an apparatus that is now widely known as a ‘tissue digester’ or ‘caustic digester.’ Versions of this apparatus continue to be used internationally in a variety of non-funerary contexts, including bio-containment facilities, biomedical and veterinary research facilities, diagnostic centers, the food service and pharmaceutical industries. Many of these digesters are designed to hydrolize large amounts of animal waste (between 1,500 and 10,000 pounds) in a single cycle. But in 2005, WR² also designed and built the first single-human-body digester for the Mayo Clinic’s anatomical bequests program. It was this machine that paved the way for AH’s introduction into the funeral industry. By processing human bodies one at a time, the Mayo Clinic’s AH system fit with a prevailing Western funerary norm that prohibits the commingling of multiple human remains, in the interest of showing respect (materially and symbolically) for the individuality of the human person even after death. After the collapse of WR², Joe Wilson and Sandy Sullivan (chiefs of WR²’s US and UK operations, respectively) each formed their own, separate companies devoted to developing AH technologies, and to building a market for AH within the funeral industry. Wilson’s Indiana-based Bio-Response Solutions, Inc. (BRS) and Sullivan’s Saskatchewan-based Postamation, Ltd. are the leading manufacturers of single-body AH systems for commercial funeral application.

Despite the fact that AH technologies entered funeral markers only after they were first put to use in a variety of non-funerary contexts, some funeral professionals are keen to insist upon industry jurisdiction over AH disposition technologies, and to establish regulations that would allow only licensed funeral professionals to offer funerary AH. For example, Ohio funeral director and AH pioneer Jeff Edwards urges regulators to keep AH within the funeral industry, and to prevent industry outsiders — Edwards mentions tire shop owners — from “taking a form of disposition from the industry” (Parmalee, 2011b, p. 24). Edwards was the first funeral director to offer AH disposition to his customers, and over the course of roughly two months he hydrolized 19 bodies, before the Ohio Department of Health (ODH) ordered him to stop. While Edwards views AH as a disposition technology that falls squarely within the occupational jurisdiction of licensed funeral directors, from the point of view of the Ohio Board of Embalmers and Funeral Directors (OBEFD), Edwards’ use of AH jeopardized his standing as a legitimate funeral professional, “[s]pecifically for using an unauthorized method of disposition on dead human bodies....” (Parmalee, 2011b, p. 25). Without speculating about the motives behind the ODH and OBEFD’s resistance to Edwards adoption of AH, Edwards’ case makes clear Bowker and Star’s observation that membership within communities of practice “largely revolves around the nature of the relationship with the objects” that members view as belonging to that community, and that “[a]cceptance or legitimacy derives from the familiarity of action mediated by member objects” (2000, p. 299).

Indeed, the transition of AH from laboratory contexts into funeral contexts involves both a transformation of the material and symbolic identity of AH systems themselves, as well as disruption of the social and professional identities of funeral directors.

Technologies and identities in transition

A comparative history of the funerализation of arterial embalming in France and the US illustrates how jurisdictional claims to a particular technology can shape death care markets, as well as professional and technological identities. Pascale Trompette and Mélanie Lemonnier (2009) point out that, in nineteenth-century France, physicians proclaimed exclusive jurisdiction over embalming. Resisting the efforts of French embalming pioneer J. N. Gannal (1791–1852) to create “a new occupation (‘embalmers’), distinct from the health profession,” physicians reproached Gannal “for practicing without the slightest medical diploma” (Trompette and Lemonnier, 2009, p. 13). In France, it was not until the late twentieth century that embalmers began “to build their occupation as an independent body of experts” (Trompette and Lemonnier, 2009, p. 18) with “control over the corpse” (Trompette and Lemonnier, 2009, p. 16). In the US, however, the professionalization of embalmers took place much more rapidly. Spurred on by the exigencies of dealing with corpses produced by the US Civil War (Faust, 2008), and unencumbered by vigorous resistance from physicians, embalming undertakers swiftly formed the material infrastructure and professional networks upon which to build a unique professional identity and to direct a consolidated death care market.

At the same time that embalming helped to create a unique social and professional space for funeral professionals, this space also transformed embalming techniques themselves. For example, before suffusing the corpse with embalming fluids, the funerary embalmer, unlike the anatomical embalmer, “sets” the body’s facial features in preparation for ritual viewing. Furthermore, the arterial embalming fluids used in typical funerary contexts are much less concentrated than those used to preserve corpses for anatomic study. A less concentrated fluid yields a more “lifelike” softness in the tissues of a corpse that is intended for viewing within the brief interlude between death and final disposition (usually burial or cremation). Furthermore, funeral embalming standardized involves the aspiration (suction-removal) of organ material from the body cavity — a procedure that is obviously not performed upon bodies whose cavity organs are to be preserved for study. Thus, while embalming technologies helped to create a unique social space of professional death care, distinct from, albeit intimately connected to, domestic, medical, and clerical domains, embalming technologies were themselves transformed to fit the uniqueness of the spaces they helped to create.
Alkaline hydrolysis in transition

The uniqueness of funeral contexts from other professional, commercial, and industrial contexts is maintained not only by managing the boundaries of professional identity, but also through the management of the boundaries of technological identity. Consider for example Swedish biologist Susanne Wiigh-Måsk’s interest in controlling the technological identity of her innovative disposition technique, Promessia. In 2001, Wiigh-Måsk founded Promessa Organic, a company devoted to developing a method of freeze drying dead human bodies and processing them into compost. According to science writer Mary Roach, Wiigh-Måsk is decidedly against the idea of marketing Promessia as a technology for the disposal of dead animals. Paraphrasing Wiigh-Måsk, Roach writes, “[i]f Promessa becomes known as a company that disposes of dead cows or pets…, it will lose the dignity necessary for a human application” (2003, p. 274). Given that AH technologies entered funerary markets after they were first used in non-funerary contexts to dispose of animal carcasses, we might expect to observe efforts, on the part of funerary stakeholders, to control and transform the identities of AH technologies as they transition into funerary contexts. The record does not disappoint those expectations. Samantha Wilson, a biologist with AH system manufacturer BRS, states the problem clearly: “The scientific community has been using the [AH] process for well over a decade, but this [the funeral industry] is an entirely different industry that requires utmost sensitivity” (Keneveich, 2011, p. 17).

One way in which funeral veterans and newcomers alike have sought to control the identity of funerary AH is by renaming the technologies. Today, funerary AH technologies go by a variety of names, including alkaline hydrolysis, flameless cremation, and by the cremation-signaling trade names Bio-Cremation, Resomation, and Aquamation. But in 2003, when Mary Roach’s bestseller, Stiff, was published, AH had not yet debuted on the funeral scene, and had not yet acquired a distinctive funerary appellation. In her book, Roach refers to envisioned funerary AH systems as “mortuary digesters,” adopting a version of the names standardly given to AH systems in non-funerary contexts (i.e., “tissue digesters” or “caustic digesters”). Yet, as Roach points out, the AH system used by the Florida State Anatomical Board (FSAB) to dispose of donated human cadavers has since 1998 operated under the name “reductive cremation,” a classification that facilitated AH’s implementation under Florida law (2003, p. 254). As I have indicated elsewhere, several other states that have legalized AH for the disposition of dead human bodies have elected to classify or regulate AH as a form of cremation (Olson 2014, 682–683). With respect to the funeralization of AH technologies, this renaming is much more than a matter of legal classification and regulation; it is also essential for distinguishing non-funerary AH systems from funerary AH systems (regardless of whether AH is viewed as a form of cremation or as an alternative method of disposition), and for distinguishing the professional identity of funeral service providers from laboratory workers. First, the names given to funerary AH visually and aurally link the technology to cremation, thereby shaping the identity of the technology by associating it with technologies already internal to the funeral industry. Second, as AH system developer Joe Wilson puts it, “the laboratory term ‘tissue digester’ did not bear any sensitivity to the funeral industry” (Wilson, 2011, p. 32). In particular, use of the laboratory term in funerary contexts would overlook funeral professionals’ unique expertise in overseeing the sacred rites of preparing and disposing of human remains. Joe Wilson’s company, BRS, Inc. (BRS), which manufactures both funerary AH systems and non-funerary AH systems, enforces the distinctiveness of professional funeral expertise, and the distinctiveness of funerary AH systems, by establishing a separate web domain for its funerary systems, and by using the terms “digestor” and “tissue digester” only in reference to its laboratory systems” (Bio-Response Solutions, Inc., 2008a; Bio-Response Solutions, Inc., 2008b).

It is not only naming practices that are used to distance funerary AH systems from non-funerary AH systems. AH system developers also distance funerary and non-funerary systems from one another by adapting the design of AH systems to both fit and reinforce the distinctiveness of funerary contexts. In Stiff, Roach reports on her encounter with a large non-funerary AH system operated by a veterinary school to dispose of large amounts of biological material. The type of system she observes is common in non-funerary contexts. In systems like these, the vessels in which the AH process takes place look like huge, stainless steel pressure cookers, with a stainless steel lid that is latched to the top of the “pot” when the system is in operation. Depending on the size of the digester, large systems can process up to four thousand pounds of biological material at once. The material to be hydrolyzed is lowered into the vessel from above, and in non-funerary contexts the remains of multiple organisms are routinely processed simultaneously. While providing a graphic description of the veterinary AH system at work, Roach perceptively reassures her reader, “Of course, for mortuary digestions, some alterations will be made in the name of dignity” (2003, p. 256). Stiff was published two years before the design of AH systems began to adapt to the unique social and professional spaces of US death care culture, but Roach rightly identifies the principal consideration that continues to guide the redesign of funerary AH systems, namely, morality.

Critics who categorically oppose funerary AH commonly contend that AH fails to demonstrate proper respect for the sacred human corpse. A variety of concerns about the dignified treatment of human remains have been raised in the name of public morality in general and religious ethics in particular. Adversaries of AH commonly express disgust at the thought of sacred human remains being flushed down the drain like everyday bodily waste, and at the thought of those remains somehow finding their way back into the bodies of the living through food and water (Olson, 2014). But even amongst proponents of funerary AH, the moral character of funerary AH systems is a matter of serious concern. Disputes about the morality of funerary AH are played
out discursively and materially in relation to a number of AH system design features that are laden with moral significance. One design feature immediately stands out as the most obvious (and most important) feature that sets funerary AH systems apart from non-funerary systems; funerary AH systems are always designed to process only one human body at a time. The exclusive use of single-body systems within funerary contexts is morally requisite, as this design feature demonstrates respect for a widely recognized moral revulsion to the idea of comingle human remains. Some AH proponents argue that funerary systems do more than simply conform to the normative injunction against comignment, they conform more perfectly than cremation systems. In an article published in The National Catholic Bioethics Quarterly, Sister Renee Mirkes writes, while “cross-contamination of bodily remains between cremations is unavoidable … [t]he alkaline hydrolysis unit is completely cleaned between cycles, so there is no cross-contamination of one body’s remains with another” (2008, pp. 687-688).

A second design feature that distinguishes funerary AH systems from non-funerary AH systems has to do with the position or orientation of the body when it is placed in the AH cylinder, and while the AH process takes place. In non-funerary systems, and in systems designed for pet funerals, the remains are lowered into the vessel from above. But in systems designed for human funerals, bodies are always slid into the vessel horizontally, thereby conforming to the normative body orientation of traditional cremation and earth burial. As pointed out (Olson 2014, pp. 685-686), the orientation of the body during the AH process is a point of contention amongst AH system designers. For example, Steve Schaal, president of the North American Division of Matthews Cremation has criticized the design of competitor BRS’s funerary systems because the BRS systems tip the vessel at an angle during the AH process. According to Schaal, BRS’s systems fail to respect the dignity of the human corpse by tipping it at an angle during the AH process.

In preparation for their introduction into sacred funerary contexts, the technological identities of AH systems have reconfigured and purified of their preexisting associations with laboratory animal disposal. This reconfiguration and purification have taken place both through the renaming AH technologies, and by adapting the design of AH systems to fit the uniqueness of funerary contexts. Efforts to separate funerary AH from non-funerary AH conform to and facilitate broader interests in insulating the social spaces of death from other social spaces. In the mid-nineteenth century, Gannal appealed to the separateness of the world of the dead from the world of the living as grounds for liberating embalming from the exclusive control of physicians, and for creating a new occupational identity. “[W]hat,” Gannal asks,

is the subtle link between the art of healing a person who is ill and that of embalming a dead man. — As far as I’m concerned, I can’t see any worth mentioning. You ask me what right I have to embalm corpses…

Why, I have the right of an embalmer; the answer is simple. (1845 cited in Trompette and Lemoines, 2009, p. 5)

In the US today, funeral professionals routinely and rapidly remove dead bodies from domestic or medical spaces, transporting the dead to specialized funeral spaces (typically funeral homes or crematoria) in which, and through which, funeral professionals assert expert authority over the bodies of the dead. The case of AH reveals that the management of disposition technologies continues to be an important part of the work that funeral professionals do to create and maintain a unique professional identity within a distinct social space.

Professional identity in transition

Death care scholar Spencer Cahill argues, based on his ethnographic study of a cohort of mortuary science students, that the professional identity of occupational neophytes is grounded in an occupation’s publicly recognized claim to a distinctive and definitive occupational jurisdiction… [O]cupations with a distinctive license to “carry out activities rather different from other people” have a foundation on which to build neophytes’ professional identities. (1999, p. 117)

One key way in which funeral professionals maintain control over the dead human body (and thus death care markets) is by defining a unique social space over which they themselves have authoritative, expert jurisdiction. The present study demonstrates that one important way in which funeral professionals manage the boundaries of their professional jurisdiction is by exercising control over the identities of the technologies that are used to perform work that is specific to their professional identity. Yet new technologies are not simply passive in relation to fixed professional identities; new technologies also act to change professional identities. In what follows I will examine the impact of funerary AH on US funeral professionals’ social and occupational identity as moral authorities and technical experts with respect to the disposal of dead human bodies.

Through the standardization of funeral embalming, US undertakers transformed the care of dead bodies into a technical occupation that required specialized knowledge, practical training, and skill. The link between embalming and the professional identities of US funeral directors is evident in the words of one mortuary science student interviewed by Cahill. “I think the only time you feel like a real funeral director is in the embalming lab. The rest of the time, you just memorize things you’re gonna forget” (1999, p. 115). One crucial reason for why embalming has been so integral to US funeral directors’ professional identity is that embalmers themselves are the
ultimate authorities on the skilled techno-artistry of embalming. Recall that Lambert specifically identifies embalming, but not cremation, as unique to funeral directors’ “technical function” and “specialized trade.” Moreover, by disdainfully referring to direct cremation as “bake and shake” (Prothero, 2001, p. 175), funeral directors have evoked the artless expediency of a familiar convenience food to criticize cremation.

As is the case with cremation, one need not have highly specialized knowledge or technical training to operate a funerary AH system. As funerary AH provider Mike Phillips of Central Florida Casket Store and Funeral Chapel puts it, “I could pull someone in off the street, give them this manual, and they could operate it themselves. Anybody could do this.” And while giving me a tour of the Resomation-built AH system he operates at Anderson-McQueen Funeral Home, John Anders referred to the pipes that feed and relieve the AH system as a “plumber’s nightmare.” Similarly, he referred to the system’s circuit panel as an “electrician’s nightmare.” To funeral professionals like Anders, the technical details of the AH system are not only unknown but also somewhat intimidating. Anders is content to consign responsibility for the plumbing and electrical details to specialists outside his profession. As is the case with funerary incineration technologies, deep technical expertise is inessential as a basis for claiming professional authority over funerary AH technologies. Lamenting cremation’s consumer status as an alternative to funeral services provided by the mortuary, Phillips tells me that when he went to work for a funeral parlor 35 years ago, he was not trained in the art of embalming or in the care of the deceased. He learned it on the job. Phillips describes embalming as a “sleeping art,” in which the internal status of AH technologies can destabilize the boundaries of funeral professionalism. Although Edwards was no newcomer to the funerary profession, having enjoyed professional status as a licensed funeral director for several years prior to offering AH, his work with AH technologies threatened his status as a member in good standing of the community of funeral professionals—at least in the eyes of the OBEFD, which accused Edwards of engaging in “immoral or nonprofessional conduct…” (Parnalace, 2011, p. 25). It is understandable, then, that Edwards insists upon the insider status of funerary AH, for if AH technologies were internal to the funeral industry, then Edwards’ use of those technologies would not threaten his professional status. Moreover, the national media attention given to Edwards’ controversial use of AH triggered concern amongst subsequent adopters of AH technologies. One early adopter expressed disappointment about the way in which AH was introduced into Ohio funeral markets. “It caused some other states to dig in right away,” states Jason Bradshaw, “and this one [Edwards] is kind of a rogue person out there doing this, and it gave it [algaline hydrolysis] more of this rogue status.” Bradshaw worries that AH’s status as a legitimate funeral technology could be damaged if AH is used by rogues, “out there folks whose outsider status rubs off on the identity of the technologies themselves.

The perceived legitimacy of funerary AH depends not only on the relationship between AH technologies and the professional status of AH service providers, but also on the relationship between AH technologies and the professional status of AH system engineers, manufacturers, and distributors. Established funeral professionals who offer AH depend upon new actors who possess a techno-scientific expertise regarding AH systems. This expertise enters into funeral work partly in the form of skills that are designed into or embedded in AH systems themselves: skills that funeral professionals who operate AH systems need not (and most often do not) possess. Established actors’ newfound dependence generates uncertainties about the grounds upon which authority over funerary AH may be claimed, and blurs the boundaries of funeral profession itself as well as funeralism in general. Established funeral professionals’ lack of technical expertise may provide new actors, who possess no formal funeral training, with grounds for claiming status as funeral industry experts or insiders. BR’s Joe Wilson considers himself “part of the funeral industry,” and his company has plans to offer AH disposition for pets by establishing a pet-loss center in the company’s new plant – though Wilson states that BR currently has no interest in moving into the human disposition business. BR is a funeral newcomer, and the company’s relationship to the funeral industry is mediated only through the funerary AH systems it manufactures. Meanwhile, BHS continues to manufacture AH systems for use in pharmaceutical and bio-containment contexts, pointing out that BR’s is “all about killing microbes.” Lacking formal training as a funeral director, Wilson understandably positions himself as a techno-scientific expert with “35 years’ experience in designing and building hazardous processing systems for medical facilities and biocontainment laboratories,” adding that BR has “the most experienced engineering team in the industry” (Wilson, 2012, p. 1). Yet according to early funerary AH adopters Jim Bradshaw and his son Jason, of Minnesota-based Bradshaw Funeral Homes, Wilson is “not connected with the industry,” and is “sort of an industry outsider.” For the Bradshaws, the professional identity of an AH system supplier can affect the legitimacy of the technology itself. “I think we felt,” states Jason Bradshaw, “that we are doing something that was outside the norm enough where we wanted our own legitimacy coming from a company that was connected in the industry.” In 2011, the Bradshaws purchased an AH system built by Resomation, Ltd., but
distributed by the one hundred year old funeral giant, Matthews International, a leading manufacturer of cremation retorts, and a supplier of a wide range of memorialization products and funeral industry services.

Resomation, Ltd. distances its funerary AH systems from non-funerary precursors in two ways: first by avaluing itself of the decidedly insider status of Matthews International, which Resomation has appointed as the sole distributor of Resomation systems in North America; second by manufacturing only funerary AH systems. One of the leading public proponents of Resomation’s AH systems, Dean Fisher, appeals to his own funeral pedigree to reinforce Resomation’s funerary fitness. Fisher, who heads UCLA’s anatomical donations program (which operates a Resomation-built AH system), grounds his AH expertise primarily in his status as a funeral industry insider. In a 2012 article about AH regulation published in a leading funeral trade journal, The Director, Fisher proposes a number of regulatory policies from his position as “a licensed funeral director for 27 years,” but secondarily as someone who has “a strong working knowledge of alkaline hydrolysis” (Fisher, 2012, p. 54). Fisher does not emphasize his technical expertise, but instead draws particular attention to moral concerns regarding the regulation of AH systems, notably, concerns about the dignified treatment of the human corpse, the prevention of the commodification of human remains, and the purity of the bone matter to be returned to decedents’ families (Fisher, 2012). Fisher’s insistence upon the moral purity of funerary AH systems both fits and reinforces funeral professionals’ belief in the importance of maintaining a unique professional identity within a distinct social space.

Conclusions

US funeral professionals’ sense of their own identities is changing. Funeral professionals have traditionally justified their custody of the corpse both by way of their technical expertise in caring for the bodies of the dead, and by way of their perceived moral authority regarding the dignified handling of human corpses. But the increasing division of funeral labor into “front stage” and “back stage” work signals a willingness amongst funeral professionals to tolerate a somewhat fractured professional identity. And in light of the elevation of front stage work, the sentiment expressed by one mortuary science student interviewed by Cahill — “the only time you feel like a real funeral director is in the embalming lab” — is undoubtedly losing some professional power. Nevertheless, tolerance for diversity or ambiguity within the boundaries of funeral professionalism does not imply tolerance for ambiguity at the fringes of funeral professionalism. “If we start deciding we’re going to play on the fringes, that’s where any industry gets into trouble,” notes early AH adopter Jim Bradshaw. I follow Cahill in maintaining that a key way in which funeral professionals maintain control over the dead human body is by defining a unique social space over which they alone have jurisdiction. I offer that the introduction of AH technologies into US funeral markets obliges funeral professionals to perform the professional labor of simultaneously managing the boundaries of their professional identity, as well as managing the technological identities of funerary AH systems. Indeed, AH developers and AH providers are currently working out their professional identities on the very surfaces of the AH systems they design and use. Funerary AH technologies may allow actors who possess no formal training as embalmers or funeral directors to claim inclusion as funeral professionals or experts. On the other hand, the funeral industry’s current de-emphasis of back stage work could supply funeral professionals with grounds to resist the inclusion of these actors, though possibly at the expense of marginalizing the back stage work (and workers) upon whom front stage funeral professionals largely rely in order to retain control over the dead human body in US death care markets.

Notes

1 I use the term “funerary” specifically to refer to human funeral contexts.
3 Telephone interview with Joe Wilson, CEO of Bio-Response Solutions, Inc. (Conducted 6 January 2014).
4 Interview with Stephen Schaal, President, North American Region, Matthews International Cremation Division. (Conducted in Charlotte, NC, 10 November 2012).
5 Telephone interview with Mike Phillips, Funeral Director and Owner, Central Florida Casket Store and Funeral Chapel. (Conducted 15 January 2014).
6 Interview with Jim and Jason Bradshaw of Bradshaw Funeral Services. (Conducted in Sullivan, MN, 3 July 2013).
7 Telephone interview with Joe Wilson, 6 January 2014.
8 Telephone interview with Joe Wilson, 6 January 2014.
9 Interview with Jim and Jason Bradshaw, 3 July 2013.
10 Interview with Jim and Jason Bradshaw, 3 July 2013.
11 Interview with Jim and Jason Bradshaw, 3 July 2013.

References

Part II

Death rituals and consumption