Phenomenological Study for the Psychosocial Effect of Early and Repetitive Contact with Death on Funeral Directors' Children

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Abstract: **This research aims at an in-depth study of the lived experiences of adults who had an early and repetitive contact with death. The use of semi-structured interviews with seven participants who had an early and repetitive contact with death through their fathers' work as funeral directors, revealed that this contact with death, and the subsequent social stigma, does not seem to be a traumatic event. On the contrary, it is an event that leads to psychological maturity, closer interpersonal relationships with the family and a more positive stance on life. This is the result of many factors: information provided within the educational system; participation to the funeral ritual; viewing death as a comforting event, in case of sickness, and as a way for people to go to a better place; and the use of many defence techniques and mechanisms.**

Keywords: **Phenomenological study, funeral director, contact with death, death anxiety, coping/adaptation, children.**

1. INTRODUCTION

According to literature, the effect of the repetitive contact with death on the psychosocial development of people who work in the death care industry has been controversial. On the one hand, research has indicated that funeral directors experience high death anxiety (Thorson & Powell, 1996), which is associated with the appearance of symptoms of depression (Keith, 1997). On the other hand, research has also shown that death anxiety tends to be lower in funeral directors than in other professionals (Peptone, Areola, & Rockwell, 1981). There is a negative correlation between the funeral directors' death anxiety and the number of funerals they have attended (Hardwood, White, & Ben shoff, 2009) and their age as well (Hardwood et al, 2009; Hardwood, 2010). The funeral directors' positive psychological development is linked to the belief that there is a meaning in life, that death is a way to go to a better place, and to the conscious decision to follow this occupation (Linley & Joseph, 2005; Linley & Joseph, 2011). However, the effect of this contact on the members of their family has never been the subject of a study. This study seeks to explore the effect of (indirect and inevitable, yet) early and repetitive contact with death on the psychological maturity of the funeral directors' children and also the possible trauma caused. The existing research literature includes research which considers death a traumatic event, adversely affecting people's psychosocial development (Dickinson, 1992; Knight, Elfenbein, & Kaposi, 2000). On the other hand, research also shows that contact with death can lead to psychological maturity, finding a meaning in life, developing closer interpersonal relationships and having a more positive stance on life and death, with less death anxiety and fear (Block, Dirk, Mackey, & Hex, 2008; Davis- Berman, 2014). Moreover, even though literature has shown that, on the one hand, there are socially stigmatized professions (Ash forth & Krieger, 1999), including funeral directors (Bromberg, 2002, in Bromberg, 2006; Cahill, 1999; Cardin, 2001; Thompson, 1991), and, on the other hand, the stigma of

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the stigmatized individuals -mainly mentally ill- is transferred to the rest of the family members as well (Phelan, Bromes, & Link, 1998;Struening, Per lick, Link, Hellman, Herman, & Sire, 2001), there has been no proof that this also applies to the funeral directors and their children. This paper therefore wishes to cover these deficiencies in the research literature through the use of qualitative research. More specifically, it aims at examining what do people who have experienced early and repetitive contact with death think of the effect of this contact on their psychological and social development.

2. METHOD

As it has already been mentioned, this study aims at an in-depth study of the lived experiences of people who had an early and repetitive contact with death. The qualitative method has been deemed the most appropriate to fulfill this objective, as it focuses on the in-depth study of phenomena based on the lived experiences of the participants (McLeod, 2003). More specifically, the phenomenological type of study has been used, because it matches the researcher's relativistic coding scheme, according to which we cannot interpret the world irrespective of our personal views and experiences, as there is no objective reality separate from the subjective view of the world (Mantzoukas, 2003). Based on the same approach, the hermeneutic phenomenological research method was used for the analysis of the results. This method was established by Martin Heidegger. The basic assumption of the hermeneutic phenomenological research is that "a person's interpretation cannot be independent of this person's world". This research made use of semi-structured interviews for the collection of data. Semi-structured interviews do not contain particular, pre-formulated questions, but some general, open-ended questions which allow for a more comprehensive approach to the issues examined by each research (Mantzoukas, 2007).

Sample:

The selection criterion was early and repetitive contact with death. The sample therefore consisted of seven participants, children of funeral directors. More specifically, the fathers of the subjects were working in the death care industry when the latter were children or adolescents. The participants' age ranged from 27 to 34 years with an average of 30 years and 4 months, while all of them were single. There was no limit as to their occupation. More specifically, six out of seven were working at their father's funeral home, and only one subject quit this job shortly after working in the industry. The average age the subjects started working at the funeral homes was 17 years and 2 months. Out of the six subjects who stayed at their fathers' business, four also had a second job, while only two were exclusively engaged in death care. Finally, as to the participants' sex, they were all men, as it was not possible to find women who had experienced early and repetitive contact with death.

Data collection:

The identification of the subjects was made through the technique of snowball sampling. We managed to engage subjects starting with a participant whom the researcher knew. Each participant suggested another one who fulfilled the requirements set. All of the nine subjects who fulfilled the requirements accepted to participate. Two of them did not participate in the end, claiming professional obligations. The final sample therefore consisted of seven people. In the beginning, the participants were given an information document, including the study's subject matter and purposes, information on the duration of the interview and the recording procedure, as well as the researcher's contact information in case any queries emerged. The next step was a phone call with each subject to set the exact date and place for the interview. Before the interview, the participants were again informed about the purposes of this study and they signed a consent form. The interviews lasted from 45 to 60 minutes and were digitally recorded. During the interviews, the procedure went smoothly and only short pauses were needed due to phone calls or customer visits, as the interviews were conducted at the subjects' workplaces. There was only one case where the participant was emotionally tensed and asked us to pause the recording, but not the discussion, which we did in due respect. The recording started again upon his suggestion and wish.

Data analysis:

The hermeneutic phenomenological analysis was used for the data analysis. More specifically, the analysis of the contents included identifying, codifying and classifying the research data. The first step was to write down the exact information collected through the transcription of the interviews, read the texts many times, identify the themes relevant to the research questions and classify the themes. In order to ensure data confidentiality three researchers made the analysis, resulting in a

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three-fold scheme and the emergence of three subject areas. The first one is about the psychological effects of the contact with death, the second about the social effects of the contact with death and the last one about the defence techniques used to release emotional tension and face social stigma.

3. RESEARCH ETHICS AND PROFESSIONAL STANDARDS

A series of actions were taken in compliance with the research ethics and professional standards. Initially, the research was approved by the university research committee. After that, the participants were informed regarding the purposes of the research, while they were also given a consent form which they signed. Ensuring the participants' anonymity was of high priority, while it was made clear that participation to this research was voluntary and anyone could leave at any stage of the research. Consequently, when a participant asked us to temporarily stop the recording, due to emotional tension, this was treated with all due respect, same as with the non-participation of two subjects due to professional obligations. In this way, although death was examined as a sensitive personal and social matter, compliance to professional standards was ensured in order to avoid causing any distress to the participants.

FINDINGS:

Theme 1: Psychological effects of contact with death:

This section aims at presenting the psychological effects of early and repetitive contact with death. More specifically, fear of death of important others and their self was examined, coping with grief and the effects of these on the participants' view of life and death.

Despite their early and repetitive contact with death, all participants mentioned a feeling of fear and sadness -or at least concern- about the imminent death of other people important to them or about the way death comes and what precedes or follows it. They therefore fear the possibility of a sudden - unexpected death or a potential sickness which will tire that person out mentally and physically, or the subsequent responsibilities arising from the new situation imposed by the absence of the deceased.

It shocks me and I cry thinking that I am going to lose one of my siblings or (he wells up) or that I am going to lose my parents or a friend (P4)

I would just wish it were fast and painless. No tiring out, no hospitals, no nothing. (P1)

When the arrival of death is accompanied with responsibilities, the problem is two-fold. Sometimes you feel guilty because you don't know what is more painful, having lost your father or being responsible for everything from now on. (P2)

However, intense negative emotions seem to help improve the relationships of a person working in the death care industry with his/her family. This participant, for example, seemed to try to share more intense experiences with his parents in order to avoid any regrets after their death.

Well, I know there is no way to avoid it (my parents' death). I am trying to make every moment we share meaningful. I want to minimize any regrets, when I lose them.(P6)

The participants were afraid to lose important others but were also afraid of dying themselves. One participant particularly mentioned his wish for an early and sudden death compared to experiencing old age and the subsequent feelings of dependency, misery, but also sickness and pain.

I don't believe I'm gonna die normally myself. It will probably be an accident. I don't believe I'm gonna be at the hospital, sick, at an older age. I would prefer it than tiring myself out lying in bed in pain, worrying about one thing or another. (P3)

This view is probably due to previous personal experiences, where old age and pain were experienced as harder than death. However, fear of death makes the participants be more cautious in their everyday activities, so as to avoid it, if possible.

If I didn't fear it, I guess I would be a totally different person. When I ride my motorcycle, I wear my helmet. I take precautions to prevent death. (P6)

This shows an appreciation of and love for life. Finally, some participants seemed to have planned everything regarding their funeral, showing a need to have control over themselves, even after death.

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I've imagined everything. I've told my mum, if anything ever happens, if you try to reach my phone, you will find me, you will call all of my contacts and take me for cremation. (P4)

During the interviews the participants also referred to their first personal experience with death, remembering the negative feelings of sadness and nostalgia in detail.

I was really shocked when I lost my grandpa. I wanted him to be here, even today. He left me alone in difficult times. I needed his support. (P4)

Having experienced grief seemed to have influenced their understanding of others' grief, as they started sympathizing with and understanding their pain better, compared to before, possibly because they identified themselves with them.

Well, yeah, you sympathize more -because you have felt this pain too, obviously- with the deceased person's relatives. It's good to be able to feel other people's pain. You can then handle the situation in a better way. (P3)

Despite the psychological challenge of experiencing grief, this experience seems to improve people's personalities, provided that they are educated and that they process the experience in a cognitive way.

If you're educated, you can deal with it. If you're not educated, you don't know how to deal with this situation and you may end up being spiteful. We should direct our thinking towards understanding what we have lost and taking examples.(P4)

At this point, the participant seemed to be prejudiced against people with a low educational level. However, all participants consider death as a natural and inevitable event, albeit not final, since everybody expressed their belief in life after death.

I'm used to it. I've grown up with this. I've always thought of it as something normal.(P1)

I believe they live among us. That there are people who don't leave your side; they become spirits, guardian angels of their relatives.(P4)

Believing in life after death smooth's out the negative feelings, as it gives hope for a reconnection with the deceased. The existence of death makes people appreciate life and ignore unimportant events, while it offers great relief in case of sickness.

This job helps you appreciate life more. Because you know there is an end to it. And since you know that, you put many pointless things aside.(P4)

Sometimes dying is definitively better. It depends; if you spend two years in the hospital, going in and out every day. You even wish it.(P1)

In conclusion, regarding the funeral directors' psychological development, all participants mentioned a feeling of fear, or at least concern, regarding the future death of important others and their own death, experiencing fear, sadness and concern. They showed similar emotions when they experienced grief in their own environment. Nevertheless, the thought and contact with death seems to lead to an improvement in the quality of the funeral director's relationships with his family, a deeper understanding of other people's grief and an approach to death as a natural and inevitable event. The existence of death makes a person appreciate life and ignore meaningless events, while death is viewed as something that offers great relief in case of sickness.

Theme 2: Social effects of contact with death:

This section aims at describing the social effects this contact with death has on the participants. More specifically, the following situations will be examined: the way the participants were treated in school during their childhood and adolescence, and the way society treated them as adults.

Schoolmates and teachers were not negatively disposed towards the father's occupation. Although sometimes they referred to the father's professional occupation, it was perceived as fun.

I had a teacher once who was saying "Aah! At a funeral home! Aah! Away from me", she was trying to keep evil away, something like that, but when we got serious she was saying: "OK, all professions are useful, as long as they are exercised by professionals".(P2)

More specifically, one of the participants mentioned that his teacher was promoting the idea of equality and acceptance of the diversity of professions.

My teacher at primary school taught us that there is no shame in work. (P1)

In this way, the participant expressed his trust in his country's educational system. In addition, studying at a private school seems to smooth out any differences between children, as it requires financial equality.

I could have come across worse behaviour towards my father's profession in a public school, but in a private school everything is on an equal economic basis. (P3)

Finally, regarding childhood, one of the participants mentioned that children did not care about the adult world; they had their own micro-society and their own interests.

Parents' professions were not of our interest. We went out to play soccer. We had nothing to do with parents.(P2)

The importance of friendship and participation to social groups with common goals is therefore highlighted as a means to a smooth psychological development. The data collected from school time are in contrast with the data collected from adulthood. The first reactions of society towards the occupation seem to have been negative, including either adopting superstitious behaviours -spitting or making the sign of the cross (Greek superstition to chase the devil and misfortune away) - or mocking. Sometimes funeral directors were also negatively characterized as "crows" or "gravediggers". The behaviour they were faced with in their emotional relationships was similar.

If you tell the other person what you do for a living they make the sign of the cross or spit.(P2)

They treat you like a "crow", a "devourer of the dead".(P4)

There was a girl here once and we were too busy that night and she freaked out. She got so scared that she left. (P1)

Funeral directors, as adults, seem to experience social stigma. According to the participants, society views those engaged in the death care industry with a certain stereotype. Particularly, they imagine that these people are miserable and cold, so they seem to be surprised when they find out it is not like that.

I tell them what I do for a living and they are puzzled. They say: "No way!" They would expect me to be miserable, for example. They say to me: "You're such a happy person, how come you work at a funeral home?" (P1)

People working in the death care industry are trying to cope with the stigma by behaving opposite to what is expected by society, as we will be examining below. Some of the participants attributed the social stigma attached to those working in the death care industry to Greek culture, since funeral directors are highly esteemed and prestigious professionals in the UK.

People in Greece do not treat this job with respect. Some people from the UK came and talked to us about the situation abroad, and they said that they don't face this kind of behaviour abroad. They are treated as very prestigious.(P7)

This view probably reflects a complaint regarding society's treatment, but also an effort to boost their self-confidence, as they would be enjoying higher prestige in another country. One funeral director expressed the opinion that negative characterizations come mainly from younger people, because older people are more used to death and seem to reject stereotypes and negative behaviours.

Older people are more aware of the situation. (P5)

In conclusion, the participants seem to experience stigma mainly as adults and not as children or adolescents. This data may be interpreted in various ways, which will be analysed further, below, in the discussion section.

Theme 3: Defence techniques used to release emotional tension and face social stigma:

The participants seem to be using various defence techniques and mechanisms to release emotional tension and face social stigma. This section seeks to present these techniques. The most popular techniques were the use of humour and sharing experiences. The use of humour creates a happy and pleasant atmosphere and helps develop familiarity, while

communication and sharing of experiences related to death is done only with colleagues, because the participants think that having common experiences leads to more empathy.

I may not say that I am a funeral director right away; I say "I organize farewell parties", for example.(P6)

I believe that the only people I can talk to about these things and who can understand me or offer advice are some very special colleagues of mine. To me, special is someone who understands the mental tiredness you experience during the day, because this person goes through the same things as you. (P4)

Hiding information, or, on the contrary, totally accepting the fact that they work in the death care industry and rationalization is additional defence techniques. In some cases, the participants replaced their fathers' or their occupation with another profession, which was more socially accepted, or developed a stoic defence, simply accepting their limits and the stigma. Another participant, though, felt that due to the different nature of the profession, he was the centre of attention in his social environment.

Let me tell you this, in my last relationship, I was telling my girlfriend that I was a network technician. I was lying to her for almost a year. (P7)

You know what I have realized? There is no nice way to say it. You just spit it out and if they accept it, that's ok.(P7)

As soon as you tell people your profession, they start talking about it. They stop any other discussion. Everybody focuses on you and speaks about you. (P4)

There was also a comparison with groups considered more socially stigmatized as "dirty professions", resulting to either a judgemental attitude towards critics or a removal from the participants' social life. Funeral directors characterized their critics as non-understanding or "narrow-minded".

"I could never be a hairdresser or a plumber. Just like someone may hate what I do, I also hate some other things."(P2)

If I see that there is a problem in mentality, that a person has serious complexes and cannot change, I don't waste my time. Anyway I wouldn't want to be with such a narrow-minded person.(P6)

It seems that this is a way to boost their self-esteem. The participants also focused on their professionalism, customer service and constant availability. The participants expressed the view that the stigma was due and related only to bad professionals, while they also highlighted the help and care services they offered to the relatives so as to unburden them of the formalities and obligations arising from death, and their hard work, since they were available 24/7, all year long.

We are the ones who form people's attitudes. When a customer visits a funeral home and sees a face of someone, that looks like a criminal in a way, well, then, they say, you're a cold-blooded enforcer who only cares about money.(P2)

We want to offer many services, because we just wish to spoil our customers and don't let them do anything.(P7)

In this profession you are required to work 365 days a year, 24 hours a day, your phones are ringing day and night and whatever you do, you're always under mental stress.(P4)

They seem to be justifying their revenue in this way, which is often commented on, while distracting society from the deceased. Having a second occupation and referring to their work in the death care industry as a family-inherited business also seem to help release emotional tension and cope with stigma.

I also work in the field I studied - informatics.(P7)

I will always say it's a family business...started by my grandpa. I will always say that.(P5)

The parallel professions are mainly lonely and do not include interaction with other people, serving the need to release the tension from the three-fold relationship among the funeral director, death and grieving relatives. In addition, focusing on the value of family possibly increases the funeral directors' prestige. Defence techniques also include detachment, focusing on personality traits at the same time, such as sociability or physical appearance and the use of a symbolic re-identification, with the participants using different vocabulary to describe themselves than the one used by society. They therefore call themselves "undertakers" and not "gravediggers".

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Personally, I never feel like I have a low self-esteem. I also count a lot on my physical appearance. That is, you always highlight your advantages and not your weaknesses. (P4)

Society doesn't call us "undertakers" or "funeral directors" which are the correct words. They call us "gravediggers"... "Devourers of the dead" (P2)

In addition, another defence mechanism is the belief that people's behavior will change after the loss of a close relative. Having experienced the death of a person who was important to them, people seemed to understand, get used to and appreciate funeral directors more.

Look, those who haven't experienced death react in a bad way. When you lose a person close to you, you definitely become more used to the profession.(P6)

Finally, the Greek economy's state seems to be minimizing the social stigma against those working in the death care industry, as this is always a busy field offering job opportunities.

The economic crisis has caused so much unemployment that nobody makes fun of anything any more. One is lucky to earn money. People say "you're always busy". (P4)

The participants therefore seem to be using various defence techniques in order to mentally protect themselves against the contact with death and the subsequent social stigmatization.

4. DISCUSSION

The main questions that this research attempted to address had to do a) with early and repetitive contact with death causing or not psychological trauma and b) with the experience or not of social stigma due to this contact. As for the funeral directors' psychological development, all participants mentioned a feeling of fear, or at least concern, about the imminent death of important others. The thought of death causes intense emotions of fear, sadness and worry. The possibility of sudden death or possible sickness which will tear the person out mentally and physically, but also what follows the death of an important other are also causing fear. However, the intense negative emotions caused by the thought of death seem to lead to an improvement in the quality of the funeral director's relationship with his family (Davis – Berman, 2014). The participants were afraid to lose important others but were also afraid of dying themselves. Almost all interviewees mentioned they were afraid, or at least had thought of their own death, while some seemed to have organized their funeral ceremony. Their behaviour alludes to older ways of dealing with death, when the ritual was managed by the dying person (Aries, 1975). The participants were afraid of death probably because of their relatively young age, as it has been proven that there is a negative correlation between fear of death and age (Hardwood, White, & Bench off, 2009; Hardwood, 2010; Hay slip, Boomer, Scales, & Guarnaccia, 2007), or due to the possibility that working in the death care industry has not been a conscious choice (Linley & Joseph, 2005). It is clear that this research cannot lead to any conclusion regarding the levels of death anxiety funeral directors experience compared to the general population, since there has been no comparison group and the existing research offers controversial data (Peptone, Areola, & Rockwell, 1981; Thorson & Powell, 1996). The participants also referred to their first experience of grief. The participants recalled the negative emotions they had felt in detail, confirming the indelible imprint grief leaves in memory (Dickinson,1992). This experience is described as painful, accompanied with intense feelings of sadness and nostalgia. Three out of seven participants spent much of the interview time describing their own grief and negative emotions, while one of them got so emotional, that he asked us to pause the interview. In other words, contact with the death of other people did not seem to have prepared the participants for the experience and management of their own grief. It has nonetheless been proven that the emotional connection of someone to a person in grief affects his/her mental condition (Or bach, Weiner, Her-Even, & Ethel, 1994). However, having grieved themselves, they started empathizing and understanding the relatives' pain in a better way, compared to before (Koll's, 1977), and their personality also improved. Long-term contact with death and grieving relatives has been proven to make people have a more realistic approach to life (Davis – Berman, 2014). Though they are afraid of death and they find it difficult to manage grief, participants still see death as a natural and inevitable event. This acceptance of death has been proven to be positively correlated to positive changes in the funeral directors' psychology (Linley & Joseph, 2005). Understanding that life is not infinite results in appreciating life and ignoring meaningless events (Block et al, 2008), while viewing death as a redeeming event, in case of sickness. Finally, believing

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that there is life after death provides optimism for a better future creates positive feelings and protects us from experiencing the loss of a beloved person as something final. This approach to death as a way for someone to go to a better place has been positively correlated to the funeral directors' positive psychological development (Linley & Joseph, 2005).

As for the experience of stigma, the participants seem to feel it more as adults than as children or adolescents. This data can be interpreted in various ways. It is possibly due to the fact that children have not yet realized what death is, since they are raised in a cultural and family environment that considers death as a taboo subject, which has to be limited to the hospital area and not be part of everyday life (Aries, 1975). Another explanation might be that children and adolescents feel more comfortable dealing with death, since they have not had the time to develop negative stereotypes, possibly because they experience it as something distant and not relevant to them. Finally, it is also possible that this difference is due to the participants' memory, as they might have underestimated, after some years, the existence of stigma during their school years. Stigma was therefore not associated with family as in the case of relatives of people with mental illness, for example (Struening et al, 2001). This might also be due to the fact that the father's socially stigmatized job was not central to the participants' identity when they were children (Dwyer, Snyder & Omoto, 2013). In their adulthood, however, they faced social stigma working as funeral directors themselves, (Bremborg, 2002, in Bremborg, 2006; Cahill, 1999; Carden, 2001). Because they work in the death care industry, in a society that keeps trying to deny and reject death, they are considered as "less human" (Goffnian 1963, in Carden, 2001). In addition, although research has proven that stigmatized people seem to suffer from depression, stress, isolation and have limited social networks, limited social support, lower academic performance, lower self-esteem, self-efficacy and self-stigmatization (Major, McCoy, Kaiser, & Quinton, 2003; Steele, Spencer, & Aronson, 2002; Watson, Corrigan, Larson, & Sells, 2007), in this research no such result was found, backing in this way the researches opposing the above mentioned data. These researches specifically argue that people do not have this negative psychosocial development thanks to defence mechanisms and techniques protecting them (Crocker & Major, 1989; Meisebach, 2010)

These defence mechanisms are the use of humor, communication and sharing experiences with colleagues, having another lonely profession, hiding information, complete acceptance, comparison to other groups who are considered more socially stigmatized and seen as "dirty", judging the critics or removing them from their social life, detachment focusing on personality traits at the same time, demonstrating a different behavior than the one expected by society, focusing on professionalism, focusing on customer service, focusing on the long hours of work and constant availability, referring to their occupation as a family-inherited business, and using symbolic re-identification (Ashforth, Kreiner, Clark, & Fugate, 2007; Thompson 1991). Moreover, the use of the defence mechanism of rationalization and repression, the belief that people's behaviour will change after the death of a close relative and, finally, Greece's current economic situation, which seems to be minimizing the social stigma against those engaged in the death care industry, since it is a field which is always busy and can offer job opportunities and revenue. The repetitive use of these techniques by funeral directors has made them an integral part of their behaviour, as they were prevalent during the interviews, although there was no reason to use them and although the researcher is also the daughter of a funeral director and was herself engaged in the death care industry.

In conclusion, according to this research, early and repetitive contact with death, and the subsequent social stigma, does not seem to be a traumatic event, but an event leading to psychological maturation, to closer interpersonal relationships with the family and a more positive stance on life (Bluck et al, 2008; Davis – Berman, 2014). This seems to be explained by the participants' attitude and the correct information provided by the educational system (Bugge, Derbyshire, Røkholt, Haugn stvedt, & Helmet, 2014; Niemen & Schulenburg, 2011. Salinger, Cain, & Porterfield, 2003; Yang & Chen, 2009), their cultural environment (Lee, Kim, Choi, & Koo, 2014), their participation to the ritual of death (Hay slip, Boomer, Riddle, & Guarnaccia, 2006; Reeves, 2011), their own idiosyncrasy, such as a sense of humour (Bomana, 2004), viewing death as a way for people to go to a better place (Linley & Joseph, 2005) and as a redeeming event in case of sickness, and the use of many defence techniques and mechanisms (Ashforth et al, 2007; Thompson, 1991).

5. LIMITATIONS

Although the main research questions of this research were covered to a large extent, the research also suggested points or assumptions to be further examined. The first point is the possibility to generalize the results including the funeral directors' children or other groups of children who had an early and repetitive contact with death, but not through their

fathers' job. It would therefore be useful to conduct a quantitative research with the funeral directors' children or a qualitative research with adults who came in contact with death in other ways during their childhood. A second point suggested for further examination is studying the research questions of this research in combination with other research methods as well, such as observation, or through the collection of information from other sources too, such as their families. It would also be useful to do a phenomenological research on the general population in order to allow for comparisons regarding death anxiety, since as it has been mentioned before, although the funeral directors did suffer from death anxiety, it is not possible to examine if this was lower or higher than the general population's, while past studies examining this matter have provided controversial results. Another suggestion for further research is conducting the same research having more subjects whose father or mother worked in the death care industry, but with the subjects having followed a different career, as it is possible that they have experienced their father's or mother's occupation more negatively than the participants in this research, and as a result left this workplace .Last, it would be useful to find women with similar experiences, so as to identify any differences between the two sexes.

6. CONCLUSION

The results revealed that the participants have been able to deal with death and the subsequent social stigma as children and as adults, without experiencing it as a traumatic event, under certain circumstances. Correct and honest information, their participation to the death ritual, conceiving death as a transitional event leading to a better place and the use of many defence techniques and mechanisms results in viewing death as a natural and inevitable event. Understanding that life is not infinite helps appreciate life, ignore meaningless events and view death as a redeeming event, especially in case of sickness and pain. All healthcare professionals who face death on a daily basis should therefore promote the development of the above mentioned factors and their behavior should not contribute to the viewing of death as a traumatic event which should not be mentioned.

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