CONSTRUCTING DISTANCE, RESPONSIBILITY, AND MEMORY MANAGEMENT THEORIES: AN ANTHROPOLOGICAL APPROACH TO DEATH NOTIFICATION INTERACTIONS

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CONSTRUCTING DISTANCE, RESPONSIBILITY, AND MEMORY MANAGEMENT THEORIES: AN ANTHROPOLOGICAL APPROACH TO DEATH NOTIFICATION INTERACTIONS

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Constructing Distance, Responsibility, and Memory Management Theories: An Anthropological Approach to Death Notification Interactions

Chairperson: Dr. Gregory Campbell

Following a sudden or unexpected death, coroners often communicate the death to the next-of-kin. Death notifications may occur in hospitals, assisted living or dying facilities, homes, offices or workplaces, correctional facilities, schools, or other locations. A death notification has been perceived by outsiders and many researchers as a one-time, unilateral death-telling event. I argue, instead, death notifications are a series of social interactions and processes necessitating multiple actors and mechanisms. The death notification processes begin for the coroner when they are dispatched to a death scene, while the processes begin for the next-of-kin upon the death-telling event. The end is more difficult to distinguish, as I believe death notification processes continue long after a death. This dissertation examines the death notification processes between coroners and next-of-kin using a grounded theory methodological framework. For this study, I gathered interview and observational data from 40 individuals (n=20 coroners/death investigators and 20 next-of-kin). Each participant had at least one death notification experience. As a result, three anthropological grounded theories emerged: Distance Management Theory, Responsibility Management Theory, and Memory Management Theory. Until now, no anthropological study has qualitatively examined how coroners and next-of-kin respond to and manage the tensions and interactions before, during, and after the death notification. Understanding how death impacts those who necessarily interact with it can be transformative for a society who fears or denies it. By stepping from the liminal space of dying to death, this research confronted death where it begins: At the notification. Understanding both perspectives is worthwhile if the goal is to improve the death notification processes for everyone involved; not just the notifier. The implication of this study is the creation of both publicly offered and policy-oriented teaching materials for coroners, grief facilitators, medical personnel, end-of-life professionals, death doulas, nursing home personnel, and other community members involved with death notification interactions and processes.
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The seed for this dissertation was planted over fifteen years ago when I was interning with the Yellowstone County Coroner’s office under the supervision of Lt. William Jones and Deputy Coroner, Keith Montgomery. One day, while shadowing Deputy Montgomery, I observed him deliver a death notification to a loving family. He handled himself professionally and treated the family with dignity and respect. However, when we left the notification, he turned to me and said, “Boy, I really f*cked that up!” I was struck by how different our perceptions of the interaction were, which made me wonder how the family perceived it. Later that day Deputy Montgomery shared, “The worst part of a death investigation is not the blood or the gore, but the death notification.” Thank you, Keith (rest in peace) for opening my eyes to this problem.

During my life and education, I am thankful for those who believed in me and went to bat for me. Most importantly, I want to thank my husband, partner, and best friend for 34 years, Dr. Samuel Stockton White, V who has stood beside me and traveled with me on so many adventures. Recently, he made me most proud when he risked his own PhD to stand up for me. He is a true feminist and a wonderful human. Thank you, Stock, for always, always being there. Looking forward to the next 35 years!

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who came on board later in this process but who has been such an amazing student advocate, mentor, and friend. I look forward to our trip to Cuba and working with you in the future, Riley; to Roger who believed in me and allowed me to develop and facilitate a Medicolegal Death Investigation Conference at UM, where we had the opportunity to work with hundreds of coroners and death investigators. Congratulations on your retirement, Roger. Lastly, thank you T-4 and Dick for your words of encouragement and constant support. You are all heroes in my book.

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DEDICATION

This dissertation is dedicated to Dr. Samuel Stockton White, V.

I love you.
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CHAPTER ONE: INTRODUCTION AND OVERVIEW

Corey’s Story

At 9:47 on a sunny Friday morning in December 2018, I received a call from Deputy Coroner Adams to respond to a death call. He gave me a few details, including the age and gender of the decedent, as well as location of death. He asked me to meet him there. I arrived at the death scene 20 minutes later. Two sheriff’s vehicles sat idling in the driveway. I took a seat on a bench outside the home, waiting to speak with Deputy Coroner Adams. Two uniformed deputies exited the house about fifteen minutes later. They shook my hand and introduced themselves as Deputy Coroner Adams and Deputy Barns. Adams said, “She’s inside. The family is inside too. They’re doing well. Really nice family. I told them you are here, and they would like you to come in. We have to move our cars to make room for the funeral home.” They moved their cars and then I joined them as they re-entered the home. Adams opened the door and called out, “We’re back.” I heard someone say, “Come on back.” The three of us walked through the kitchen and living room, toward the bedroom. The deputies entered the bedroom while I remained in the living room. I could see a woman sitting comfortably on an un-made bed. She was wearing a gray sweatshirt, comfy pants, and a moss green driving hat with floral embroidery. Her bright blue-green eyes were red from tears. “Please, come in,” she said, motioning me into the room. I entered. Adams introduced us. “Lilly, this is Corey.” She smiled warmly and extended her hand. I shook it and told her how sorry I was for her loss. She thanked me.

I glanced around the room to see an exuberant young child laughing and rolling around on the floor with a large dog. She was wearing pajamas. Corey introduced me to her daughter, who smiled and held out her tiny hand to shake mine. We exchanged handshakes and smiles. Her
eyes twinkled. After the greeting, she turned her attention back to her four-legged playmate. I turned mine back toward the bed.

Corey’s mother was lying on her right side, under a burgundy blanket with only her head and neck exposed. She appeared to be peacefully sleeping. She wasn’t. She died almost five hours earlier. The room was brightly lit by sunshine pouring in the windows. Adams, standing at the bedside next to the mother, spoke forthrightly to Corey about what she could expect from the death processes. She asked questions, and he answered them as best he could. Adams informed Corey he would need to take some pictures of her mother for his coroner file, and she may not want to be present. She said okay, she needed to make lunch for the family anyway. She got up from the bed and left the room.

Adams and Barns carefully pulled the blanket down to take pictures. Corey’s mother was unclothed. Cancer had not been kind to her. Adams noticed the little girl still in the room. “Could you get me a glass of water?” he asked her. “Sure” she said and left to get it. Adams said, “I didn’t realize she was still in here.” After taking the pictures and noting postmortem changes, the coroners carefully replaced the blanket. Shortly thereafter, the funeral home personnel arrived at the home.

The little girl bounced into the bedroom to announce their arrival to us. “More people are here,” she said cheerfully. Adams went into the kitchen to greet them. Barns and I stayed in the room with the little girl, dog, and body. We watched with fascination as the little girl played with a set of fifteen-pound dumbbells. Lifting them straight up and down with little effort. She stopped for a moment and went over to the bedside. She leaned forward, looked closely at her grandmother’s face and exclaimed, “Yep. She’s dead.” I asked how she knew. She told us, “Because. Her lips are blue.” Barns and I grinned at each other. She continued, “She’s been
moving though. Her legs were moving.” We looked at each other with raised eyebrows but said nothing. The little girl went to the closet, pulled out a pair of her grandmother’s high-heeled shoes, and slipped them on. They were at least three sizes too big. “They fit,” she exclaimed. We burst out laughing. She scuffed along the carpeted floor, amused by our reaction. Soon after, we went back into the kitchen.

The decedent’s husband came in. Corey introduced us and we shook hands. He looked sad but moved with purpose gathering paperwork for the coroners. Corey said aloud, “They were married for 25 years. They created a lot of good memories together. He’s going to miss her.” Then, after a beat she whispered to me, “He’s not my father. He’s my stepfather.” Which surprised me considering how comfortable they appeared around each other. Adams, who was standing close to the stepfather, patted him on the shoulder but said nothing. They both nodded in understanding. Death touches everyone.

Before the funeral home personnel retrieved the body, they asked if the family would like to spend more time with their loved one. The husband said no. He already said his goodbyes. Corey said she would. She took her daughter’s hand and they walked into the bedroom. I heard them laughing, singing, and crying. A few minutes later, upon exiting the bedroom, Corey told the funeral personnel, “She’s ready.” They nodded and took their empty gurney into the bedroom.

Moments later they reappeared with the body, covered in a plastic, patchwork quilt. The family barely glanced as the funeral personnel rolled the family matriarch past them and out the front door. No one followed the body to the hearse. Instead, they spoke about her as if she was already gone. Already managing her death.
After the funeral personnel drove away, Coroner Adams discussed body disposition and other details with the family while standing in the kitchen. He warned how some funeral homes might try to take advantage of them during this vulnerable time, “Don’t be afraid to make your own choices for a service. And don’t let them bully you into buying anything too expensive.” He shared with us how he lost his father and how difficult the loss has been for him. Tears filled his eyes. Corey touched his arm but said nothing. He acknowledged the gesture with a smile and wiped away the tears before they could fall. “I guess I still get emotional about it,” Adams apologized. Corey said, “That’s okay. You’re human.” He gave them his business card and told them to call anytime. “Anytime,” he repeated. Before we left the home, Adams and Corey hugged and thanked each other.

On my way home, I thought about how naturally the interactions flowed between the coroners and family members; as if they had known each other a lifetime. They had not. Hours before, they were strangers. That day, they parted company as acquaintances. Maybe more. Maybe even friends.

Managing Distance, Responsibility, and Memory

Introduction

In human societies, one of the most important communications is the announcement of the death of one of its members by another. In Western, developed contexts it is often delivered by physicians, nurses, social workers, clergypersons, law enforcement personnel, military notification officers, medical examiners, or coroners (Alexander and Klein 2000; Charmaz 1975; Clark and LaBeff 1982; Eth, Baron and Pynoos 1987; Glaser and Strauss 1965; Leash 1995; Leo, Anile and Ziliotto 2015; Levetown 2004; Lord and Stewart 2008; McClenahen and Lofland 1976; Miller 2008; Ombres, Montemorano and Becker 2017; Ponce, et al. 2010; Register 2010;
Most death notifications occur in hospitals or assisted living or dying facilities and may be expected or anticipated (Glaser and Strauss 1968; Sudnow 1967; Trotta 2010). Deaths occurring outside these facilities are usually unexpected. Who, then, is responsible for delivering the death notification?

Following a sudden or unexpected death, coroners often communicate the death to the next-of-kin (Charmaz 1975). Coroners are officials who investigate violent, sudden, or suspicious deaths. Coroners can be civilians or attached to a law enforcement agency and are not required to be physicians. Next-of-kin are persons who are most closely related to the decedent (e.g., relatives, partners, friends, acquaintances).

Death notifications from coroners to next-of-kin may occur in homes, offices or workplaces, prisons or jails, schools, or other locations. A death notification has been perceived by many researchers as a one-time, unilateral death-telling event. Eth et al. refer to a death notification as ‘a singularly stressful task common to medical personnel, clergy, and police’ (1987, 275). Instead, death notifications are a series of social interactions and processes necessitating multiple actors and mechanisms. The death notification processes begin for the coroner when they are dispatched to a death scene, while the processes begin for the next-of-kin upon the death-telling event. The end of the death notification interactions and processes are more difficult to distinguish, as they may continue long after a death.

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1 Montana coroners receive little training in death notification processes. They are constitutionally governed by the state under the Montana Code Annotated (MCA) 2015 TITLE 7, Local Government, Chapter 4, Officers and Employees Part 29, Office of County Coroner. They have constitutional authority to investigate deaths in the county or jurisdiction where they were elected or appointed. Coroner education consists of a 40-hour basic coroner course provided by the Public Safety Officer Standards & Training (POST) Council and 16 hours of advanced coroner training, at least once every two years (Montana 2017).

2 Coroners are duty-bound to make death announcements to family members; however, they receive little to no standardized training on how to deliver the announcements. Most coroners learn how to conduct the death notification processes on the job, through trial and error.
Several death notification scholars, thus far, have focused on processual views, tactics, and strategies of announcing death including pre-planning, self-protection, and delivery methods for the notifiers (Alexander and Klein 2000; Charmaz 1975; Clark and LaBeff 1982; Hart and DeBernardo 2004; Miller 2008; Roe 2012; Sobczak 2013). Others have examined the efficacy of death notification trainings and education to assist various notifiers with coping strategies, burn out prevention, and understanding adverse effects of improper notifications (Leo et al. 2015; Ponce et al. 2010; Stewart et al. 2000, 2001) Until now, no anthropological study existed on the interactions and processes of death notifications between and among coroners and next-of-kin using a grounded theory methodological framework. Furthermore, no study has approached the subject matter to construct or advance theory to contribute to the anthropology of death literature. This study does both.

By gathering the perspectives from those who must deliver as well as receive a death notification, it is possible to more readily comprehend to elucidate the interactions and processes important to all those involved. Both perspectives are necessary to shape procedures, practices, and policies pertaining to death notifications to lessen the stress on the notifiers and help decrease the trauma and development of complicated grief for the notified.

**Purpose of the Study**

This dissertation examined the complicated death notification interactions and processes among and between coroners and next-of-kin using an anthropological approach to provide multiple cultural perspectives from participants to present a holistic picture of the problem.

During the research, several coroners shared how difficult it is to: 1) deliver tragic news to next-of-kin professionally and empathetically without getting emotional; 2) deliver news to unsuspecting strangers or worse yet, to family, friends, or acquaintances; 3) continue to do death-
related work without it adversely affecting their mental and physical health; and 4) remember the dead while trying to forget the often graphic images and details of death. Several next-of-kin shared how difficult it was to: 1) receive a death notification from a stranger or someone they perceive as an outsider; 2) not have supportive loved ones present during the death notification; 3) have a dispassionate person give them the worst news they have ever received; or 4) receive the death notification improperly. For instance, by phone or at their place of work; and 5) wait for answers about their deceased loved ones, that may never come. These perspectives helped me discover the critical nature of the study and the needs of stakeholders, and how I might address those needs.

The findings from this anthropological study will help to generate co-constructed, policy-oriented death notification teaching materials to educate individuals on the shared cultural meanings, behaviors, and perspectives between and among stakeholders. The materials will be offered to coroners, law enforcement personnel, grief facilitators, physicians and nurses, end-of-life professionals, death doulas, nursing home personnel, professors, and other community members to facilitate a better cultural understanding and awareness of these challenging and intricate death notification processes.

The broader impact of this study is to help others understand the impact of death notification interactions on individuals and society from an American anthropological perspective. The results of the research will benefit the field of anthropology by introducing groundbreaking explanatory theories into the literature to help other researchers better understand the dynamic and alterable meanings and tensions in the death notification interactional processes between and among coroners and next-of-kin. These theories are bigger
than individual cases, and; therefore, can be applied to or tested in other cultural settings and contexts.

Overview

Throughout this dissertation I argue death notifications are a series of social interactions and processes necessitating multiple actors and mechanisms rather than a one-time, unilateral ‘death-telling’ event\(^3\). Coroners and next-of-kin may have many interactions during death notification processes. If people have negative interactions during the death notification processes, it can impact them negatively. Conversely, if people have positive interactions during the death notification processes, it can impact them in a positive way.

During this research, participants often shared how they perceived their own actions and the actions of others. For instance, Troy described how he regrets two death notifications he made by phone, "They did not say that I screwed it up. There were no complaints filed against me. I don't know if anyone has ever actually criticized how I did one. I've just been harder on myself." Another coroner, Rick, shared how he showed up at 2:00 AM to deliver a death notification and upset the wife, "She thought that I was the biggest asshole on the planet." He continued, "She even filed a complaint on me." Each one of these interactions teaches us something about ourselves and others. For instance, it would be reasonable for Troy to avoid phone notifications in the future, if he can help it. Likewise, Rick may change how he delivers his notifications, after receiving a complaint. Those who work in or around the death industry (e.g., coroners, death investigators, funeral directors, law enforcement personnel, counselors and

\[^3\] The term ‘death-telling’ is not a legal term. The term is often used in the context of a one-time death announcement in the medical literature. These death-telling events are often delivered in hospitals or other living/dying facilities and involve physicians, nurses, and other staff reporting a death to next-of-kin. This study hopes to differentiate the one-time event from the death notification processes, which often involve more time and participants.
grief facilitators, physicians, nurses, EMTs) should be aware how their interactions can positively or negatively impact themselves and others during death notification processes. Determining how to manage those interactions became a constant theme in this research.

Consequently, the basic social process (Glaser 2005) of ‘managing’ emerged as a core category in this dissertation. Basic social processes will be discussed further in the Chapter 2. Both the coroners and the next-of-kin struggled to manage their actions and reactions as well as those of others. Along with the core category of managing, three themes emerged and persisted throughout the data collection and analysis portion of the study. Those themes were: distance, responsibility, and memory. Three anthropological theories (i.e., distance management theory, responsibility management theory, and memory management theory) were constructed through this study and will be covered in detail throughout Chapters 4, 5, and 6.

Chapter 2 provides a review of the literature. Topics include: 1) delivering death notifications; 2) addressing a lack of standards or protocols for delivering death notifications; 3) multi-cultural perspectives on types of deaths; 4) the anticipation and difficulty of death-telling; 5) reactions to death notifications vary depending upon culture, religion, and ethnicity; 6) strategies of announcing death; 7) from person-hood to corpse-hood; 8) contested deaths; 9) how questions from coroners and next-of-kin go unanswered; 10) importance of self-reflexivity for researchers and respecting the participants voice; 11) how memories impact individuals; 12) symbolic interactionism and basic social processes theories and how they inform some grounded theory studies; and 13) denial of death.

Chapter 3 describes the grounded theory methodological framework used for this dissertation. I provide an introduction and overview, setting, participant selection and sampling techniques, data collection and analysis methods, observation procedures, interview procedures,
field exit strategies, memo-writing, theoretical sampling, saturation, and sorting, theory building, draft writing, research validation, data management plan, protection of human subjects, informed consent, and ethical considerations.

Chapter 4 introduces and explains distance management theory. Broadly, distance management theory refers to how individuals attempt to negotiate or manage the physical and/or emotional space between themselves and others. Specifically, for this dissertation, distance management theory refers to how both coroners and next-of-kin manage the physical and emotional distance between themselves and others during the death notification processes. A definition of the theory; an explication of the properties of the theory; a description of the conditions under which the theory arises, is maintained and changes; and consequences of the theory will be explained in the chapter.

Chapter 5 introduces and expounds upon responsibility management theory. Broadly, responsibility management theory refers to how individuals acknowledge/accept/bear or act-on the real or perceived duties or obligations they face. More specifically, for this dissertation, responsibility management theory refers to how participants acknowledge/accept/bear or act-on the real or perceived duties or obligations faced during the death notification processes. Responsibilities can be externally, internally, or dually imposed. A definition of the theory; an explication of the properties of the theory; a description of the conditions under which the theory arises, is maintained and changes; and consequences of the theory will be explained in the chapter.

In Chapter 6, I introduce and explain memory management theory. Broadly, memory management theory refers to how individuals regulate, mediate or accommodate memories before, during, and after the death notification processes. A definition of the theory; an
explication of the properties of the theory; a description of the conditions under which the theory arises, is maintained and changes; and consequences of the theory will be explained in the chapter.

Finally, Chapter 7 discusses and explains the significance and implications of the research, ethical considerations, limitations of the study, reflexivity in death-related research, and directions of future studies.
CHAPTER TWO: LITERATURE REVIEW

This chapter provides a review of the literature pertinent to the study of death notification processes. In grounded theory research there is much debate about when to conduct a review of the literature. Glaser and Strauss, who developed the method, recommended delaying the literature review until after completing the data analysis (1967). This prevents forcing the data into some preconceived category or theoretical box. Other grounded theorists such as Charmaz (2014) and Corbin and Strauss (2015) believe it is reasonable to engage in the literature before undertaking the research. Charmaz suggests re-engaging with it during the data analysis portion of the study ‘to make explicit and compelling connections between your study and earlier studies’ (2014, 308). She also suggests weaving the literature through the manuscript. The literature can help ‘1) clarify your ideas, 2) make intriguing comparisons, 3) invite your reader to begin a theoretical discussion, and 4) show how and where your work fits or extends relevant literatures’ (309). ‘Through comparing other scholars’ evidence and ideas with your grounded theory, you may show where and how their ideas illuminate your theoretical categories and how your theory extends, transcends, or challenges dominant ideas in your field’ (305). Different disciplines, committees, and IRBs require different treatments of the literature review.

Thus, this chapter examines literature relevant to death notifications. Unfortunately, none of the literature directly examines cross-cultural perspectives of death notifications as it has not been explored yet, which is why this research is so important to the anthropology of death. This chapter concludes with a summary outlining direction for the proposed study.

Delivering Death Notifications

The unexpected death catches both coroners and next-of-kin off-guard and unprepared. The coroner is dispatched to a death scene at any time of the day or night. While on scene, he or
she must attempt to identify the decedent. Afterwards, the coroner must attempt to locate the decedent’s next-of-kin. Often next-of-kin live outside the coroner’s jurisdiction, which complicates the death notification interactions and processes for everyone involved. If the coroner is able to identify next-of-kin, he or she must then decide how to make the death notification. Ostensibly, the preferable death notification interaction is face-to-face, but some take place over the phone (Leo et al. 2015; McClanahan and Lofland 1976; Ombres et al. 2017; Sobczak 2013; Stewart et al. 2000, 2001). There is considerable debate, and no consensus, as to whether a face-to-face or phone death notification is best and for whom (Alexander and Klein 2000; Charmaz 1975; Clark and LaBeff 1982). This will be discussed further in the following chapters.

Tragic news travels quickly. Therefore, the coroner should strive to contact the next-of-kin as soon as possible after a death (Ombres et al. 2017) before they find out from another source. For instance, accidental death announcements often occur via social media such as Facebook, Instagram, or Twitter (Brubaker et al. 2013).

Literature suggests there is no ‘practical synthesis of opinion on the proper death notification process’ (Leash 1995, 15). Questions remain about who should deliver the death notification, how it should be delivered, and when it should be delivered. No death notification interaction is exactly like another due to all the variables involved. Lord and Stewart advise, there is no one-size-fits-all script for delivering the notification (2008). Coroner education, therefore, should focus on how to minimize trauma to the next-of-kin during death notification interactions while still imparting the necessary information (Alexander and Klein 2000). Likewise, training for minimizing trauma for coroners is just as important. As mentioned earlier, interactions have consequences-both good and bad.
No Universal Standards for the Death Notification Processes

There are no universal standards or protocols for performing the death notification processes for most professionals (Eth et al. 1987; Glaser and Strauss 1968; Leash 1995; Leo et al. 2015; Levetown 2004; Ombres et al. 2017) apart from the military. The Army, for example, has Casualty Notification Officers (CNOs) who deliver the death announcement to the primary next-of-kin and the secondary next-of-kin of the deceased soldier within four hours after notification of the death (Ender and Hermsen 2007). The protocol is specific and does not allow much deviation. In the current research, Ray (2018) describes the delivery of a military death notification:

When a military member is killed, the Air Force will send a chaplain or priest or clergy, and what we call a field grade officer: A major lieutenant colonel or coroner. You want someone more senior that will accompany that religious person, what's known as a Casualty Affairs Team, to the next-of-kin's residence… The commanders usually want to do that, because the next-of-kin knows that commander.

Current research suggests those who have had previous contact with the decedent’s loved ones such as physicians, nurses, and clergy have a distinct advantage, over coroners, in discharging the duty of death-telling because they have had a previous relationship with the deceased and most likely, their family (Leo et al. 2015; Levetown 2004; Stewart 1999; Sudnow 1967). Whereas, the death investigators and others who are strangers to the deceased must confront and inform the unprepared, unsuspecting family members (Eth et al. 1987; McClenahen and Lofland 1976). Unlike previous studies, this study asks next-of-kin whether he or she would prefer to receive a death notification from someone known or unknown to them. Likewise, the study asks coroners if he or she prefer to give a death notification to someone known or
unknown to them. It is difficult to know what others expect until the questions are asked and answered. As suggested earlier, no anthropological study exists on the interactional processes of a death notification between and among coroners and next-of-kin. This study, with its contribution of three novel management theories (i.e., distance, responsibility, and memory) during the death notification processes, will provide educators with an anthropological perspective to be shared with their students.

Stewart et al. conducted a survey of death notification experiences for 240 death notifiers who had recently received death notification training sponsored jointly by Mothers Against Drunk Driving (MADD) and the U.S. Department of Justice's Office for Victims of Crime to explore if there was a need for systematic trainings (2000). A survey is an excellent instrument to collect data about the death notification processes; however, it is limiting in several different ways. This survey was sent to 240 individuals who had attended one of seven death notification trainings conducted throughout the United States between 1995 and 1998. The trainings were developed for the purpose of educating individuals of various professions about death notifications. All 240 participants had already attended the MADD death notification training. Therefore, the first purpose of the study was already partially answered: All of them had some level of training. The survey numbers, then, are skewed to include some training over none. Another limit to a survey is it only answers questions asked. The last two purposes of the Stewart et al. study are to examine the effects of the death notification on notifiers, and inventory what notifiers do to cope with the stresses accompanying the death notification process (2000, 614). This study is helpful to the research, but it does not examine the death notification processes from both the coroner and the next-of-kin perspective. They found, apart from mortuary professionals, those most involved in death-telling ‘receive no curriculum-based education’ on
how to perform the task or how to react to the next-of-kin (Lord and Stewart 2008, 32-3). The goal of this dissertation is to create policy-oriented teaching curriculum and training materials for public use to address and meet the needs of those who must deliver and receive death notifications. Thus, creating a better experience for both.

Interestingly, sixty five percent of the coroners in this study reported having zero or one death notification training throughout their career. Despite many of the same coroners reporting the delivery of hundreds of death notifications. Thirty percent reported having some online or on-the-job death notification training, but nothing substantive. Without exception, the coroners in this study believe death notification training is helpful, if not critical. Several suggested, however, death notification trainings should include less about death-telling strategies and tactics and focus on topics such as vicarious trauma and coping mechanisms. Death notification trainings could be important for increasing anthropological knowledge of death interactions in various sociocultural contexts.

**Good, Bad, Tragic, Traumatic, and Equivocal Deaths**

Death notification processes can vary in intensity and emotionality for the coroner and the next-of-kin depending upon such things as social context, mode of delivery, type and circumstances of death and other variables. For instance, notifying a family member over the phone about the death of a 90-year-old may not evince the same response as the face-to-face death announcement of a child involved in a motor vehicle accident. According to Aries (1981), Cát edra (2004), Kellehear (2007), Straus (2004), and Suzuki (2004) deaths can be classified into types: good, bad, and tragic.

According to Kellehear, ‘self-awareness became the first feature of a ‘good’ death because it signaled to others an important social characteristic of the person’ (Kellehear 2007,
Not only is dying awareness important to the dying person and those around them (Glaser and Strauss 1968), but just as important is the ritualized custom of self-preparation (Kellehear 2007). ‘Preparation for death by chiefs or voluntary human sacrifice can be elaborate, or simple for poorer families’ (Kellehear 2007, 91). Another important feature of a good death is the ability to be surrounded by family and friends to say goodbye (Kellehear 2007). According to Kellehear, ‘cross-culturally, one finds bad deaths characterized by images of dying alone, dying early, dying away from home, family, or friends’ (2007, 95). Adding to these bad deaths are those who die suddenly, die in agony, or those who die as children (Jalland 1996). The current research will show that good and bad deaths are often difficult to distinguish, if at all.

‘Vaqueiros distinguish between three different kinds of death: good, bad, and tragic’ (Cátedra 2004, 77). According to the Vaqueiros, a good death is sudden, painless, and comes with no awareness of dying (2004, 77). The good death that fulfills all these conditions is referred to as a ‘happy, nice, or pretty death’. (77). Dying in one’s sleep is preferred because the deceased does not have symptoms nor do he or she feel any pain. A bad death, on the other hand, comes slowly through agonizing, incurable suffering (77). It is not only bad for the person who is dying but also for the person who must take care of the dying person (78). According to Cátedra, death from cancer would be considered a bad death especially if it follows a long illness. For the Vaqueiros, a tragic death is caused by external agents or accidents. Those who die in automobile accidents are said to ‘die tragically [de/por desgracial]’ (78). Tragic deaths share characteristics of both good and bad deaths. Although it is often sudden and there is no awareness of dying (good death), there may be pain (bad death). Conversely, a natural death may come with awareness (bad death), but no pain (good death). ‘Although many Vaquerios prefer a tragic death
to a painful illness, they do not prefer it for those around them, for a tragic death is always a disagreeable surprise for those who remain’ (Catedra 2004, 79).

In Northern Cheyenne Culture, good and bad deaths are defined by how valuable one’s life and death are to the tribe (Straus 2004, 75). For instance, ‘in the days of warfare and still today in times of war, the best death was to die in battle, in defense of your community and place within it’ (74). ‘A good death is one which serves a tribal purpose and exemplifies tribal values…a good death contributes to the tribal solidarity and provides for the security of the self within the tribal community’ (74). On the other hand, those who die a bad death can become isolated from the tribal community. For instance, the most common bad death in the Northern Cheyenne culture is the violent, accidental death (Straus 2004). It upsets the tribal spiritual balance.

According to Suzuki, it is not difficult to tell a bad death from a good death by the way the family acts at the funeral (2004, 233). For instance, in Japan, ‘although the size of the funeral is determined by deceased’s social status, age, and gender, the atmosphere at a funeral corresponds to the cause [manner] and the deceased’s personality’ (233). A funeral of a decedent who died of suicide (a bad death), would feel drearier and more doleful than the funeral of someone who died of natural causes (a good death), which can be upbeat and celebratory. In Japan and many cultures, the death of a young child is tragic, as are the violent deaths that occur at any age (233).

Literature suggests suicides and homicides are among the most devastating types of deaths (Carter 2018; Cátedra 2004; Hertz 1960; Lock 2004; Scheper-Hughes 1992; Suzuki 2004). Notification of these types of deaths, along with certain modes of death (e.g., proximity, suddenness or expectedness, violent/traumatic, multiple losses, preventable, ambiguous,
stigmatized) (Worden 2005) can confound the death-telling event. Both suicide and homicide are preventable, which makes them difficult to encounter and process for both the coroner and the next-of-kin. Findings from the current research suggest coroners have the most difficult time delivering the death notification to next-of-kin when the manner of death is suicide and the decedent is a child. Many researchers consider suicides to be both tragic and bad deaths. Many of the coroners in this study shared how suicides can cause vivid, haunting memories or nightmares for them.

Some types of deaths are not as obvious to the coroner as other deaths and determining the manner and cause of death may be difficult, which confounds the death notification interactions and processes. For instance, equivocal deaths can cause problems for both coroners and next-of-kin. Equivocal deaths are those open to interpretation due to the uncertainty as to the circumstances surrounding the death (Lacks, et al. 2008). There may be two or more meanings and the case may present as any number of manners of death, but most commonly as a homicide or a suicide (Geberth 2000). These cases can be confounding due to several reasons. The death scene may be staged; evidence may be missed or miss-handled; the coroner may not be trained in equivocal deaths, or a few other reasons. Equivocal deaths can account for 5-20% of deaths (Botello et al. 2013). Coroners often delay telling the next-of-kin the manner and cause of death until they have investigated the death further, leaving the family waiting for answers. In which case, the death notification processes and interactions are necessarily extended.

Another type of equivocal death is one where the scene has been altered. Often the individual who discovers the body may alter or clean up the death scene (Jenkins 2000). This can be

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6 During my internship, I participated in a death investigation where a young man was found nude with a plastic bag around his head, fastened with a shoestring. The scene detectives believed it to be an autoerotic asphyxia (AeA) death, but the coroner disagreed. He ruled the death a suicide.
accidental or purposeful. Often it is to spare the family the shame they may face if the details of the death are released to the public; or, the family may be protecting the reputation of the decedent or others (Breitmeier et al. 2003). The family may also alter the scene by moving the decedent or evidentiary objects without realizing the implications. An example of an altered scene is from Henry (1996) where a woman and her sister discovered the woman’s 12-year-old son hanging from the ceiling. ‘They were clearly shocked by the death but also perturbed by the fact that the boy was wearing his mother’s night dress’ (Henry 1996, 55). The mother and aunt decided to re-dress the young man before requesting assistance. Although they discovered the death, they found it necessary to reconstruct and obfuscate the cross-dressing details of the death. In this example, the family becomes the notifier not the coroner. Presumably, it was important for the family to disguise some of the intimate details of the death to save themselves the embarrassment from future notifications of the death to other family members, friends, and the public. It is also possible the loved ones re-dressed the young man to protect his reputation. Perhaps, for the surviving family members, having others know the young man dressed in his mother’s night dress was too stigmatizing. The example above shows how complicated the death notification processes can be and how different actors may respond to and manage these processes. This anthropological study can help these actors understand how the death notification culture is constructed and explain why people behave the way they do.

Chapple et al. examine traumatic deaths (2015). They discuss the concept of death taboo and how Western societies possess differing views. The objective of the study was to examine how the circumstances of death make it difficult for people to acknowledge, discuss, and grieve for a sudden traumatic death (Chapple et al. 2015). ‘Persons who are present when a death actually occurs are often struck by the remarkable thin line that stretches between life and death’ (Glaser
and Strauss 1965, 114). A traumatic or tragic death is by misfortune or accident and shares some traits of both the good and bad deaths. Although it may come quickly, it usually befalls those of the younger generation, which is considered untimely and, therefore, is not peaceful (Cátedra 2004; Suzuki 2004). Both the coroners and next-of-kin in the current research share how traumatic deaths affect their ability to move forward or grieve the loss.

Whether the death is considered good, bad, tragic, traumatic, or equivocal, the delivery of the death notification by a stranger, such as a coroner, becomes problematic especially when the stranger has had little to no training in the death notification process (Lord and Stewart 2008). Training, therefore, helps but it does not ensure a flawless death notification. As mentioned in the previous chapter, each death notification is different. The current research suggests the individuals’ perceptions via symbolic interactionism plays an equally important role in determining how to categorize and contextualize the death.

**The Anticipation and Difficulty of Death-Telling**

Most of the coroners in this research believe the most difficult part of their job is the anticipation of delivering the death notification. Judy shares, “Until you've had to do it, you will never understand. I can say that I've never received a death notification, but in five years and 200+ notifications, the anxiety and the chill never go away of making that knock on the door.”

The way the death-telling is performed can positively or negatively influence how the next-of-kin copes with their grief (Alexander and Klein 2000; Leash 1995; McClanahan and Lofland 1976; Stewart 1999), and should be done carefully to ensure their needs are met. Conversely, the burdensome tasks of death notification interactions and processes can be emotionally and physically stultifying to the notifier as well. This can negatively impact how coroners perceive
his or her job. Clay (2018) shares, “Clearly it can ruin a person's career if not entire life because trauma is transferable, and stress is cumulative.”

The anticipation of the death notification can be stressful for all who deliver the news. Death notification studies, thus far, have focused on considerations for law enforcement personnel (Charmaz 2014; Eth et al. 1987; Hart and DeBernardo 2004; Register 2010; Stewart et al. 2000) and physicians (Levetown 2004; Ombres et al. 2017; Schumenan 2008; Trotta 2010) such as occupational burn-out, crisis responder stress, secondary traumatization, and other psychological and mental complications.

Past studies have researched the anticipation of death of the dying person and their loved one (Charmaz 1980; Glaser and Strauss 1965,1968; Sudnow 1967; Trotta 2010) but have overlooked or underrepresented the difficulty of the death notification interactions and processes before, during, and after the death. Most of the literature from the next-of-kin perspective focuses on grief, mourning, and bereavement (Leo et al. 2015; Worden 2005). Until now, no anthropological study has examined the anticipation and difficulty of death-telling for next-of-kin to other friends, family members, or acquaintances.

Levetown (2004), Eth et al. (1987), Schumenan (2008) and Sudnow (1967) have focused on the delivery of death notifications of bad news by physicians or law enforcement, but have never focused on both the experience for the coroner and the next-of-kin throughout the processes to include before, during, and after the death notification. Understanding both perspectives is worthwhile and significant if the goal is to improve the death notification interactions and processes for everyone involved not just the notifier. In addition, much of the literature on the subject is in the disciplines of sociology, psychology, social work, and grief facilitation. Until now, no anthropological study has addressed this sensitive topic.
Culture, Religion or Ethnicity: Reactions Vary

‘All groups, from families to entire societies, have a culture: a way of doing things and a set of norms about how things ought to be done...One of these things is grief.’ (Walter 2010, 2). Coroners must observe grief, shock, anger, sadness and other death notification behaviors of the next-of-kin from the paradoxical lens of intimacy and detachment. Without an understanding of the cultural, social, and religious perspectives of the next-of-kin, the coroner may not know how to properly react and respond during and after a death notification (Lord and Stewart 2008). In the current study, participants discuss how they respond to those with different ethnic, cultural, and religious backgrounds during the death notification. Victor (2018) shares, ‘We probably have 80% Mormon, 15% catholic and then the other 5% Methodist or Jehovah's Witness. I think, 90% of the reactions I get are from religion. LDS weeps the most. They're crying. The Catholics weep but they understand better. The Jehovah's Witnesses, you get very minimal reactions, I've noticed’.

Grief is universal (Rosenblatt et al. 1976), but the responses to grief vary (Worden 2005). How others grieve surfaces often in the anthropological literature on death. According to Rosenblatt et al., emotionality is universally associated with death, and crying is the most common emotion expressed (Palgi and Abramovitch 1984, 399). ‘Only the Balinese lacked crying during bereavement’ (Palgi and Abramovitch 1984, 399). However, according to Scheper-Hughes, ‘When an infant dies on the Alto do Cruzeiro, few tears are shed, and women are likely to say that the death came as a blessing or a great relief’ (1992, 186). Mothers may emotionally distance themselves from weak babies, knowing they will likely die. Their belief is there should be no shame or sorrow in burying the dead, especially when the death was due to fate (Scheper-Hughes 1992). On the contrary, according to Radcliffe-Brown, weeping over the bones of a dead
person is the ‘affirmation of a bond of social solidarity between those that are taking part in it, and as producing in them a realization of that bond by arousing the sentiment of attachment’ (2004, 154). Because reactions vary, coroners may benefit from knowing how those variations might affect the death notification interactions and processes.

People can be more upset than they appear, thus ‘suggesting that it may be concealed as is common in the United States’ (Palgi and Abramovitch 1984, 399). According to Sudnow, individuals ‘express less grief than they actually experience, and often de-emphasize their feelings out of respect for the difficulties of interactional exchange with those less intimately involved in the death’ (1967, 139-140). Sociologist, Erving Goffman, an interactionist, developed the ‘dramaturgical’ approach to explain how individuals interpret or construct images of themselves and then act according to how they want others to perceive them. They intentionally engage others with a goal of making a good impression (Angrosino 2007, 6).

Perhaps this approach may explain how coroners may perceive the next-of-kin to be less aggrieved than they are. Additionally, the coroners may appear less aggrieved to the next-of-kin than they are. In the current study, the participants discuss how important it is to be able to read someone. This is obviously more difficult than presumed. Results are presented in the following chapters.

Men and women tend to express their grief differently: Men project their anger onto others while women tend to cry and self-mutilate (Rosenblatt et al. 1976, 128). Godfrey Wilson worked with the Nyakyusa in East Africa, where at burial ceremonies, he observed men dancing and drumming, while women wept (Palgi and Abramovitch 1984, 393). According to Pagli and Abramovitch, ‘a number of traditional theories were suggested with regard to possible factors that underlie the sex differences in emotional expression…it may be easier to socialize women
than men to be overtly nonaggressive, and thus crying may represent a female expression of aggression’ (1984, 399). Some death notifiers have reported next-of-kin who have smashed objects or thrown things out of helplessness, anger or sadness, or even struck them (Lord and Stewart 2008). Coroners may benefit from knowing next-of-kin can react to the notification of death in different ways, and every case can present differently.

**Death Announcing Strategies**

During the theoretical sampling portion of this study, I revisited the literature in grounded theory ethnographies of death notifications. I located an exploratory study conducted by Charmaz, where she examined the institutionalized processes and strategies coroners utilize in ‘announcing death’ to unsuspecting family members (1975). Data were derived from open-ended interviews conducted with coroners situated in three different offices within the same state (Charmaz 1975). ‘Informing the survivor of the death may pose some knotty interactional problems for the coroner who typically attempts to maintain a routine bureaucratic definition of his work’ (296). The central problem for the coroners was the difficulty of announcing the death. Several participants in the current study voiced many of the same concerns as participants in Charmaz’s study. For instance, the issue of coroners rushing to ‘beat the releases of news reports so that relatives will be spared undue shock’ is still a concern some 45 years later (1975, 299-300). The problem has compounded with the universal, and often unethical use of social media. Another key issue in Charmaz’s study was the importance of face-to-face death announcements to ensure next-of-kin would pay for the disposition of the remains. This was not a pressing issue in the current study.
From Person-Hood to Corpse-Hood

At death, individuals cease to be human. They become objects of the state. In Montana, the coroner determines whether an autopsy will take place. According to Foucault, the state literally brings people into and out of existence by controlling instrumentalities and resources (1978). This Gestalt shift from personhood to corpse-hood is particularly difficult for the family to rationalize, so there is often a tug of war for the body of the deceased. Regarding the human body reduced to object, Foucault’s concept of ‘anatomo- and bio-politics’ is especially relevant (1978, 139-41). He believed as long as capitalism thrives, individuals will be anatomically and biologically subjugated, governed, and regulated. Foucault argued that ‘Death is power’s limit’ (138). However, sovereign power extends beyond death (Engelke 2019; Makley 2015; Singh 2012).

Immediately after death, families lose rights and are restricted access to the body, which is relinquished to the state (Howarth 2007). Even if only temporarily, the state exercises hegemonic control of the decedent’s body until surrendering it back to the family. In death, the body loses agency and cultural capital, leaving the state to construct the final narrative in the form of the death certificate. According to Engelke, ‘ethnographically, we find a full shelf of cases in which power is determined by who presides over the funeral, who certifies the death, who serves as custodian of the chief/prophet/premier’s remains, and who can wield legitimate violence’ (2019, 36). ‘Death is now a matter of paperwork’ (Engelke 2019, 32). This study hopes to introduce the concept of shared dialogue between the coroner and the next-of-kin instead of the perception the death notification is a one-way, death telling event. How might the loss of autonomy for the decedent extend to the next-of-kin?
Coroners have the difficult job of discussing organ donation with next-of-kin during the death notification. Hallam, Hockey, and Howarth (1999) Sudnow (1967) and others discuss the objectification of the corpse, and how notifiers reluctantly engage in death-talk with survivors. Lock covers this topic in her discussion of organ donation and how ‘harvesting’ in the US has become ‘routinized’ (2004, 93). The debate about personhood is front and center in her research. In Japan, many believe destiny should not be changed by human interaction or intervention. They have not reached a consensus about what constitutes ‘brain death’. The Japanese think Westerners tend to be cold and exploitive and fall prey to the sanitization and medicalization of the body. Organ donation is seen as a commodification of the corpse (Lock 2004). In the United States, organ donation is encouraged. Donors, ‘harnessed to the heroic’, are credited with giving the ‘gift of life’ (97). However, Lock argues in organ donation there are competing rights: those of the donor and those receiving the organ (Lock 2004). When does the body go from social to biological? The debate will continue around the tacit knowledge of what constitutes life and death (Lock 2004). In the current study, often the discussion about organ donation is preserved for another time and avoided during the initial death notification interaction, which does not mean that the subject does not come up. It simply means coroners often prefer to delay the conversation until some of the shock has worn off or the family has had a chance to let the death sink in, which may be hours or even days later. It should still be considered part of the death notification processes and interactions, as it is unavoidable in many cases.

One last point needs to be made before moving to the next topic: In the Northern Cheyenne culture, ‘personhood is not ensured by birth: it is possible for a child never to become a person’ (Straus 2004, 72). ‘Personhood is the result of a long process of development’ (2004, 72).
Contested Death

What happens when the next-of-kin disagrees with the coroner’s findings? Often a ruling by a coroner will be contested by the next-of-kin. Family members have contested deaths in order to repudiate either the manners or causes of death from the death record for a myriad of reasons; from shame over the death, to violation of privacy, to interference with worker’s compensation or life insurance claims (Hanzlick 1997). A contested death extends the death notification processes well beyond the initial interaction. This confirms my argument of the death notification as a series of interactions and processes rather than of a one-time, unilateral event as other researchers have suggested.

One of the most difficult death notifications to make and receive is a suicide. Many people do not want to believe their loved one would commit suicide, so they may contest the ruling. A death ruled a suicide may be an autoerotic asphyxial (AeA) death. To an unexperienced coroner, the death may appear to be a hanging by suicide. But the family may know personal details about the decedent the coroner does not. Fran shares, “You don't know if they're going to accept it as a suicide. Or if they're going to question it. We say it appears to be. Or we're at the beginning of our investigation. We're not going to make that determination thirty minutes after seeing them.” This misconception may cause coroners to make erroneous claims on death certificates. It may behoove the coroner to have dialogue with the family before the death ruling.

However, if coroners believe the next-of-kin was involved in the death, he or she may be guarded in their dialogue or withhold information from them. “In the process of interrogating the

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7 Autoerotic asphyxia (AeA) is the practice of sexual self-stimulation and gratification where “oxygen deprivation within the central nervous system leads to a very early functional disturbance of central inhibiting mechanisms that control sexual functions so that an activation of the sexual sensitiveness results” (Janssen, et al. 2005, S63). Autoerotic Asphyxia (AeA) death scenes can confuse even the experienced death investigator as many are hangings. Unintentional death results when a safety device, apparatus, or prop-employed to enhance sexual gratification-fails (Byard and Bramwell 1991).
body, multiple identities or selves appear, each produced because different readers have different purposes and agendas: family, friends, pathologists, the police, health and safety officials, insurance inspectors, and so on…biographies are contested and tensions arise between scientific and popular accounts of the death’ (Hallam et al. 1999, 89). A competent death notification process begins with collecting and disseminating accurate information while at the same time being cognizant of the suffering next-of-kin endure throughout the difficult process (Lord and Stewart 2008). Several coroners in this study share the belief they are the last ones to speak for the dead, so it is their responsibility to get it right. I present more on managing responsibility in Chapter 5.

**Death-Denying Culture**

The concept of death-denial is rich in the anthropological research. Death-denial can take many forms. For instance, reincarnation promises that the circle of life will go on. According to Robben, ‘life and death constitute a zero-sum game in Hinduism because life can only be created by causing death, while death regenerates life’ (2004, 11). Becker’s book, *The Denial of Death*, winner of the Pulitzer prize in 1974, sheds light on the fear of death and how to overcome it (1973). ‘The hero was the man who could go into the spirit world, the world of the dead, and return alive’ (Becker 1973, 12). He was referring to the immortal, resurrected man. The man who could conquer death. Clutching this idea of immortality helps man cope with the fear of death, especially his own. Helping to peddle this illusion is the funeral industry who sell life-like. According to Mitford, in *The American Way of Death*, the funeral industry offers up a “memory picture” of the decedent complete with elaborate ‘open casket, done up with the latest in embalming techniques and finished off with a dusting of makeup’ (1998, 16).
How, then, can we deny death when we can see it, touch it, and smell it? Malinowski speaks of ‘the love of the dead and the loathing of the corpse, [the] passionate attachment of the personality still lingering about the body and a shattering fear of the gruesome thing that has been left over’ (Malinowski 2004, 19). This may explain why, in some of the most industrialized, urbanized, and technologically advanced areas of the Western world, the dying man was transported away from his home to a hospital to die (Aries 1981). ‘Society has banished death’, making death less visible, dirty, or gruesome and easier to deny (Aries 1981, 560).

Death-denial can persist when there is no body. ‘Dead bodies are often symbolically heaviest…when absent altogether’ (Engelke 2019, 33). For instance, because bodies were obliterated in the 911 terrorist attacks, next-of-kin could deny the death. Absent a body, the next-of-kin could cling to the hope that their loved one is still alive. Likewise, death-denial persists for families of soldiers who never returned home from war. Several participants in this study discuss how important it is to see and touch the dead body, to accept rather than deny death.

Questions go Unanswered

During the process of a death notification, questions come up for both the coroner and the next-of-kin. Coroners require answers to close their case. Those answers can come from the next-of-kin, the death scene, evidence from the body, witnesses, documents, or an autopsy. Coroners need to determine whether the answers are credible. Likewise, the next-of-kin have questions requiring answers. According to Miller, ‘if the family member requests more information, dose it at an appropriate pace and level’ (2008, 372). They want to know how their loved one died. When they died. If they were in pain. Who were they with? Where is the body? Will there be an autopsy? Can I see the body? Unfortunately, many of these questions go unanswered either because coroners or next-of-kin do not know the answers or are not willing to
share the answers. For next-of-kin, unanswered questions can lead to complicated grief or worse. For coroners, unanswered questions can lead to open cases, which extends the death notification processes and interactions beyond the initial death-telling event.

**The Importance of Self-reflexivity and the Participant's Voice in Death Studies**

Previous research stresses the importance of being self-reflexive when conducting research on death. According to Rosaldo (2014), Charmaz (1980), and Glaser and Strauss (1965), individuals should strive to understand how the deaths they encounter in their own families or within their own culture affect their perceptions of how others grieve. Additionally, these researchers recommend we must work harder to listen to what our participants say about death, rather than only making subjective assumptions about what we perceive. For instance, until Rosaldo experienced the sudden death of his wife, did he realize what the Ilongots had been telling him about grief and rage was true (2014). Scheper-Hughes states, ‘Consciously or unconsciously we may screen out or simply refuse to accept at face value what we see or what we are being told’ (1992, 191). Researchers must control the instinct to second guess our informants in order to allow concepts to emerge from the data. At the same time consider how we, as the key instruments of the study, must also use our analytic skills to explicate meanings from the data in an iterative process (Charmaz 2014). Being open-minded and self-reflexive will translate to a more credible final product.

**Memories and Death Notifications**

During data analysis and theoretical saturation, memories emerged as a core theme, which brought me back to the literature. What is memory and how does it relate to death notifications? How do coroners and next-of-kin manage memories of painful or traumatic events? Why are some people more impacted by what they see than others? Is the death
notification itself or the memory of the death notification more difficult to manage? I reviewed no fewer than 30 relevant books and articles dealing with social memories (Jerman and Hautaniemi 2006); the abuses of memory and memory transmission (Berliner 2005); collective (Llobera 1995) and vicarious memories (Shahzad 2011; Sutton 2017); individual and cultural memory, false memory syndrome, suggestibility of memory, rescripting memories, and recovered memories (Sturken 1998); death-related memories (Bluck et al. 2008; Rosaldo 2014); autobiographical memory (Bluck 2003; Bluck et al. 2008; Mackay and Bluck 2010; Nelson 1993, 2003); remembering and disremembering (Bacigalupo 2010); flexibility of memory and engraving of trauma (van der Kolk and van der Hart 1991), fear memory (Makin 2017) and other types of death-related memory. Obviously, there is much more available. The literature reveals how individuals can be either positively or negatively impacted by memories of death before, during, or after the death notification. In Chapter 6, I describe and explicate the theory of memory management, which can be helpful for both coroners and next-of-kin.

**Grounded Theory, Symbolic Interactionism, and Basic Social Practices**

While researching death notification studies, the most relevant material appeared in the grounded theory literature. Although no grounded theory studies have examined the interactional processes of death notifications among and between coroners and next-of-kin, many have looked at the symbolic interactions involving death and dying in institutions such as hospitals and nursing homes (Charmaz 1980; Glaser and Strauss 1965, 1967; Sudnow 1967; Trotta 2010). Most of the research examined processes, reactions, and responses to dying and death using a constant comparative approach with study participants.

Grounded theory emerged from Glaser and Strauss, first from personally experiencing the death of their mothers in hospital and then, while studying other deaths and dying in hospitals
(Glaser and Strauss 1967, 1968). They turned their own interest and ‘awareness of dying’ into processes in communicating with and about death and the dying person (Flick 2007, 16).

Grounded theory is defined as ‘the discovery of theory from data’ (Glaser and Strauss 1967, 1). The goal of Glaser and Strauss’ original grounded theory was to see theory as ‘generally applicable with predictive power’, and as an interpretation or explanation of a process not as a perfected product (Glaser and Strauss 1967, 24). Generally applicable should not be confused with generalizable, which is a goal of other positivist, deductive studies.

Before creating the concept of grounded theory in 1967, Glaser and Strauss realized the importance of interactions in social structural context and how those interactions may change or transform current or future relationships (1965). Their research asked, ‘How do the interacting persons come to define both themselves and others as interactants and how do they make redefinitions as the interaction continues?’ (1965, 16). They pointed out that social interactions are not one-sided events but are reciprocal processes affecting each other. Awareness of Dying was the first study of dying in hospitals. It focused on developing theory about social interactions around the dying person and how the reader might apply their theory in other contexts.

Sudnow also examined the death and dying processes in hospitals for his ethnographic research (1967). He observed death as both a physical and social phenomenon. Through his observations, he came to understand the techniques of breaking bad news in hospitals. The findings from the aforementioned support the need and importance of interactional research in the death notification processes to enhance communication. The current research can make a difference in the lives of the interactants and inform public-policy in end-of-life studies. Physicians, nurses, hospital chaplains, death doulas, and other end-of-life professionals can benefit from death notification training.
One problem early ethnographers found while conducting research was, they exited the field often after many years with large amounts of data needing to be analyzed (Emerson, Fretz and Shaw 1995). Many had no idea where to begin, which delayed the final product. The final products were often uncodified and more descriptive than theoretical (Charmaz 2014). In addition, ethnography aims to examine specific cultures rather than social context. Charmaz states, ‘not infrequently, ethnographers focused on types of people rather than processes and, in my view, truncated the analytic potential of their studies’ (2014, 278).

Glaser and Strauss, who coined the term and developed the methodological perspective of grounded theory, understood these issues and sought to come up with solutions for them (1967). They also sought to achieve rigor and efficiency earlier ethnographic research lacked (Charmaz 2014). In *The Discovery of Grounded Theory*, Glaser and Strauss ‘joined epistemological critique with practical guidelines for action…and provided a powerful argument that legitimized qualitative research as a credible-and rigorous-methodological approach in its own right rather than simply as a precursor for developing quantitative instruments’ (Charmaz 2014, 7-8). Since then, many researchers have applied the strategies to their work (Anderson et al. 2012; Charmaz 1975, 1980; Hoare et al. 2012; Jackson et al. 2018; Lakeman 2011; Sadeghi, Nayeri and Abbaszadeh 2015; Timmermans and Tavory 2007; Trotta 2010; Venkatasalu, Arthur and Seymour 2013; Ward, Hoare and Gott 2015).

By creating systematic guidelines for collecting and analyzing data concurrently, Glaser and Strauss tackled one of the biggest issues faced by ethnographers (Charmaz 2014). Instead of waiting to analyze data after the collection process, grounded theory combines the two approaches. The goal of grounded theory is to generate theory to explain phenomenon and help understand social interactions. Understanding how participants respond to and manage the
interactions within the death notification processes helps define the phenomenon, address problems, and seek solutions.

‘The term symbolic interactionism is a somewhat barbaric neologism that I coined in an offhand way in an article written in *Man and Society*, and it just caught on’ (Blumer 1969, 1). He recognizes George Herbert Mead for developing the approach but created his own version.

Blumer (1969) states symbolic interactionism rests on three premises:

1) Human beings act toward things based on the meanings the thing has for them. (e.g., objects, other humans, daily life, honesty)

2) The meaning of such things is derived from or arises from the social interaction that one has with one’s fellows.

3) These meanings are handled in, and modified through, an interpretative process used by the person in dealing with the things he encounters.

Blumer believed symbolic interactions began with the individual through self-interaction.

‘People are objects to themselves’ (Blumer 1969, 10). To every situation individuals first bring their own perspective through self-talk. What we tell ourselves matters in how we interpret meanings. We bring self-interpretation to social interactions. For instance, if a previous interaction with either self or others goes badly, we carry the interpretation to the next one and so on. If something does not change our perspective, it remains the same. According to Blumer, Mead believed in the concept of ‘role-taking’ with symbolic interactionism, which meant individuals need to see themselves from the outside (12). Blumer also emphasizes the importance of ‘joint action,’ which is the interlinkage of individual acts into one action: ‘Joint action always emerges from previous actions and interpretations and cannot be understood apart from context’
(19). Using these premises, the current research examines how both coroners and next-of-kin describe the death notification processes from both self- and social interaction perspectives.

Symbolic interactionism is the major theoretical perspective associated with grounded theory. According to Charmaz, ‘symbolic interactionism is a dynamic theoretical perspective which views human actions as constructing self, situation, and society and assumes that language and symbols play a crucial role in forming and sharing our meanings and actions’ (2014, 262). This perspective recognizes we act in response to how we view our situations, and subsequently we may alter our interpretation of what is, was, or will be happening (Blumer 1969). Angrosino states, ‘interactionists prefer to see people as active agents rather than as interchangeable parts in a large organism, passively acted upon by forces external to themselves’ (2007, 5). Before collecting and analyzing data, symbolic interactionism theory was a useful tool in my methodological toolkit, as there was no similar study or anthropological theory on death notification. Symbolic interactionism helped me construct questions to ask my participants. It was, however, just a guide instead of the thread running through the study. Instead of selecting a theoretical perspective and continuing to test it, my theories developed and evolved in an inductive process throughout this study. These new theories can be tested in other contexts and cultures.

One goal of this anthropological study is to generate theory where none exists. According to Glaser, ‘as with all grounded theory, the generation of a basic social process occurs around a core category’ (2005, 1). What are basic social processes? ‘They are usually stated as stand-alone gerunds, that is, “ing” is attached to them’ (Devers and Robinson 2002, 247). Examples of basic social processes include preparing, waiting, announcing, and constructing. They give ‘the feeling of process, change, and movement over time’ (Glaser 2005, 1). Core categories do not need basic
social processes. They can stand on their own. Likewise, basic social processes can also stand on their own but unlike core categories, they require at least two clear, emergent stages to ‘process out’ (Glaser 2005, 6). Meaning, ‘these stages should differentiate and account for variations in the problematic pattern of behavior…if not, the stages collapse conceptually and there is no basic social processes’ (Glaser 2005, 6). Processes occur over time and involve change. According to Glaser (2005, 6):

These changes over time ordinarily have discernable breaking points—discernable to the extent that stages can be perceived, so they can be treated as theoretical units in themselves, with conditions, consequences (which may be another stage), other properties, and so forth which are unique in form to each particular stage. Stages are perceivable, because they sequence with one another within certain temporal limits. Sets of codes related to these stages may “carry forward” into one or more stages further on in the process…The development into stages prevents a basic social processes theory from being static.

Another requirement of basic social processes is their defining properties of ‘pervasiveness, full variability and change over time’ (Glaser 2005, 8). Simply tacking an “ing” onto a core category does not satisfy these requirements. Both core categories and basic social processes must earn their way into the final product. In this study, the basic social process of ‘managing’ and the core categories of distance, responsibility, and memory came up often and consistently; thus, earning their way into the final analysis as groundbreaking theories: distance management theory, responsibility management theory, and memory management theory. An explanation of each theory will be presented in Chapters 4, 5, and 6.
The anthropological literature on the American culture and context of death notifications was non-existent until now. Death is an anthropological topic, yet many continue to study it from a life-centered rather than death-centered approach (Robben 2004). Much of the literature in the anthropology of death focuses on the dying process or burial practices but ignores the actual announcement of death.

**Conclusion**

Much is known about the death notification process, but much more is unknown. For instance, how do coroners: prepare for the death notification; feel about delivering a death notification when they believe the next-of-kin was involved in the death; feel about giving notifications on a daily, weekly, monthly or yearly basis; respond to next-of-kin during the death notification process; respond to next-of-kin when they need answers to their questions; feel when a death-telling event does not go as planned; interact in subsequent death notification processes with the same next-of-kin; deal with psychosomatic issues relating to death notification processes and other unknowns? For the next-of-kin, how do they: react to the death notification process; respond to subsequent interactions with the coroner; feel about contesting the death notification process; notify other family members or friends; feel about waiting for answers which may never come, and other unknowns?

Although the research in the anthropology of death is cross-culturally and theoretically representative, it fails to examine the detailed description of the lived experience of the death notification processes through the perspectives of those who necessarily participate in it. What remains to be explored is a grounded theory anthropological approach to death notification representing and revealing the subjective, interpretive experience of those delivering and receiving the death announcement. Without substantive theories from this type of study,
researchers are unable to recommend practical strategies or interventions useful to the participants and others (Devers and Robinson 2002). According to Pearsall, proper communication with the family of the deceased is a primary concern of the death investigation community (2010). Therefore, creating trainings to enhance communication with the families of the decedent is crucial.

In conclusion, this chapter provides a review of the literature surrounding the anthropology of death and what is known about the death notification processes and interactions.
CHAPTER THREE: METHODOLOGY

Introduction and Overview

Throughout this dissertation I argue death notifications are a series of social interactions and processes necessitating multiple actors and mechanisms, not a one-time, unilateral death-telling event, as much of the previous literature infers. I conducted a grounded theory ethnography of death notifications between and among coroners and next-of-kin in different counties across the US. This dissertation sought to explore and account for the variation in actions, reactions, and perceptions discovered in the collected data. During this study, I interviewed and/or observed forty participants (i.e., twenty coroners and twenty next-of-kin) in a six-month period to understand how each is impacted by death notification interactions and processes. The study rendered three anthropological grounded theories: distance management theory, responsibility management theory, and memory management theory. These dense, saturated theories explain a variety of social processes and may be used across multiple fields and disciplines. This study will culminate with the creation of co-constructed, policy-oriented teaching materials for live and/or online delivery. The materials will educate coroners, law enforcement personnel, grief facilitators, physicians and nurses, end-of-life professionals, death doulas, nursing home personnel and other community members involved with death notification processes. Thus, creating a better experience for everyone involved.

This chapter begins with a description of the grounded theory methodological framework used for this dissertation. I define and illustrate the setting, participant selection and sampling techniques, data collection and analysis methods, observation procedures, interview procedures, field exit strategies, memo-writing, theoretical sampling, saturation, and sorting, theory building,
draft writing, and research validation. The chapter concludes with my data management plan, protection of human subjects, informed consent and ethical considerations.

**Setting**

This study was not situated in a particular location. Instead of observing the everyday milieu of coroner offices, this study sought to cultivate an understanding of the social interactions and perspectives of those who participate in the death notification processes (i.e., coroners and next-of-kin).

When selecting coroners for this study, it was important to not focus on a single coroner’s office. Instead, I chose to select participants from a variety of different offices in different states. State death investigation systems typically consist of either a coroner system, a medical examiner system, or a combination of the two (Department 2016). I interviewed and/or observed coroners or death investigators from nine different states including Montana, Idaho, South Carolina, Texas, Washington, Florida, Kansas, Colorado, and Kentucky. By sampling coroners throughout the country, heterogeneity in context, culture, attitudes, as well as policies and practices were achieved. Coroner participants ranged from those who worked in rural or urban areas; had little or vast experience; 36% identified as female and 63% identified as male. In addition, several coroners held multiple professional titles including nurse, law enforcement officer, prosecutor, chaplain, EMT, sheriff, funeral director, and medical examiner technician.

The policies and procedures guiding coroners depends greatly on their jurisdiction, history, mission statement, directives, and culture of the office. In addition, many coroners were also guided by their own set of morals and standards separate from those of the job. One of the

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8 Currently, Montana is one of 14 states with a coroner system. Fourteen states have a combination of medical examiner and coroner offices.
duties of the coroner is to notify the next-of-kin of a death. This necessitates the coroner locating the next-of-kin in order to deliver the death notification. Once located, the coroner must determine how to deliver the notification. Therefore, the setting of a death notification can vary from the home of the next-of-kin, a workplace, parking lot, friend’s home, death scene, hospital, nursing or assisted dying home, or over the telephone among other settings.

Per research protocol, part of my data collection procedures involved observing death notification processes before and after the phenomenon. This included traveling to the location of a death notification, joining a coroner as he or she investigated a death, or other procedures to help explain how coroners and next-of-kin respond to and manage the interactions. For this study per University of Montana IRB guidelines, I was prevented from directly observing a death notification between coroners and the next-of-kin, because the participants’ privacy was more important than the data. Therefore, I was called upon after the death notifications were delivered. During an internship with the Yellowstone County Coroner’s office from 2004-2005, I had the opportunity to intimately observe several death notifications. I used the memory of those notifications to help me understand and develop an anthropological explanation of behaviors, actions, and attitudes for the current study. The inability to observe the actual death notification limited my perspective of the interactions between participants in several ways, which I will discuss in Chapter 7. Nevertheless, on one occasion I was called to the home of a decedent after the delivery of the death notification to observe the interactions between coroners, family members, funeral home personnel, and the decedent. Another setting involved my attendance at an autopsy in a morgue with the coroner, pathologist, two pathology assistants, and another forensic anthropologist. In this case, the coroner’s goal was to confirm the identification of the decedent and to notify the next-of-kin of the death.
The setting for next-of-kin interviews or observations took place most often in their homes, office, over the phone, or in a place where they felt comfortable speaking with me. Fifteen percent of the next-of-kin participants identified as male, while 75% identified as female.

In summary, the objective of this study was to gather multiple, diverse perspectives about death notification interactions and processes. This meant interviewing and/or observing coroners and next-of-kin from areas around the county, before and after the notification.

**Procedures**

**Gaining Entrée**

Gaining entrée to a group of individuals takes effort, persistence, and good communication skills. As mentioned in the section above, fifteen years ago, while pursuing my bachelor degree at Montana State University-Billings (MSU-B), I conducted one year of field work in psychology as well as a Bereavement Research Study in philosophy on death, dying, and medical ethics with the Yellowstone County Coroner’s office, LifeCenter Northwest, and Hospice Care in Livingston Montana. Throughout that field work I developed and fostered long-term relationships with many coroners, death investigators, law enforcement personnel, funeral directors, physicians, nurses, grief facilitators, and others involved in death work. Because of the trust and mutual-respect I cultivated over the years, I was able to target many of the same types of participants for the current study.

While attending MSU-B, I was a teaching assistant for a Death, Dying, and Medical Ethics course (Philosophy 301) for Dr. David Karnos. My responsibilities included facilitating classroom discussions and organizing guided site visits to morgues, kidney dialysis centers,

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9 An organ and tissue procurement organization.
funeral homes, assisted dying facilities, oncology wards, and hospitals. During this assistantship, I continued to build rapport with individuals on all sides of death, dying, and bereavement.

Since 2011, as a forensic anthropologist and in preparation for this dissertation, I have attended and completed at least eleven death investigation and advanced coroner training courses throughout the country. Additionally, I have taught death investigation or coroner related courses in Montana, Florida, Texas, Idaho, Washington, Oregon, and California. For the last three years, I have organized a Medicolegal Death Investigation Conference in Missoula Montana under the direction of Roger Maclean, Interim Dean-Missoula College and Dean-School of Extended & Lifelong Learning. I have educated and been educated by coroners throughout the country.

Lastly, I have contracted with coroners and other death investigators through my business, Bone & Stone Anthrosciences, LLC, since 2013. Through business and education, I have had the pleasure to work with over five hundred coroners or death investigators in the last fifteen years. Conversely, through the course of my education, I have also had the pleasure to work with members of the next-of-kin in several different capacities.

My contact with coroners, hospice workers, funeral directors, grief facilitators, physicians, nurses, EMTs, law enforcement officers, and others familiar with death, dying, and medical ethics has taught me how to interact within many social and cultural death contexts. For this reason, I found it relatively easy to gain entrée for my research as I had gained trust with my education, experience, and actions.

If I conducted observations, I secured written permission from the elected coroner before I observed one or more of their deputy coroners (Appendix A) or I worked directly with the elected coroner.
Participant Selection and Sampling Techniques

The inherent paradox of grounded theory is the researcher does not know what she knows until she has collected and analyzed the data. For this study, my goal was to examine death notifications from both the coroners’ and next-of-kins’ perspectives. Therefore, my research sample reflects those involved in the interactional processes of the phenomenon.

In grounded theory research, a sample number is not as important as meeting the research objectives with quality data. Charmaz stresses ‘sample adequacy over sample size’ (2014, 205). A skilled researcher who conducts eight interviews may produce a more accurate and valid study than someone less skilled who conducts fifty interviews. Bernard says, ‘10-20 knowledgeable people are enough to uncover and understand the core categories in the well-defined cultural domain or study of lived experience’ (2011, 154-5). According to Trotter II et al., ‘most qualitative samples are designed to be cultural saturation samples...which allow the researcher to thoroughly describe the cultural consensus and variability within a cultural domain’ (2001, 144). He further states most ‘cultural domains can be adequately explored with fifteen to thirty in-depth cultural expert interviews’ (144). According to Morse, ‘at least six participants for phenomenological studies; approximately thirty-fifty participants for ethnographies, grounded theory studies, and ethnoscience studies; and one hundred to two hundred units of the item being studied in qualitative ethology’ (1994, 225). Saldaña conducted a grounded theory study utilizing interview data from fifteen participants, and ‘the data corpus provided sufficient variability to construct the core category and its properties and dimensions’ (2016, 55).

The type of sampling used in grounded theory research is initial and theoretical sampling (Charmaz 2014), rather than random sampling or some other method of attaining statistical representativeness. ‘A random sample is frequently inefficient in producing comprehensive
information about a cultural domain’ (Trotter II et al. 2001, 142). Criteria for initial sampling in grounded theory differs from theoretical sampling. Initial sampling in grounded theory provides a point of departure that gets you started; theoretical sampling guides where you go (Charmaz 2014, 197). Initial sampling occurs in the beginning of the study, while theoretical sampling occurs later in the study to fill out, probe, refine, and support the emerging themes.

My initial sampling criteria was constructed from the phenomenon (death notification process) and the people (coroners and next-of-kin) I observed and/or interviewed to reflect the phenomenon. To understand the death notification processes, I observed them and interviewed individuals who have taken part in them. Before doing so, I built two sample frames of participants: a coroner sample frame, and a next-of-kin sample frame. ‘A sample frame is a list of units of analysis from which you take a sample and to which you generalize’ (Bernard 2011, 115).

To sample coroners, I created a sample frame of coroners by sending out an email to Montana coroners and to coroners from other states who I am acquainted with through my education and work experience (Appendix B). From the responses to the email, I created a sample frame of potential participants. Once the sample frame was created, I selected specific individuals I believed would give me the greatest amount of variability, knowledge, and experience to observe and interview. This sampling design provided ‘competing perspectives about the values, beliefs, and behaviors that are critical to understanding’ how coroners respond to and manage the death notification process (Trotter II, et al. 2001, 143). For variability, I looked for coroners who: had extensive experience with the death notification process and those who have had very little; had different genders; had different spiritual or religious belief systems; worked in urban versus rural areas; had different ethnicities; had either civilian or law
enforcement backgrounds; had different ages and other variations, which gave me a broad, heterogeneous sample. The attached table shows the demographic of the coroner sample (Figure 1).

<table>
<thead>
<tr>
<th>Characteristics</th>
<th># of Parts</th>
<th>Characteristics</th>
<th># of Parts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law Enforcement/Sheriff</td>
<td>9</td>
<td># of DNs Delivered</td>
<td>1</td>
</tr>
<tr>
<td>Civilian</td>
<td>11</td>
<td>2-20</td>
<td>5</td>
</tr>
<tr>
<td>Chaplain</td>
<td>1</td>
<td>20-100</td>
<td>1</td>
</tr>
<tr>
<td>Prosecutor</td>
<td>1</td>
<td>100+</td>
<td>13</td>
</tr>
<tr>
<td>Death Investigator</td>
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<td>n/a</td>
<td>0</td>
</tr>
<tr>
<td>Military</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse/EMT/Medical</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coroner Experience</td>
<td>1</td>
<td>Death Notification Training</td>
<td>11</td>
</tr>
<tr>
<td>1 year or less</td>
<td>0</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>2-5 years</td>
<td>10</td>
<td>One</td>
<td>1</td>
</tr>
<tr>
<td>5-10 years</td>
<td>4</td>
<td>1+</td>
<td>6</td>
</tr>
<tr>
<td>10+ years</td>
<td>5</td>
<td>n/a</td>
<td>2</td>
</tr>
<tr>
<td>n/a</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>20</td>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>18 or older</td>
<td></td>
<td>M</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F</td>
<td>8</td>
</tr>
</tbody>
</table>

Figure 1: Coroner demographics

To sample next-of-kin, I utilized two different methods. The first method was to contact grief support groups through the directors at Tamarack Grief Resource Center in Missoula, Montana and other grief support groups throughout the country. These directors sent my introduction letter to their support groups detailing the goals, procedures, and premises of my study in order to ascertain whether they would be interested in talking to me (Appendix C). If individuals showed interest, they contacted me. The second method was to speak to the coroners I selected to see if they could recommend next-of-kin they interacted with during death notification processes. Once I had established a sample frame, I purposefully selected next-of-kin
I believed gave me the biggest variation in the beliefs, values, and experiences of the targeted sample. For variability, I looked for next-of-kin who: had different relationships with the decedent (e.g., spouse, parent, sibling, and friend); had less than and greater than one year from the time of notification; had different belief systems, genders, and ethnicities as well as other variations which gave me a broad, heterogeneous sample. The attached table shows the demographic of the next-of-kin sample (Figure 2).

<table>
<thead>
<tr>
<th>Characteristics</th>
<th># of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>18 and over</td>
<td>20</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>4</td>
</tr>
<tr>
<td>Female</td>
<td>16</td>
</tr>
</tbody>
</table>

Figure 2: Next-of-kin demographic

The second type of sampling in grounded theory is theoretical sampling. The goal of theoretical sampling ‘is twofold: to make sure one has adequately understood the variation in the phenomena of interest in the setting, and to test developing ideas about that setting by selecting phenomena that are crucial to the validity of those ideas’ (Maxwell 1992, 293). Theoretical sampling will be discussed further in the Analytic Strategies section of this proposal.

As previously mentioned, the sample number is not as important as developing thorough categories to explain the data. Before conducting data collection, I was instructed by my committee chairperson to choose an adequate sample number for the study. He suggested twenty participants from each sample frame. According to Guest et al., choosing a sample number before entering the field is important for budget considerations and setting research protocol (2006). For this study, I interviewed and/or observed at least forty participants as instructed.
Data Collection and Analysis Methods

Glaser and Strauss (1967) developed a systematic approach to data collection and analytic procedures, which I adapted and combined with Charmaz’s (2014) constructivist grounded theory, for this dissertation. Grounded theory research aims to develop substantive theory, which could be elevated and generalized to formal theory. For example, by utilizing what they refer to as ‘slices of data’ (e.g., observations, interviews, and documents), they look for patterns and similar instances in the data that appear over and over again (Glaser and Strauss 1967). Grounded theorists create analytic codes and categories, not from preconceived hypotheses, but from the data. Through memo-writing, categories are explicated and filled out to stretch diversity and fill in gaps. These categories are narrowed into core theoretical categories. These core categories need to be examined more thoroughly than other categories. Hence, they conduct theoretical sampling, which means they either conduct additional focused interviews and observations with those in the sample frame or they go back to a previous participant to discover more specifics to help support the emerging substantive theory. These are generally not as long as the first interviews or observations but are meant to fill in gaps. Formal theory, consequently, develops and transpires from the substantive theory not directly from the data (Glaser and Strauss 1968). For example, their substantive theory of ‘status passage involved in dying’ rose to the formal theory of ‘status passages’, which can be utilized by other theorists such as the passage from single to married (Glaser and Strauss 1967).

In grounded theory, the data collection and analysis are conducted concurrently. From the first observation or interview, after transcription, and through initial coding and memo-writing, I began to scrutinize and analyze the data for core concepts and categories. From there, I sought additional interviews and observations to accumulate additional data. During this phase, it was
important to always ask questions of the data and make constant comparisons from one piece of datum against another datum, both within and between data sources (Glaser and Strauss 1967). ‘Constant comparison allows researchers to reduce data to concepts, to develop concepts in terms of their properties and dimensions, and to differentiate one concept from another’ (Corbin and Strauss 2015, 94).

For this study, I collected two specific types of qualitative data to construct the corpus of data necessary to develop my core categories, themes, and theoretical perspectives. Those types include observations and intensive interviews. From interview transcriptions, personal memos, and ethnographic field notes I amassed over 800 pages of pertinent data.

**Observations**

After choosing the participants from the sample frame, I spent time observing them before and after the death notification processes. This data is advantageous because I was present to record pertinent information in the form of memos. According to Corbin and Strauss, a good reason for doing observations is ‘persons are not always aware of, or able to articulate, the subtleties of what goes on during interactions between themselves and others’ (2015, 41). The limitation of this type of data are: participants may act differently when they know they are being observed; private information can be observed that should not or cannot be recorded; and, observations can be interpreted differently depending upon an individual’s perspective or worldview. Another limitation to this type of data is although deaths occur regularly, coroners do not always go to the death scene, which is typical with many hospice deaths, as patients are closely monitored by their physicians and other healthcare providers. Hence, coroners may take the next-of-kin and decedent’s information over the phone rather than inspect the death scene. If foul play is suspected, they almost always attend the scene. If foul play is not suspected, they
may elect not to attend the scene. It is up to the coroner’s discretion as to which death scenes he or she respond to. Nevertheless, coroners investigate all deaths that fall under their jurisdictions. During the observation period it took several weeks before I was contacted by one of the participating coroners to join them during the death notification processes.

**Observation Procedures**

Participating coroners contacted me by phone after being dispatched to a death scene. I would, then, meet him or her at the scene to observe the death notification interactions and processes. I did not observe the actual death notifications, per IRB guidelines, as the next-of-kin’s right to privacy is of utmost importance. I waited until the coroner(s) had notified the next-of-kin before I began my observations. I chose not to take notes during the observation period. Instead, I wrote memos immediately afterwards. The length of these observations depended upon how long the coroners took to investigate the death scene, identify and locate next-of-kin, travel to the location, make the announcement of death, and finalize the death notification processes.

From my previous experience as a coroner's intern, I understood this process can take hours, days, or longer. On one occasion during my internship, the next-of-kin was never located so the body was buried in a ‘potter's field’ by the county.

In addition to attending the death scene, I chose to visit several participating coroners’ offices to observe them. During my previous internship, part of my duties included sitting in the office waiting for the phone to ring, fielding those calls, writing reports, and completing and filing paperwork for the coroner and deputy coroners. For this study, I limited these observations because the office minutiae did little to advance any theoretical understanding of the interactions or processes of the death notification. All observations complemented my interviews and provided a means to triangulate the data.
Intensive Interviews

Intensive interviews permit in-depth exploration of a particular phenomenon of which the participant has intimate knowledge. Interviews are advantageous when historical information and personal perspectives are being sought. Another advantage to interviews is the line of questioning can be controlled by the researcher. Intensive interviews complement observations because the researcher can follow up with questions about the event or phenomenon to help identify concepts or emerging categories, as I described in the previous paragraph. There are several limitations to interviews including receiving biased answers from participants; an inability to complete the interview due to emotions getting in the way (Woodthorpe 2011); receiving inconsistent information depending upon varying interpretations or perspectives of events; inability of the participants to adequately articulate what they are feeling; as well as other limitations.

Interview Procedures

I conducted face-to-face or phone interviews with selected coroners and next-of-kin in a location comfortable for them, and at their convenience. Intensive interviews lasted approximately one hour. Some lasted longer. Others took less time. Open-ended questions allowed the participants more freedom to give more than a brief yes or no answer. My goal with the interviews was to probe not to force data. The interview guides for coroners (Appendix D) and next-of-kin (Appendix E) are attached.

I digitally recorded interviews using two Sony recorders. Two digital recorders ensured at least one was working correctly. I transcribed interviews daily into Notepad using Sound Organizer and transferred into Word 2013 and NVivo for data analysis. At the top of the
transcription, the following information was recorded: title, record date, record time, and recording file name. After transcription, I deleted recordings.

**Exit from the Field**

I exited from the field after six months of concurrent data collection and analysis. Although I thought I may need to return to participants for clarification, I found it unnecessary. Anything I was unsure of, such as complicated answers to my questions or confusing procedures, I asked participants to clarify or explain during the interview or observation. A few participants have contacted me to see how I am doing, and whether I needed any additional help. I let them know that I would be in touch with them as I proceed. Several offered their advice or assistance with co-constructing death notification training materials, which I plan to accept.
Data Analysis

By utilizing grounded theory methods (Bloomberg and Volpe 2016; Charmaz 1980, 2014; Creswell 2009; Flick 2007; Glaser and Strauss 1965, 1967, 1968; Kvale 2007), I made sense out of the textual data by analyzing and collecting material concurrently in the manner described below. The analysis involved open-ended inquiries through observations and interviews. Anthropologists and grounded theorists use different tools as strategies to essentially mine their data. For instance, grounded theorists, Corbin and Strauss use strategies such as flip-flopping (turning a concept inside and out to look for a different perspective) and waving the red flag (recognizing terms such as always or never) (2015) to analyze. For this research, I employed Charmaz’s grounded theory strategies such as initial and focused coding, memo-writing, theoretical sampling, saturation and sorting, and theory building to analyze data and construct
my theoretical categories (2014). See the attached graphic for my data analysis procedure (Figure 3).

The first analytic turn in grounded theory is coding. It happens when you stop and ask questions of the gathered data to look for actions and processes (Charmaz 2014). In grounded theory, researchers create codes to 1) explicate how people act or respond to events, 2) discover meanings participants hold, and 3) understand how or why these meanings and actions evolve. The idea is to construct codes by naming the data through initial and focused coding.

In initial coding, I asked questions of the data such as:

- What is this data a study of?
- What do the data suggest? Pronounce? Leave unsaid?
- From whose point of view?
• ‘What theoretical category does this specific datum indicate’ (Charmaz 2014, 116).

During initial coding, I created codes to reflect actions and processes not individual perspectives. They were ‘provisional, comparative, and grounded in the data’ (Charmaz 2014, 119). Adhering to Charmaz’s coding approach, I initially used line-by-line coding to take processes or actions apart to explicate how they occurred. Charmaz explains that line-by-line coding ‘frees you from becoming so immersed in your research participants’ world-view that you accept them without question’ (2014, 127). I have included my codebook in an appendix as it is too lengthy to include here (Appendix F).

I also used in vivo and process codes during initial coding. In vivo codes use research participants’ own words and terms as codes to uncover their meanings and understand their emergent actions (Charmaz 2014). According to Saldaña, process codes use gerunds to suggest actions, activities (e.g., crying, dying, drinking) or conceptual actions (e.g., struggling, adapting, negotiating) (2016, 111). Initial coding gave me leads to follow as I moved across my data. I used constant comparison across and between types of data to scrutinize emerging codes.

From initial coding, I moved into focused coding. This is not meant to suggest a linear, sequential process. Grounded theory coding uses an iterative approach that requires going back and forth across the data to seek the best answers to the questions posed. When moving to focused coding, I considered how the slices of data fit together in a more abstract, theoretical sense. I noted what codes made the most analytic sense. If the textual data did not fit an existing code, I created a new one. Focused coding brought me further into the comparative mode and allowed me to trim away unnecessary codes captured in the initial coding process. Focused coding involves narrowing down the large amount of initial codes to core categories or themes. According to Charmaz, ‘if a code is telling, use it’ (2014, 145). I narrowed down initial codes by
looking at the answers to questions I initially posed to participants from the questionnaire. If the participants’ answers were short with no elaboration, I set the code aside and looked to see if it came up spontaneously without me initiating the discussion. If it did, I kept the code. If not, I did not include it. For instance, when asking participants their thoughts on the topic of organ donation during the death notification, many gave me short, curt answers and appeared disinterested. Consequently, the code for organ donation did not become one of my main categories or themes for this research, but was subsumed under another, more essential code.

The last bit of coding I did was theoretical coding, which is like an umbrella covering the other types of coding. It is selective and conceptual, and it aims to integrate primary themes or concepts into a single or a few core categories. Theoretical coding is normally condensed down to a few words that seem to explain what the research is all about. It is used to identify a major conflict, obstacle, problem, or concern to the participants. The graphic above shows how my coding process flowed.

**Memo-writing**

According to Charmaz, ‘memo-writing is the pivotal intermediate step between data collection and draft writing’ (2014, 162). It prompts the researcher to analyze the data from early on. Memos are essentially notes to yourself written to help understand the dataset. They should be written often and throughout the process as analytic thoughts to provide clarification and direction during coding (Gibbs 2007). Memos serve to construct theoretical categories. ‘Writing memos expedites your analytic word and accelerates your productivity’ (Charmaz 2014, 162). In addition, memos help to fill gaps in categories. Memos help render data and are not to be shared with the reader. Memo-writing is a tool to discover undeveloped ideas. They can be messy and written from a stream of consciousness to get fresh thoughts onto paper or keyboard. During the
analysis period, I kept memos connected with each participant. I also kept memos of my personal thoughts and how I was synthesizing my data.

Memos help to raise initial codes to focused codes, and focused codes to conceptual categories. They form the core of grounded theory. They provide a record of thoughts to return to, when necessary. They help develop a critical eye towards the research topic. My memos consist of cohesive or random thoughts about the data, sketches with boxes and arrows, words or thoughts that woke me up in the middle of the night, and other tools that helped me put thoughts on paper. As suggested by Charmaz (2014) and other researchers, I found referring back to them helped me move my analysis forward. If I got stuck, I went back to my initial notes to see what I was missing. This happened more often in the beginning of the analysis than later.

**Theoretical Sampling, Saturation, and Sorting**

Sampling: Memo-writing moved me to look at my different categories or themes. Many of the categories made sense while others required further extrapolation. For those, I gathered additional data through theoretical sampling. Through memo-writing, categories are constructed but theoretical sampling helps refine and further develop those categories. Theoretical sampling requires insight and imaginative, ‘abductive reasoning’\(^\text{10}\) to account for surprising or puzzling findings (Charmaz 2014, 200). It helps link categories together but also helps to understand variation in the categories of actions, experiences, or processes—not on individuals.

Emerson explains theoretical sampling as a means of comparing existing data or acquire new data to ‘elaborate, qualify, and test analytic categories’ (2001, 4). Theoretical sampling is a way to check on the emerging theoretical framework in order to ask what groups, people, events

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\(^\text{10}\) ‘In brief, abductive reasoning is a mode of imaginative reasoning researchers invoke when they cannot account for a surprising or puzzling finding. Subsequently, they make an inferential leap to consider all possible theoretical explanations for the observed data, and then form and test hypotheses for each explanation until arriving at the most plausible theoretical interpretation of the observed data’ (Charmaz 2014: 200; Reichertz 2007).
or activities the researcher should turn to next in data collection. Theoretical relevance is the goal, not numbers of individuals. ‘Theoretical sampling involves starting with data, constructing tentative ideas about the data, and then examining the ideas through further empirical inquiry’ (Charmaz 2014, 199). Charmaz believes theoretical sampling can help researchers ‘fill out properties of his or her major categories; make explicit distinctions about experiences that appear to be similar on the surface; construct full and robust categories and aid in clarifying relationships between categories; and learn more how a basic process develops and changes’ (2014, 200).

Theoretical sampling may require a researcher to seek pre-approval for a second or third round of participant observations or interviews from the IRB. By building this into my proposal, it reinforced the grounded theory model and built in contingencies to account for unknowns that may emerge through this ground-up process. Most follow up observations and interviews are not as long as the originals but allow for pinpointing and refining gaps in categories. Theoretical sampling asks for clarification of overlooked thoughts and ideas expressed by participants in the original coding process but seem to be of increased importance. Of the forty participants in this study, I only found it necessary to go back to one. The participant was a coroner who I interviewed. He expressed willingness and desire to share his story about how he received a death notification from a coroner. Consequently, he became the next-of-kin during the second interview. Having both perspectives was helpful and necessary on the level of theoretical sampling.

Saturating: When do you stop gathering data? According to Charmaz, you should stop when the properties are robust because you have found no new properties of these categories...and when gathering fresh data no longer sparks new theoretical insights (2014, 213).
Saturation does not mean repetition of events until you see the same patterns repeatedly. It has more to do with realizing when you have saturated the theoretical and conceptual limits of the categories. ‘We assume a certain degree of participant homogeneity because purposive sample participants are, by definition, chosen according to some common criteria. The more similar participants in a sample are in their experiences with respect to the research domain, the sooner we would expect to reach saturation’ (Guest et al. 2006, 76). I encountered theoretical saturation of my coroner participants before my next-of-kin participants because their stories and perspectives were more similar. According to Guest et al., in grounded theory, saturation refers to the point in which your theoretical categories have been exhausted and all variation can be incorporated into the emerging theory (2006). After conducting forty interviews and/or observations, I reached what I believe to be theoretical saturation. Although, I would argue there will always be some puzzling information that will not fit, which is why theories are dynamic and not static: They are meant to be tested by new data.

Sorting: In grounded theory, sorting gives researchers a way to play with and organize categories as well as encourage constant comparison between those categories. Sorting was accomplished in a few different ways. I wrote my categories on index cards and laid them out on my floor. I moved them around until they fit with each other. I created diagrams with them for a visual picture. Through sorting and diagraming, I visualized theoretical relationships and links I needed in order to integrate my memos (Charmaz 2014; Corbin and Strauss 2015). With so many codes and so much movement, I found it necessary to purchase two white boards to do my sorting. I found this technique worked best. In addition to sorting with index cards and on the white boards I also utilized the NVivo computer program to help me sort.
NVivo is a qualitative data analysis computer program designed to help the researcher store, organize, categorize, analyze, visualize, and discover textual data. After transcribing my interviews, I entered them into NVivo. I went through each one, line-by-line and coded them. The program would sort by nodes (code name), names of participants, key words, number of times a code was used, and other things. For instance, if I wanted to see how many times the code ‘it takes a toll’ was used, I could search for it. It would bring up participants who used the code, how often it was used, in what context it was used, among other things. Additionally, I was able to visualize the data using NVivo Wordclouds (Figure 4) and other visualization tools which helped me sort the data. The Wordcloud shows the words most often used by participants.

![Figure 4: NVivo Wordcloud of most used terms](image)

NVivo is a beneficial tool, but it takes a lot of time to learn. Additionally, the researcher should be the main analytic instrument of his or her research project not a computer program.
Theory Building

In most anthropological studies, researchers select a grand theory and work deductively to either prove or disprove this theory (Ellen 2010). This study is different because no grand theory existed that explained the death notification processes; therefore, one or more had to be constructed. Thus, the final analytic step is to construct explanatory frameworks, or theories, that account for the data, which evolved during these inductive processes.

For this study, three anthropological theories were constructed by observing and identifying patterns in the data and elucidating how those patterns explained behaviors and perspectives of study participants. For instance, while coding for patterns I found the biggest challenge for all participants was managing themselves and others during the death notification processes. Hence, I asked of the data: What are the participants attempting to manage? The themes of distance, responsibility, and memory emerged to answer this question and explain the data. Therefore, the basic social process of managing became a theme, or thread, that bound the other themes together into core categories (i.e., managing distance, managing responsibility, and managing memory). For each core category, I generated a definition, specified properties and conditions, and established consequences of each to form three new anthropological theories to explain all data for this anthropological death notification study. Again, where none existed. Those theories are distance management theory, responsibility management theory, and memory management theory. Graphics of each management theory are attached. (Figures 5-7). I will discuss each theory in depth in the following chapters.
Figure 5: Distance management theory framework

Figure 6: Responsibility management theory framework
Writing the Draft

The grounded theory methodological framework extends through the draft writing process. Memo-writing, sorting, and diagraming helps initiate and continue the writing process. Using these strategies, I logically situated my categories to weave through and around each other. I constructed ways to make my case to persuade the reader to accept these new theories. I used novel categories and created subcategories I turned into subheadings. After writing my draft, I went back to the literature in grounded theory and the anthropology of death to see what other theorists said about the death notification processes. I found most death notification studies lacking in theoretical perspective, which I will discuss more thoroughly in the following chapters.
Validating

I checked the accuracy of my information in several different ways. Some qualitative researchers utilize ‘member checking’ to validate their data. Member checking refers to researchers asking participants whether their interpretation of the data is accurate (Creswell 2009). Charmaz states, ‘adopting the language of member-checking in your research proposal may help, as a large literature on member-checking has made it an accepted-and sometimes expected-practice’ (2014, 210). Charmaz (personal communication) prefers the term abduction in grounded theory studies over member-checking (see ‘abductive reasoning’ in sampling section of this chapter). The concept of abduction was created by Charles S. Peirce (1878-1958) as a new ‘theoretical explanation to account for surprising data’ (Charmaz 2014, 200). Instead of member-checking for validation, grounded theory ‘involves reasoning about experience for making theoretical conjectures-inferences-and then checking them through further experience-empirical data’ (Charmaz 2014, 201). Meaning, if something does not fit, look for other explanations. If necessary, collect additional data through interviews or observations. Abduction is the grounded theorists’ equivalent to member-checking. I used abduction as a validity measure for this research.

Next, I triangulated different data sources and similar data sources to justify meaning units. By triangulating similar sources, such as interviews, I sought convergent and divergent themes. Both are important for validation using abductive reasoning, as not every piece of the puzzle will fit neatly into the analysis. Perspectives and opinions from participants might vary greatly, which makes the research more important.

Lastly, I remained open-minded when conducting interviews and observations. When a participant answered a question during an interview, if I did not understand the response, I asked
for clarification until I understood the intended meaning. If I saw something puzzling during an observation, I asked the participant about it later. The best way to be credible is to be consistently reflective and honest when analyzing and interpreting data.

Data Management

All data was maintained and protected in safe files in my computer, accessible only to me. Consent forms are kept in a locked safe to protect the participants’ identities and sensitive information.

Protection of Human Subjects and Ethical Considerations

Informed Consent

After identifying the sample participants, I asked selected participants if they would be willing to participate in this study. I was sensitive to their verbal and nonverbal responses. I prepared consent forms for the coroners (Appendix G) and the next-of-kin (Appendix H), which gained IRB approval (Appendix I) on July 9, 2018. I showed potential participants the consent form, went over it, and asked if they understood it. I noted no hesitation from the potential participants. I asked if anything was unclear. If something was unclear, I explained it to them until they acknowledged they understood the meaning. I asked if I could answer any questions. I assured them the information they provide will be kept confidential and all identifying information will be removed from transcription and memos. I explained all transcribed interview recordings would be deleted. If anyone seemed reluctant, he or she would be excused from participating in the research project. However, no one did. Additionally, I informed them they may withdraw from the research at any time with no repercussions.

After answering any questions about the research, I asked the potential participant to sign the consent form. 'It may be necessary during the course of the study to re-inform the participant
of the nature of the study and his or her right to re-consent or refuse to continue—especially if unexpected or embarrassing events occur during the course of an interview or observation’ (Corbin and Strauss 2015, 44). This has not been an issue. But, if it comes up in the future, I will address it appropriately.

**Ethical Considerations**

Conducting ethnographic research requires strict adherence to the highest ethical standards of the representing institution and the field of study, by researchers who ‘are morally bound to conduct research in a manner that minimizes potential harm to those involved in the study’ (Bloomberg and Volpe 2016, 161). This includes following the guidelines and instructions of the University of Montana’s Institutional Review Board (IRB). During the study, I did not ask individuals under the age of eighteen to participate.

I provided all participants with a consent form explaining the potential risks, discomforts, and benefits, as well as project aims, procedures, and voluntary nature which means they can withdraw their participation at any time. I made sure they understood what I was researching and what part they occupy in it. The consent form states only I have access to the raw data they provide. I informed them all personal data is kept strictly confidential, in a locked safe. All computer files are password protected. The password is known only to me. The consent form outlines limits of confidentiality and required a signature to indicate consent. All participants consented to the research.

I assigned a code, known only to me, to everyone chosen to participate in the study. Any information that can be tied back to the individual was assigned with their code only. The code is kept separate from the participant’s name. Pseudonyms have been used in place of proper names as a safeguard to protect the participants. All files are kept in a secure, locked safe or computer.
Once the study has been completed and the participant’s personal information is no longer needed, the documents containing personal information will be destroyed in a paper shredder. Also, I deleted all audio/digital recordings of interviews after transcription.

This study may cause participants mild discomfort from answering questions about the death notification interactions and processes. The participants understood they could refrain from answering questions that caused them any discomfort. In addition, participants understood they could opt out of the study at any time. Finally, I always treated the research site(s), gatekeepers, and all participants with dignity and respect.

With regards to coroners, there is a reasonable expectation their participation in this study may expose them to social or legal risks. I may have encountered a death notification interaction or process that ends up in a lawsuit. It might be reasonable I could be asked to testify in a court of law about the notification processes or some aspect of the case observed. I explained this to the coroners. All of them acknowledged this information and still agreed to participate.
CHAPTER FOUR: DISTANCE MANAGEMENT THEORY

Introduction

Previous death notification studies have primarily focused on coroner ‘strategies of announcing death’ (Charmaz 1975) and training recommendations for notifiers (Stewart et al. 2000). Although these are important considerations, my findings indicate what is most important to all participants is understanding how to manage distance, responsibility, and memory in order to navigate the often tricky processes and interactions of death notifications. Some managed those tasks better than others.

This grounded theory ethnography describes three theories occurring within these processes and interactions between and among coroners and next-of-kin: distance management theory, responsibility management theory, and memory management theory. I will provide an explanatory framework of how I interpreted the data and arrived at these theories. I will also show how all three correspond to and relate with each other in the following chapters. The first theory I will explain is distance management theory.

Definition of Distance Management Theory

Broadly, the concept of managing distance refers to how individuals attempt to negotiate or manage the physical and/or emotional space between themselves and others. Specifically, for this study, distance management theory refers to how both coroners and next-of-kin maneuver the physical and emotional distance between themselves and others during the death notification interactions and processes.
Under What Conditions Does Distance Management Theory Arise, Change or Maintain?

Managing distance arises when individuals negotiate the distance between themselves and others either knowingly or unknowingly, emotionally and/or physically. Emotional distance arises when individuals either open-up or close-down to others. Emotional distance changes when someone decides to get closer to, or further away from, others. Emotional distance is maintained when individuals remain either opened-up or closed-down to others. Physical distance arises when individuals decide to get physically-close or physically-far from another individual or individuals. Physical distance changes when someone decides to get closer to or further away from another. Physical distance is maintained when individuals decide to stay where they are, whether it is close to or far away. Managing distance is a way to control and shape interactions through physical and emotional space. Each interaction teaches us something about ourselves and others and guides our future interactions.

Charmaz utilized grounded theory to examine strategies of ‘death announcing.’ One of the strategies she examined was self-protection (1975). These strategies are ‘employed to maintain the routine character of the work and to keep the deputy from feeling involved in the on-going scene’ (Charmaz 1975, 303). The deputies in Charmaz’s study adopted several strategies of self-protection as a way of managing distance. Jackson et al. discuss nurses and how ‘managing exposure’ can be achieved in part by distancing themselves physically and temporarily from the workplace in the form of breaks or vacations (2018). They believe this distancing can help give nurses both physical and emotional space from workplace adversity (Jackson et al. 2018, 33). The distancing theme emerged in a similar way during the current study, but it went even further.
For this study, I argue distancing was enacted to manage and even prevent the interactions involved in the death notification processes. Both coroners and next-of-kin make decisions and choices, on how to distance themselves from others. They exert agency and resistance strategies to manage distance. Jackson et al. examine how ‘managing exposure’ may lead to promoting resilience and preventing burnout, which are also concerns for many coroners in the current research (2018, 28).

For both nurses and coroners, this temporary, physical distancing may not always work. In the current research, several coroners expressed the inability to get away from the job. Distancing from the workplace did not ameliorate the accumulating responsibility and memories burdening them. For them, the only solution to distancing meant leaving the workplace altogether.

Properties of Distance Management Theory

When determining properties of distance management theory, I utilized constant comparison techniques, per the tenets of grounded theory research. I theoretically sampled to maximize differences and similarities in the data. As the category of distancing emerged through initial and focused coding and memo writing, I recognized participants choosing both physical and emotional strategies to bring themselves closer to or conversely to disengage from others during death notification interactions. In doing so, these participants either knowingly or unknowingly enacted managing techniques. Most often, for self-protection as mentioned earlier in this chapter.
Strength Versus Weakness

One way of managing distance is to appear strong. Appearing strong suggests people can get close to you or lean on you for support. Several coroners find it necessary to allow next-of-kin to hug them as a means of closing distance, even though it may be detrimental to them. According to Judy:

A hug is, in my opinion, harmful to me. But to them, maybe the only sense of somebody cares in that time. We do try to prevent the tears and the crying because it's like, well now I'm hurting more than you are and that's your loved one. So, we always try to comfort them in ways that are possible, but not allowing it to affect us.

Judy manages distance by allowing the closeness of a hug but keeping her distance by not allowing it to affect her. According to Victor,

I try to be as professional as possible, but you go in and the families will cling onto you and cry. I tell everybody that's why I'm there. I have broad shoulders. The problem is: There's times when I join them. And, I hate myself when I cry with them. Because to me it's not professional.

For Victor, there is some danger in closing the distance between himself and next-of-kin. He risks appearing unprofessional. Additionally, he perceives himself as weak when he shows his emotions. Managing distance can be difficult when you want to be strong, but you are also human.

Distancing through strength may also signal others to stay away. Evan shared an experience during a death notification he and another coroner delivered to a woman who had just lost her husband, “He moved toward her to embrace her, and her hands went up...Don’t touch
me! Don't come near me!” Coroners learn through symbolic interaction not everyone needs comforting.

Physical weakness can be seen as a flaw, especially for coroners who are law enforcement. Clay, who is a law enforcement coroner, shares:

I always have to maintain officer safety. I am always carrying a gun. I'm not going to put myself or gun in a situation of jeopardy. But, as far as showing emotion, I guess, rarely. I always, always try to show empathy but not overly emotional. The idea is that other people will cue off other people's emotions, so I can keep calm and keep a low tone.

Hopefully, I can bring down their level of emotion as well.

Managing distance for Clay is symbolized by his gun, for physical strength, and by guiding others emotionally. If he controls his emotions, others will follow.

Appearing strong was important for many of the coroners. According to Ray, “I just didn't want to come off as out of control, if that makes sense. It wasn't that I didn't sympathize or empathize. Far from it. I just wanted them to think here's the person that's going to help me get through this. And they can lean on me.” Similarly, Max argues, “You need to step up and be a professional and be strong. Not only for the department and for your job, but for this family. They're leaning on you and you can't be an emotional person. Even though you might want to.”

Of course, the opposite can also be true. Some coroners saw nothing wrong with showing emotions at the risk of appearing vulnerable. Managing distance is an important part of their job and part of who they are. Victor explains, “The family came up, and I cried with them. She said don't ever stop doing it. You're human and you should care. We all cry. I just try to be as professional as possible and as compassionate as I can.” Relationships between coroners and
next-of-kin are intertwined especially in such emotionally charged moments. Remaining distant can prove to be difficult, if not impossible.

Several coroners in the current research believe they need to ‘read the room’ or ‘gauge’ others to determine what next-of-kin need from them. According to Rick, “The relative or the family you're dealing with will kind of dictate your emotional level, too. Some of them are very emotional and some are, “I could give a damn. Why are you telling me?”” Managing distance for coroners can be a delicate dance between appearing weak or strong, and it remains a personal choice.

Managing distance with strength for next-of-kin, is similar. If the next-of-kin appear strong during a death notification interaction, coroners may just announce the death and leave. Victor recalls worrying about telling a father his son was killed in a car accident. Victor shares the father’s reaction, “He said, “Well he should've been more careful,” and shut the door.” The father appeared untouched by the death notification and shut the door. Distancing via strength signals you can handle things and do not need others around.

Overall, for both coroners and next-of-kin it is important to manage distance by enacting strategies of dealing with the death notification processes. Coroner distancing strategies included being compassionate but also professional. If someone needed a hug, they gave them a hug. Overwhelmingly, coroners believe managing distance means being human, whether it makes them look strong or weak. Becky shares, “Sometimes I tell them, the only thing I can do is give you a hug and cry with ya. It's okay for them to know that we're human. As long as you don't lose your shit and can't do your job.” For next-of-kin, managing distance sometimes means falling apart and needing someone to embrace them. Other times, next-of-kin manage distance
by stopping others from getting too close. Managing distance through choosing to display
strength and/or weakness is an important strategy for both coroners and next-of-kin.

Public Versus Private

Managing distance can be effectuated in public or private. An example of managing
distance publicly refers to coroners deciding to notify next-of-kin in a public space like an office,
hospital waiting room, or parking lot. This can be done to distance themselves from the intimacy
of making the notification in a private place, such as a home or, out of necessity if you need to do
it quickly and efficiently. When asked if he had given a death notification in a public place, Evan
said:

We were sitting at McNeil’s Diner eating breakfast. I said, “That kid, that we're going to
notify was just cooking our breakfast. We’re going to have to go out and do the coroner
piece and come back here and notify the kid who’s in the process of cooking our
breakfast that his dad just passed.

For next-of-kin managing distance can be harmful if the coroner does not consider the
circumstances surrounding the death and the death-telling event. Megan describes the death
notification she received while she was at work:

I lost my oldest son in 2016. He was murdered. I saw him the night before he came home.
Something had happened during the night. I was trying to reach out and contact him. I
had no communication. I got really concerned. Is he okay? I called the police, and
emergency room. Then, the next day I get a phone call because I reached out to police
and they called me back. I think, they found him. He’s in custody or something. They said
that they wanted to come and talk to me. I said, I'm at work right now. We'll come up there and talk to you. I was like, Okay.

Megan continued:

They're going to ask me questions about something related to the situation with my son. Two detectives showed up at the job and I took them to one of the offices we had. They just told me that they were sorry, but my son was involved in a shooting and he didn't make it. I lost it from that moment. How? How? Why? Why? That truly can't be the situation. Like, just totally to have someone come and tell you something like that was...it was heartless.

For Megan, by choosing to notify her in a public space, the coroners entangled physical closeness with emotional distance. The shocking news made it impossible for her to finish her workday. She was not in her home, where she felt she should have been. She wanted to be close to her family. The coroners, by notifying her in public, distanced her from the people she needed to be with. She recalls:

I'm devastated but I'm left to tell the rest of my family what happened. You dropped a lot into my plate. The fact that I'm devastated, and I have to tell this to the rest of my family. You have no idea of how to approach it because you're not even in your right mind. That was a very traumatic experience.

Other next-of-kin discussed preferring to not receive the death notification at home. For instance, Vivian shares, “You don't want to be in your own home remembering that moment. Your home has to be a sacred place. I'm really glad that it didn't happen in my home.” She was relieved the coroner chose to have her come to the death scene to give the death notification, instead of receiving it in her sacred place. Contrastingly, Megan believes she would have
preferred to receive the death notification at home. She shares, “I would've preferred for it to be in my home. Because I would've been at least surrounded by my support system which is my family.”

It is not certain whether there is a perfect place to deliver or receive a death notification. What appears to be most important for next-of-kin is not so much where the death notification is delivered, but how it is delivered. It should be done with kindness and compassion, not with cold detachment. Most coroners believe it should be delivered with empathy.

Another example of managing distance is when a death notification is made via social media on Facebook, Twitter, or other sites. Pru shares how she found out about her father’s death, “My sister called me, and she told me. And she had found out because our half-sister posted it on Facebook.” Fran shares, “The other day we had one and it wasn't my case, it was my colleagues’. She was trying to do that, and in the meantime, somebody put it on Facebook. The family was notified that way and was all upset.” By publicly announcing a death via social media, the notifier and notified are denied the intimacy of the private notification. Some participants mentioned it may have been done out of necessity as it may have been the only way to reach a loved one. Others mention it could have been done out of ignorance of the norms operating around the death notification processes. For instance, Troy shares, “We're still responding to the coroner call and we've got family members calling 911 in a panic because some neighbor has posted something.” Social media death notifications create both physical and emotional distance.

Additionally, one of the complications of social media is sometimes the information is incorrect. For instance, Victor shares:
When I walked up and knocked on the door, this boys' mother came out and said, *no, I was just on Facebook and they said he was life-flighted.* She was screaming at me. I hate Facebook. I said, “No ma'am. I'm afraid he died at the scene. One of the other boys was life-flighted.” She screamed at me, went into the house and slammed the door.

Although many coroners appreciate being able to use social media as an investigative tool, they see it as harmful when it is used to notify next-of-kin about a death. To them, it is too public and too impersonal.

Coroners and next-of-kin recount how news of the death spreads quickly both publicly and privately. For instance, according to Vivian, living in a small town makes the death notification process more complicated. Protocol and decorum go out the window. When her mother died, she recalls, “I got a call saying this is Deputy Coroner Rollins. He said, *Vivian it's your mom. Meet me at her house, right now.*” Assuming the worst, she dropped everything and headed to her mom’s house. As she was driving there, news of the death was already spreading quickly. Before Vivian was officially notified by the coroner, a woman who was present during the death and keen to share her own narrative, began announcing the death. Vivian recounts, “There was that woman present. She called so many people with her version of the death. So, I was pulling into my mom's house, and my phone was exploding.” Managing distance for both the coroner and the next-of-kin was compromised due to someone else intervening in the death notification processes. The coroner was upset because he had difficulty controlling the death notification interactions due to the publicity. Vivian admits she does not remember a lot about the death notification but does remember how this woman interfered in a deeply personal matter. She was the wrong person to spread the news.
Similarly, if you combine the wrong notifier and social media you create much more of a problematic death notification process. According to Braden:

Social media is evil in a lot of ways. We had an incident in one of our local schools. The school decided that they’re going to take it into their hands and make something public. This person that had died hadn't been pronounced yet. Was on life support. How do you reign that in? Who do you hold accountable for that?

Both coroners and next-of-kin make decisions whether they will make a death notification in public or in private. Whenever possible, most coroners in this study believe a death notification should be made in private, to respect the next-of-kin’s privacy. One downfall for making the death notification in private, according to Georgia is getting too emotionally close to the next-of-kin. She suggested that the intimacy of a home leaves her vulnerable to getting too emotionally close to the next-of-kin. She shares, “We went to his parent's house and they were very elderly. Like in their late 80s. That one was tougher because they let us in, a little bit more. They were talking to us about their son and their struggles with him. We left there and both of us got teary eyed.”

**Face-to-face Versus Phone Notifications**

Coroners and next-of-kin work at managing distance both physically and emotionally by choosing whether to deliver a death notification over the phone or in person, which I will hereafter refer to as ‘face-to-face’. Death notifications are difficult to give and receive. The problem is compounded when distance separates those involved.

Participants in this study utilized two main methods to deliver death notifications: by phone or face-to-face. There are other ways to deliver a death notification, such as through social media as mentioned earlier or through other types of media such as news outlets. Yet, no
participant reported delivering a death notification via social media or other media sources. The methods chosen depended greatly on personal choice.

Although most coroners follow some type of office protocol for death notification delivery, several of the coroners in this study exert a considerable amount of personal agency when choosing how to deliver the death notification. According to Charmaz, ‘Deputies in county departments where policies demand that announcements of death to survivors be made in person tend to acknowledge the problematic features of making such notifications. This contrasts with the county department where notification is made by phone’ (1975, 301). According to Max when asked how his office prefers to deliver death notifications he answered, “We always do the notifications in person.” Even though the office dictates policy, not all coroners abide by policy.

When I asked participants which method of delivery was best, most coroners and next-of-kin believe death notifications should be made face-to-face. Duncan shares, “I will not notify somebody of a death over the phone unless I absolutely have to. Face-to-face, you can be there for them. They respect it more.” Troy does not like phone notifications. He shares, “I think everybody in our office feels that way. It's very impersonal. You could be alone, and there's no reason that they have to, just because I was lazy. Because I didn't want to get out of my bed to tell somebody. You want to be there for them and make sure they're okay.”

Alternatively, a few coroners said most of their death notifications occurred over the phone. According to Lindsay, giving a death notification over the phone may be easier for the notifier than delivering it face-to-face, but both are difficult. She shares, “When we do it, it's usually over the phone to extended family members.” She continues:
I admit even myself, it's very hard for me to do it over the phone. I'm glad it's over the phone, for me. Sometimes I'll sit at my desk, I'm completely professional through my voice and mannerisms, but I'm putting my head in my knee and just kind of knowing that this is hard, and difficult and the worst way it could be done. If I were on the receiving end, I would never want it over the phone. I kind of resent that my office takes on doing death notifications over the phone.

Victor shares his experience with phone notifications:

I have had to make two by telephone. The one was a wife, soon to be ex-wife. She screamed and yelled and cried on the phone and hung up on me. I thought, geez, did I do that wrong? This lady called me three weeks later and called me everything but a white person. Inhuman because I notified her on the phone. I said, “I'm so sorry that I had to notify you that way. I had no way of getting ahold of you.”

Some coroners make a phone call to the next-of-kin before they show up at the door to prompt them of what is to come. McClenahen and Lofland refer to this as ‘presaging, or dribbling out facts and pieces of information over time that lead up to and make the way for the actual bad news’ (1976, 257). According to Avis, “Once in a while the officer has already made a call or had dispatch make a call and just prep them and say there has been an accident. Your boy has been involved. We're not sure what happened and kind of pave the way.” Avis thought this may have been a good way to soften the blow of the death notification for the next-of-kin when it was finally delivered face-to-face.

Some death notifications made over the phone occur accidentally. Lorene shared how she inadvertently notified a family member when she was only trying to get some information for her
coroner case file, “So I called her phone number from my work phone. It comes up from my work phone from the county coroner's office. So, that was a heads up to her. You don't get a call from the coroner's office with good news.”

One coroner, Troy, shared his personal experience of receiving a death notification about a loved one, and why it is important for coroners to announce the death face-to-face instead of over the phone. He warns, “Please do not call. I just think over the telephone is the most cold-hearted. You don't know where they're at. They may be in the grocery store and they have to drive home. Well, now they are going to crash on their way home.” Troy and others articulate the biggest problem for giving a death notification over the phone: You do not know what the next-of-kin is doing on the other end of the phone. They could be driving, working, caring for children, on vacation, alone or any number of things. You cannot control death, but to a certain extent, you can control how the news is disseminated.

As mentioned in Charmaz, coroners develop techniques for ‘announcing death’ which ‘reflect different ideologies and organizational practices’ (1975, 302). Members of next-of-kin also develop techniques for announcing the death to others. While many believe face-to-face death notifications are best, some may choose to give a notification by phone to distance themselves from the emotional toll.

**Personhood Versus Corpse-hood**

By treating the body as an object, it is easier to process the scene and get through the investigation for the coroner. For instance, Charmaz states, “The extent to which death is externalized and separated from the subjective consciousness of the deputy is exemplified by one deputy’s statement: “That’s not a body lying there. It’s an investigation. You have to look at it as an investigation, not as a person lying there” (1975, 304). Coroners must be present on death.
scenes. In order to prevent their emotions from taking over, they must devise distancing techniques. In this case, the deputy managed distance with the deceased person by referring to ‘it’ as an ‘investigation’. It is not human. It is a thing. A job. A task to be completed. A case file.

Similarly, coroners in the current research manage distance by differentiating between a live person and a dead body. According to Troy, “In the nicest way possible, death is death.” Coroners realize they have a job to do, and they should not get emotionally distracted by the dead body. Troy continues, “I can't bring him back. For me, it's a job.” Duncan shares, “The body is just a shell. Who they were is not who they are in the end. They're gone.” Braden shares, “After a while, I don't know if you become thick skinned, but you are able to go through it and not be moved by it.” Victor offers, “I treat it as a job.” For coroners, separating the body from the person becomes necessary to emotionally distance themselves to get the job done. Several coroners call this compartmentalizing.

According to Leary and Tangney, ‘compartmentalization is a subconscious psychological defense mechanism used to avoid cognitive dissonance, or the mental discomfort and anxiety caused by a person’s having conflicting values, cognitions, emotions, beliefs, etc. within themselves’ (2005, 58). Many coroners shared, out of necessity, they separate the concepts of body/corpse from person/human. The body is the present while the person, stripped of agency, is the past. To manage distance, the two parts must be separated for many of the coroners to do their job. For Evan, “I'll allow those guys to compartmentalize that. I probably do that too. If you start walking into those scenes and getting personal, then, there's no way.” Separating personal feelings from work allows coroners to continue effectively in their jobs.

Sometimes it is difficult to manage emotional distance between a dead body and the person because his or her story hits too close to home. Clay shares, “I had the Facebook picture
of that little girl. And then a picture of her body on my desk for two weeks. It's the only two images that I had. I have a daughter that is similar in age, and I knew that this girl was just in the wrong place at the wrong time. It was no fault of her own.” Clay struggled with distancing when he could picture his daughter as the decedent, making it difficult for him to emotionally separate the two. He continues:

The trauma that you see in the faces of people. That sticks with you. Unless you're a psychopath and have absolutely no feeling for other human beings, you absorb some of that as well. Obviously not to the degree that they do. It's not your loved one. Your loved one is still safe at home, but...you still absorb some of that.

For these coroners, trying to switch off the death investigator role and switch on the compassionate human-being role takes a toll.

Many coroners share how difficult it is to distance themselves when they must travel from the death scene and the corpse to the death notification location, where the living family members are. Often, they are required to investigate a horrible scene, clean themselves up and immediately make the notification. For instance, according to Clay, “The scene had been processed about midnight. So, I had to go talk to the families. I knew that I was going to be wearing Tyvek so by the time I went to talk to them I was wearing plain clothes and soaked in sweat.” Most of the coroners expressed even the worst, goriest scenes are not as difficult to work as the actual death notifications, because the corpse is connected to living people.

Other participants speak about the division between the body and a soul as a way of managing distance. When asked what Nicole meant when she said, “Death is death. Deal with it.” I asked, “Do you mean the death of the body?” She answered, “Death of the body and death
of the bodies’ presence with you. Not necessarily their spirit. We have a soul and it continues to live.” By telling themselves there is a soul, next-of-kin can more easily manage the distance between personhood from corpse-hood. Nicole felt emotionally close to her loved one because she believed the soul lived on. The body was gone, but the soul was very much alive. In this sense, managing emotional distance became easier even though there was no longer physical touch. For many of the next-of-kin and coroners, having some belief in a soul helped them manage the loss of the body. Duncan shares, “It helps me because I know this isn't the end.”

Another way for coroners to separate personhood and corpse-hood is to separate themselves emotionally from the body and the next-of-kin. If the coroners can remain emotionally distant, it may be easier for them to carry out their job. One mother who lost her son to murder was not happy with the way the coroners informed her. They came across as cold and impersonal. Megan shares, “They just told me that they were sorry, but my son was involved in a shooting and he didn't make it. Like, just totally to have someone come and tell you something like that. It was heartless. They don't know you.” To Megan it would have been more thoughtful for the coroners to realize what type of message they planned to deliver, and to whom. She continues:

To me, they just came and did their job. There was detachment. You came in and did the job and that was it. You just went and said, oh, we have to go tell this mom her son is dead. That was it. Honestly, do I have respect now for the work they do? Not really. Do I see how we have a lot of issues with social injustice and detachment of the relationship between law enforcement and our community? Can I see how that happened? Like yes. There's my personal experience and what the perception is.
For Megan, by distancing themselves from the human element during the interaction, the coroners left a bad impression. They left a mother with additional grief because not only did she lose her son to murder, but she also felt disrespected by the coroners during the death notification. She summarizes,

Your child becomes a file. A part of a case. You're not human anymore. We went through that whole process even through the trial…I sat there for days where they pronounced his name wrong. You refer to him as the deceased. The victim. He was more than that. He was my son. He was a father. He was a friend. He was a brother. He was more than the person that you call deceased or victim. To me, that’s basically all he was. He was a victim who happened to be the son of someone you had to notify.

As evidenced by the responses, managing distance can be tough to do. It can be helpful, but it can also be harmful. For some coroners and next-of-kin distancing can be a way of managing emotionally charged moments. While it may be best for coroners to separate the concept of human and corpse, it may not be best for everyone.

**Uniform Versus No Uniform**

Often, it is easier to make a notification for coroners, if they are in uniform. Some people say it is too impersonal. Some believe you appear more authoritative in uniform, which can be perceived as good or bad. Is this a safety mechanism for coroners? Is it an effective way to manage physical and emotional distance? According to Evan, “You knock on the door and stand there with the uniform guy. I try to be in a little less intimidating uniform. It's a weird, peculiar place because you want to identify as someone official, but you also want to identify as somebody compassionate.”
Overall, coroners wear their uniform or badge to designate authority and it helps ground the next-of-kin to the gravity of the event. Braden shares, “The uniform and the badge represent an official-ness that we're speaking the truth. There's an authenticity there.” Doug shares, “I think it gives an official capacity even if I'm wearing blue jeans.” Duncan shares, “I wear a badge. I immediately introduce myself. I am usually with law enforcement. There is a uniform person, and I'm not just some crazy guy showing up with a fake badge, playing some sort of sick joke.”

Showing up in street clothes to give a death notification for many coroners could prevent the next-of-kin from trusting them, which would be a form of distancing. Trust closes the distance between the interactants.

A uniform could be a detriment when coroners are trying to manage distance between themselves and the next-of-kin. For instance, Clay shares, “I didn't like it. It's hard for them to separate. There's a cop at my door. They don't think you're showing up as a coroner to deliver a death notification. I just think it hinders the process a little bit.” According to Clay, “I've done notifications on people who are anti law enforcement. Biker gangs. They want to hear what you have to say and want you to leave as soon as you can.” In these cases, the uniform or badge creates distance immediately between the coroner and the next-of-kin.

A uniform can also be an indication of bad news forthcoming. It may be easier for a coroner to deliver a death notification in uniform or to come to the home in a marked car, so the next-of-kin has an indication of what is to come. Managing distance, in this case, refers to creating emotional space with a type of foreshadowing like *presaging*, mentioned earlier. According to Max, “They know it's not a good thing, um, when officers are there.” For next-of-kin, someone showing up at their door in uniform is foreboding. Ally shares, “I answered the door and there were three sheriffs in uniform at the door. They didn't even say anything.”
Metaphorically, the uniform creates a physical distancing barrier between the coroner and the next-of-kin. It is employed by some but unnecessarily authoritative to others.

**Scripted Versus Unscripted**

Distance can be managed if a script is delivered during the death notification. It is less personal and more professional. By scripting, Judy lays it all out for the next-of-kin. She explains, “Where it's like I have a speech. I can start from when I knock on that door, to when I leave that house, and I know exactly what I'm going to say because I've said it so many times now. It's easier.” She continues, “It’s rehearsed because I've done it so many times.” Having a script, then, delivers all the necessary information and allows the next-of-kin to digest it. Judy manages distance by staying on script; thus, obscuring her emotions.

When asked if he would recommend a script to other coroners, Rick shares, “My advice to the deputy coroners that work with me, over the years, there is no script. Because every case is different. Everybody has a different personality, religious beliefs, social beliefs, right down to their own beliefs. You can't walk in with a set script, or you're going to get beat up.”

For others, going to a death notification with a script might be a good way to approach the family, but it may be unrealistic to try to stick with it. Often the next-of-kin dictates the exchange. Becky shares:

The script is as far as, “Hi, I'm Becky from the coroner’s office. Would it be all right if I come in and talk with you?” Because I've had to pick too many people off up of the threshold. They'll be like, “It's bad, isn't it?” Well, the coroner is at your door, it's never good, right? But usually, I never have [a script].
In the military, protocol dictates how to speak to next-of-kin. When asked if he uses a script, Ray responds, “The answer to that is, it depends…If you're not the person's commander, there's a set script. If you are, they send you in there with mere guidance. I even think they send instructions, “Don't touch them. Don't hug them. If I remember correctly.” Distance is managed through official military protocol. The message is: Do not get too close. State your business and leave.

One way for coroners to manage emotional distance is through the strategic verbalization of notifying. Scripting for them may not be possible but avoiding euphemisms and being blunt is a way to manage distance (Eth et al. 1987). Some coroners believe the best strategy is to dispassionately ‘pull off the Band-Aid’ when announcing the death. Although most could not decide if ‘pulling the Band-Aid off’ was better for them or for the next-of-kin. It is a way to create emotional distance. According to Max:

The one thing that I did learn was, and this was advice from the sergeant, was that you don't beat around the bush when you get there. You just be very, very direct and don't hedge and smokescreen. I don't know if it's for your own sake, to make it easier for you to give this bad news. Or, in our minds if we think we're doing that to help the person.

For others, a script is not the answer. Zac prefers to wing it. He shares, “To me, it's almost an off-the-cuff thing when you're dealing with them, especially face-to-face. There's no real script for that. Depending on the mentality, I mean the economics, the socioeconomics, the ethnicity, I mean there's just too many variables there.” Becky shares, “Honestly, I don't think you would stick to a script. I think that you don't know what you're going to say, because until they open that door, or until you go in the same room they're in, you don't know what you're
going to say.” The anticipation of wondering how the next-of-kin are going to respond is part of what makes the death notification so difficult for coroners.

For Vivian when asked if the coroner was careful with his words, she answered:

It seemed really heartfelt. Off-the-cuff and heartfelt. I can't explain it, but just like super empathetic. I mean, it stayed with me the whole time. I've said it again and again to people like...it changed my whole perspective on both of those jobs. Being an officer or being a coroner.

For Vivian the unscripted death notification felt more heartfelt than official. If the death notification is off-the-cuff, the coroner seems less organized but ironically more human. It draws next-of-kin close if they see you are human; capable of feelings and emotions.

**Anger Versus Humor**

Distance can be maintained with anger. If you push people away or act out in anger, it is a way to physically and emotionally distance yourself from them. Their reaction to you is to pull away to maintain safe distance. Vivian’s mother completed suicide. She explains the anger she has for her mother, not just since the suicide but before then:

It's really hard to have somebody that was such a fucking good faker. Yeah, she hated me since I was a baby. She thought I was part of a conspiracy, literally. To have an upbringing like that with everybody going, “*Your mom loves you so much. She has such a*...

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1 According to grief facilitators, the term completed suicide is preferred over committed suicide because suicide is not a criminal act. Additionally, many individuals attempt suicide but those who carry it through to death are known to have completed the act of suicide.
"big heart." What are you talking about? And, to have those law enforcement people, all these people, who saw what she's really fucking like. Mean, that's what...mean.

Vivian did not need the justification from the coroners, but she felt relief others got to see the truth as she saw it. She shares, “I had walked through life with the assumption that nobody believed me.” Vivian distanced herself from her mother in life, to protect herself. Since the death, she feels others now understand her anger. Distance in death may bring healing.

Coroners shared some of the angry responses to death notifications. According to Ray, “I've gone to houses where they wouldn't let me in. They open the door and spit on me.” Sid barely got out of the way of a flying cell phone. He shares, “I see her cell phone go right by my face. That was the worst because I've never had stuff thrown at me before. I mean I've had screaming before, but never really directed at me as much before.” Evan shares, “I've been hit.” Doug recalls, “Our police chief has experienced that where someone became instantly combative.” Others get hate mail. Becky shares, “I'm getting hate messages. They get verbal and near abusive. But you got to look at it and go, how would you react if someone showed up at your door telling you the worst news you've ever head.”

Most of the coroners said they understand where the anger comes from. It is a very emotionally charged moment, and people do not know how to respond. Judy shares what most other coroners said, “We understand that they're not necessarily angry with me, but the situation. But it doesn't always come out like that. It comes out towards us, and so we just have to separate it.” Understanding anger and how it helps to manage emotional and physical distance is useful for coroners and next-of-kin.
Humor can also be used as a strategy to emotionally distance oneself from difficult situations. Zac joked, “I just kind of make it funny. I use comedy or alcohol.” Coroners laughing with other coroners on a bad call can bring them closer. It is camaraderie. Contrarily, bad humor can emotionally or physically distance people if it is used inappropriately. Evan shares, “There's dark humor that these guys use. We all use it at times, but there's a line. It's like walking into the front of the church and giving everyone the finger and can't figure out why they don't want to listen to what you have to say.” Humor is a coping mechanism that will be further explored in Chapter 5 on managing responsibility. During the research, many participants laughed when sharing sad or terrible moments. Smiling and laughing with someone is a way to close the emotional and physical distance death creates.

**Strangers Versus Acquaintances and Estranged Versus Intimate**

Distance can be managed by knowing the death notification will be made to a stranger as opposed to someone you know. According to McClanahan and Lofland, strangers are people they had no complicating involvements with (1976, 254). According to Lindsay, “We do most of ours out of the blue to family members who we know usually nothing about.” Doug explains, “You have to be able to enter the person's household that you never met before.” Zac shares, “I think death notifications are personal between two people that don't know one another. Unless you just happen to know, but 99.9% of the time it's between two people or one person who have never met each other. And they're taking each other at face-value.” Emotional distancing can be easier for coroners if the next-of-kin are strangers.

For coroners, knowing the next-of-kin can be helpful or harmful. Fran shares, “If you already have a relationship and it's a good one, that's helpful. But if it's a negative one, which luckily, I haven't had to deal with yet. I think eventually I will have to face that as a prosecutor. I
will eventually have to go out and give them a notification. We'll see how that happens.”

Coroners must be able to give a death notification to both strangers and non-strangers. How they manage the personal distance remains up to them.

According to Ray, who is a military commander, “I think the challenge for us is, when we do it, we know the person. And when it happens to us, we're part of the investigation to what happens to it. So, it's hard for me, in both of my situations, to separate the personal and the intimate knowledge of what's going on with it.” For Ray, all his death notifications have been to non-strangers. It makes his job more challenging because each one of his death notifications sticks with him in an intimate way. Knowing the next-of-kin makes managing distance more difficult.

Emotional and physical distance can be managed when next-of-kin is estranged from family members. Emotional distance can be managed when the next-of-kin completely disengages from their family member. In some cases, they no longer have feelings for them. Pru shares:

I would say at the time of his death, there was no relationship at all. It was very estranged. Had been for years. There wasn't any communication due to his circumstances and my past relationship with him. Him being homeless, there wasn't really any way to contact him except through my uncle and that relationship hadn't been very strong. And just no desire to be in touch with him. There was no feeling there. He was just the man that gave me life.

After his death, Pru felt she could get close to her family members again without feeling like she would have to encounter her father. She explains, “I was terrified of having anything to do with
my father, so I stayed away from my uncle and family. But once he died, I reopened that relationship. The fear factor was not there any longer. I felt like I could be more expressive.” Pru’s estrangement from her father helped her distance herself both emotionally and physically from him. He was a stranger more than a father. Therefore, when she found out about his death, she hardly paused to grieve. She grieved for her father no more than she would grieve for a stranger down the street. When a death occurs, next-of-kin can decide whether they want to close the distance.

**Home Versus Away or Being there Versus Getting there**

The last property of managing distance concerns actual physical distance. Death notifications are mostly delivered face-to-face or by phone. As discussed earlier, often a phone notification is made to the next-of-kin because they are not close to the decedent either emotionally or physically. If they are physically distant, then a decision needs to be made whether the next-of-kin is going to make plans to get close to the decedent. For instance, can the disposition of the body be handled by phone or does the next-of-kin need to come to the location where the body is being held? This question will be answered more thoroughly in Chapter 5 on managing responsibility. For now it is a consideration for the next-of-kin. This is also a consideration for the coroners as they need to know who will be taking responsibility of the remains once their investigation is complete, as elucidated in Charmaz (1975).

For some next-of-kin it is important to see the body. To touch it. To make the death real. For closure. In order to do so, they must get close to it. Coroners often need to manage the distance between the next-of-kin and the body, for the next-of-kin’s sake. For instance, if the body is horribly disfigured many coroners will refuse to let families see it. Duncan shares:
The hard ones are where somebody wants to see their family member. So far, I've been successful in preventing people from wanting to see their loved one, particularly in bad car wrecks or accidents. I tell them, this is probably not the way you want to remember them. Because it's graphic for them. And that's what they're stuck with and they wish they could go back and unsee what they saw.

Many coroners believe it will do no good for the family to see a disfigured body (Stewart 1999). However, some coroners and next-of-kin disagree. For some coroners, seeing the body is healing for the family (Alexander and Klein 2000; Von Bloch 1996; Worden 2005). Avis shares:

I finally said to her, we're going to take the boys to the mortuary, why don't you and your husband drive down there and then we'll talk about you seeing them. Let us get them cleaned up and let us make something that you can at least see. She asked me, at first before she'd seen the body, if he was terribly broken. I said, once we got him cleaned up. Got the blood off his face, he doesn't look so bad. You're probably going to be able to recognize him. He may have a bump or two but it's going to be okay. You're going to be able to see him like you're going to remember him which is wonderful compared to having to tell somebody that I don't even think you should look.

Some coroners and next-of-kin believe just being able to see a small part of the body would give them peace. Victor shares:

The funeral director was able to cover him completely and there was one foot that was still intact. The parents were able to come in and touch the one foot. In fact, I talked with the dad a week and a half later and he said I really appreciate the way you guys did [it].

We were able to go in and even if we couldn't see the rest of him, we were able to touch his foot and know, yes, that's our son.

The family was not present when their son died, but it was important for them to be near him at death. For this family, being able to be close enough to touch their son one last time was more important than not. The risk for seeing a body in this condition is something the family will have to remember for the rest of their lives. This will be discussed further in Chapter 6 on memory management theory.

A death notification is also made by next-of-kin to others. Once they learn about a death, they must notify others. How next-of-kin and other loved ones respond to the death notification in managing distance provides another set of problems for individuals involved. For instance, if next-of-kin receives a death notification when they are away from home, how will they respond? Marisa’s neighbor called and told her to come home immediately. Her mother wanted her home. She asked her neighbor what was going on, and he told her to just come home. Instinctively, she knew something was horribly wrong. She said, “Where is the body?” To which her neighbor just told her, “Come home.” Her gut screamed her father had died. She was driving in four lanes of traffic when she received the call. She sped up and slowed down. Her imagination ran wild. She was distracted. Managing distance became a safety issue for Marisa. The drive home was agonizing. When she arrived home, she found her father had, indeed, died.

Closing the distance is important both physically and emotionally. When someone hears about a death, often his or her response is to immediately get in his or her car or buy a plane ticket. They need to be close to their loved one, to support them. According to Liv, when she notified family and friends of the death of her partner they said, “Oh my gosh, I'll be right there.” Vivian said as soon as family and friends found out, they began making plans to come to her.
They told her, “I'm coming right now, or I'm going to fly home. So, you start worrying about their plans and what they're doing.” Although it may be wonderful for next-of-kin to have family support, it also gives them something else to worry about.

**Consequences of Managing Physical Distance for Coroners and Next-of-kin**

Physical distance can prevent people from human touch and important social interactions. Physical distance can also prevent someone from getting too close to others. Self-protection. It may be helpful or detrimental. If someone is going to do someone harm, then physical distance can be a safety mechanism. Physical distance can be frustrating when you are trying to notify next-of-kin about death or if you want to be near loved ones. Estrangement and homelessness create challenges for managing distance both physically and emotionally. If you do not know where someone is, you cannot get close to them. You maintain distance. The consequences are, you have lost touch with them, which can be good or bad.

**Consequences of Managing Emotional Distance for Coroners and Next-of-kin**

Emotional distance can result in next-of-kin not feeling empathy from coroners or family members during the death notification processes. Emotional distance may be pleasing or miserable. It depends on how the distance is managed. If you shove your feelings down, you can distance yourself from your job, family, and social life. Emotional distancing can result in suicide. More on suicide in Chapter 6 on memory management theory. Emotional distance can be a result of estrangement, loneliness, pain, conflict or other things. It can also provide a sense of relief as you do not have to worry about the person anymore.
Conclusion

This chapter introduced an innovative coping theory, referred to as distance management theory, to epistemologically ground death notification interactions in the anthropological literature where none existed. Using qualitative data from interviews and observations, I gathered the corpus of data necessary to construct this theory. Distance management theory demonstrates how both coroners and next-of-kin maneuver the physical and emotional distance between themselves and others during the death notification interactions and processes. The theory elucidates how participants exert autonomy, agency, and resistance strategies to manage distance.

Death is certain, inescapable, and burdensome; thus avoided. Nevertheless, when a death occurs, the news must be communicated to family, friends, and other community members. Who should deliver and receive the notification? When, where, and how should it be delivered? Is there a wrong or right way to deliver a death notification? These, and other, questions were asked and answered during the research. The constant, pervasive theme of navigating physical and emotional distance dominated much of the research. Because death is unavoidable, distance management theory provides a way to cope with interactions surrounding it.

Under the conditions of the theory, I illustrated how distance management might arise, change, or maintain to shape difficult interactions during notification processes. I also presented examples of the properties of the theory and how individuals attempt to navigate distance between themselves and others through comparisons of distance management approaches (i.e., strength versus weakness; public versus private; face-to-face versus phone notifications; personhood versus corpse-hood; uniform versus no uniform; scripted versus unscripted; anger
versus humor; etc.). For instance, in the face-to-face versus phone notification approach, participants often expressed a preference for one type of delivery over the other. They revealed how their preferences may change with each death type, occurrence, and mindset. For instance, many coroners find it most difficult to deliver a face-to-face notification in the case of a young person’s suicide. Moreover, the difficulty of the notification is compounded if the coroner has been inundated with other death notification processes. If coroners find it difficult to give death notifications face-to-face, they may elect to distance themselves by making the notification by phone; often disregarding office policies and procedures. Others may choose to follow office protocol and deliver the death notification in person, even if they perceive it to be especially difficult or harmful to them. They close the distance between themselves and next-of-kin out of a sense of duty rather than personal unease. I will explain this last concept of duty in the following chapter on responsibility management theory.

Likewise, once next-of-kin receive the death notification, he or she must choose how to deliver it to others. Several participants considered face-to-face notifications to be more personal and heartfelt. Despite that, many chose to disclose the death to close family members or friends over the phone. When asked why, the answers ranged from, “I wanted to do it quickly. Before they found out from someone else,” to “It was too hard to look them in the face.” Conversations about death pose difficult decisions for those who must engage in them. Whether we decide to make the notification over the phone or face-to-face, we necessarily engage in distancing strategies to help cope with a difficult situation. Sometimes the coping strategy is to physically or emotionally decrease the distance by getting close(r) to others, while other times it feels best to increase the distance.
In previous death notification studies, distancing was perceived to be a helpful coping mechanism employed to prevent burnout or secondary and/or vicarious trauma. Physical distancing, such as vacations or time off, ostensibly helps notifiers and other caregivers remain in their careers longer. However, few studies addressed emotional distancing. Furthermore, is there any proof physical or emotional distancing is an effective coping strategy?

Distance management theory explores how these coping strategies can be effective or ineffective before, during, and after death notification interactions. For example, an ineffective emotional distancing strategy is the use of alcohol or drugs to forget or numb feelings. It is often temporary, and fixes nothing. It often leads to job loss or worse. Whereas an effective emotional distancing strategy might be the use of humor as a coping mechanism. It can be applied often, and it appears to be helpful to many participants. As explained in the chapter, participants constantly manage distance by choosing to get closer to or further away from others, physically or emotionally. Whether these coping strategies are effective or ineffective depends on the person and the situation. This research shows how distance management theory helps understand death notification interactions between coroners and next-of-kin in the US, but we could also apply the theory to death notification interactions in other cultures around the world. Undoubtedly, it has a much wider application in both academia and diverse community-based professions.

What are the academic applications of distance management theory? Distance management theory could be used in several different fields and disciplines. For example, it could be applied to anthropology fieldwork, which demands adept interpersonal skills, particularly when researching sensitive or controversial topics. Often researchers need to pull away or distance themselves from their informants while in the field, but do not know why.
Distance management theory could help them understand this desire and what they can and should do about it. Furthermore, most qualitative fieldwork requires the researcher to be ‘self-reflexive,’ but not many disciplines teach how to accomplish it. Distance management theory could provide a new approach to this topic.

Further academic application of distance management theory could be in the fields of medicine, sociology, psychology, politics and government, human ecology, gender and sexuality studies, biological sciences, forensic sciences, Thanatology and end-of-life studies, transhumanism, and many other fields. Within each of these fields of study is a practical application for the use of the theory.

What are the practical applications of distance management theory? An understanding of how to manage both physical and emotional distance can be useful when working outside of academia. For instance, professionals working with marginalized persons, children, elderly, disabilities, illnesses and other issues could benefit from recognizing how distancing may be used as a coping mechanism. At the same time, understanding not all coping mechanisms are effective. Knowing this helps professionals work with diverse individuals from different socioeconomic, ethnic, religious, and cultural backgrounds. It can help them communicate more effectively, remain responsive to others’ needs, and collaborate better with individuals or teams.

This chapter examined the definition, properties, conditions, and consequences of distance management theory and its potential applications. Distancing was enacted to manage and even prevent the interactions involved in the death notification processes. Both coroners and next-of-kin make decisions and choices on how to distance themselves from others. Because no theory existed to explain the phenomenon of distance management surrounding death notifications, I constructed one from the ground up. The theoretical potential was there, but it required engagement and construction. By researching
cultural interactions and behaviors before, during, and after the death notification I was able to systematically shed light on the problem.
CHAPTER FIVE: RESPONSIBILITY MANAGEMENT THEORY

Introduction

This chapter introduces responsibility management theory. Responsibility is defined by Google Dictionary as: 1) the state or fact of having a duty to deal with something or of having control over someone; 2) the state or fact of being accountable or to blame for something; and, 3) the opportunity or ability to act independently and make decisions without authorization (Google 2019). Broadly, managing responsibility refers to how individuals acknowledge/accept/bear or act-on the real or perceived duties or obligations they face.

Definition of Responsibility Management Theory

For this study, the concept of responsibility management theory refers to how participants acknowledge/accept/bear or act-on the real or perceived duties or obligations faced during the death notification processes. Responsibilities can be externally, internally, or dually imposed. Externally imposed responsibilities are those expected of you by others. For coroners this may include all job duties necessary for carrying out the death notification interactions and processes as well as personal responsibilities. Internally (self) imposed responsibilities are those an individual holds oneself accountable for such as being moral and ethical.

Of the twenty coroners taking part in this study, nine identified as law enforcement while the other eleven coroners identified as civilian coroners. The civilian coroners included non-law enforcement elected officials, appointed deputies, military personnel, prosecutors, death investigators, and chaplains. According to many of the law enforcement coroners, they have more experience with death than laypeople, and; therefore, should deliver the notifications.
Contrarily, many civilian coroners believe that death notifications should be delivered by someone caring and empathetic, and that may not always be a law enforcement officer.

Most coroner calls begin when dispatch notifies them of a death. Death does not keep regular office hours. Calls come in 24 hours a day, seven days a week. Many of the coroners work a regular shift or are ‘on call.’ Once the death call is dispatched, the coroner begins managing responsibilities of the death notification and the broader death investigation. On October 26, 2004, while interning with the Yellowstone County Coroner’s Office, I drove past a death scene. Police officers and medical personnel were on scene. A body, covered with a white sheet, was lying in the roadway. Yellow crime scene tape separated the on-lookers from the officials. I pulled into the parking lot near the death scene and called the coroner. I asked, “Should I just wait here for you?” He said, “Nope. We don’t go until we are called.” I drove to the coroner’s office not quite a mile away. I no sooner got in the door when we received the death call. The coroner said, “Now we go.” Unless the coroner is a member of law enforcement working the case, he or she must wait to be called to the death scene. Managing responsibility of death notification processes begins for coroners when they are dispatched to a death, and for the next-of-kin when they receive the notification.

**Under What Conditions Does the Theory Arise, Change or Maintain?**

Responsibility arises from both external and internal pressures. Responsibilities can be imposed by superiors or those in positions of authority (external). Responsibilities arise when something needs to be done. Responsibilities can also arise out of personal, moral imperatives (internal). We can feel responsible for something but not necessarily have a duty to do anything about it. Responsibility arises in this study when death occurs, and participants must act. Do they
act because they feel they ought to? Or do they act to satisfy others (e.g., family, friends, government, job, society)?

Responsibility changes when the individual has completed the tasks, lets himself or herself off the hook, or passes the baton to another. Responsibility changes when notification goes from coroner to next-of-kin, and next-of-kin to others. Responsibility can change when someone has had enough and quits.

Responsibility is maintained when the coroner must go from death to death. The responsibility is maintained when the pressure remains on the participant to meet expectations or duties either internally or externally imposed.

**Properties of Responsibility Management Theory**

When determining properties of responsibility management theory, I utilized constant comparison techniques, per the tenets of grounded theory research. I theoretically sampled to maximize differences and similarities in the data. As the category emerged through initial and focused coding and memo writing, I recognized how participants struggled to do the responsible thing before, during, and after death notifications. In doing so, these participants either knowingly or unknowingly enacted managing techniques. Most often, out of a sense of personal, moral responsibility rather than out of duty to perform a job as will be obvious in this chapter.

**Of Personal Beliefs During Death Notification Processes**

Many coroners reveal their personal belief systems help them get through the difficult times. Although most coroners try not to let their personal beliefs interfere with the death notification interactions and processes, some share how certain manners of death make managing
the responsibility of separating the job from their beliefs more difficult. When asked what the most difficult manner of death is to process Evan answers, “Suicide.” He admits:

Suicide makes me angry. I think it's a cheap way out. I'd say on the majority of suicides, it's selfish. I have that little compartment that's angry enough at the person that pulled the trigger or took the pill. And, in the back of my mind, I'm thinking you put me in this position, and it isn't fair.

Others share similar beliefs about suicide when managing the death notification processes. Troy shares:

Suicide. It's such a ‘me, me, me’ thing to do. Woe is me, I'm going to spread my third-grade math all over the walls and show you. Or, I'll be sensitive and do it in my car, in the woods. Somebody has to peel me out two weeks later when I'm a festering blob. It's such a selfish thing to do.

Becky shares, “Suicide. It's very confusing to me. I can empathize with it, but I don't understand it at all. So, it's hard to assign rational thought to something I see as irrational.” Coroners are responsible for separating their beliefs from their job during the death notification interactions and processes. Some can. Others cannot.

It is as important for coroners to understand other cultures, ethnicities, and belief systems as it is to understand their own. For instance, do other cultures perceive suicide as a selfish act? What about assisted suicide? For the Chukchi of Siberia, ‘the wish to die at the hands of a close relative’ is a ‘heroic act,’ ideally performed when one is aging and closer to death (Willerslev 2009, 695). Comprehending cultural similarities and differences is just one of many challenges coroners face while managing responsibilities of the death notification processes. This study,
which seeks to situate death notification research in the anthropology of death, will help show how the anthropological approach differs from other disciplines in its holistic approach.

**Of Safety of Self and Others**

Coroners are responsible for managing the safety of themselves and others during the death notification processes. For coroners who are law enforcement officials, safety comes first. Troy shares, “We are always the cops. When I go into coroner calls, I have a badge and a gun on.” Coroners must also walk the line between safety and compassion. According to Georgia:

We're taught that you don't touch people or hug people. Or let them get close to your guns. But you have to understand where you're at and your audience. They're not grabbing you to take your gun. They're reaching out because they need a hug. They need some human touch.

For non-law enforcement coroners, safety is also key. For Becky, managing responsibility means not being afraid to take someone with her during the death notification processes. She explains:

Don't be afraid to take help. I have. Probably on 50% of my calls, I give law enforcement a call. I never do one after dark without law enforcement. Never. They see the badge first. Officers have the pretty shiny cars with the lights, coroners don't have them. So, if it's after dark, take a cop. Keep yourself safe. Don't ever think you know what you're walking into. It's very unpredictable.

Coroners are also responsible for managing the safety of the public. This often means keeping the next-of-kin and others away from a scene or the body until it is deemed safe. For
instance, Clay shares his experience when he showed up to a death scene with toxic chemicals involved.

We get to this house and we’re all standing around. The hazmat people were wearing their protective gear and saying "It's bad. It's an acid and a base. They'll cancel each other out, eventually, but in the meantime, when they make contact...they put off a really toxic reaction.” They're telling us of the safety hazards about being around this stuff. About thirty minutes later they come out and tell us “It's okay to go in.” Thirty minutes ago, it was going to kill me and thirty minutes later it's okay? I don't like this plan. Nevertheless, I had to go. We put on Tyvek suits but not respirators.

Clay felt responsible for doing his job, but he also felt unsafe going into the toxic scene. He was torn between the authority of the county and his over the death investigation. Managing responsibility often means making tough decisions affecting safety of self and others.

**Of Investigating Manner and Cause of Death**

Managing the responsibility of investigating the manner and cause of death is one of the most important jobs for a coroner. “The coroner’s job is to determine cause, manner, and mechanism. The death investigator is to determine if there is a crime. If a crime took place, it is a separate investigation.” Troy explained. According to Clay, “The coroner has jurisdiction to determine cause and manner of death.” Referring to the death scene involving toxic chemicals, Clay explains, “No one could disturb the scene until I was able to get there and try to identify the bodies and determine cause and manner of death.”

Investigating the manner and cause of death can be time consuming for the coroner. According to Max, “Sometimes we do get tied up in the waiting game. Dealing with the Crime
Lab. And that's not really a knock on them. It's just the process and things take a long time.” Coroners are responsible for managing the case but also keeping the next-of-kin informed.

Managing the responsibility of investigating manner and cause often involves speaking to doctors and the next-of-kin, but also researching medical and other documents. Cassie explains:

We're trying to get more information. Do you know who their doctor is? What kind of medical treatment are they under? The doctors are good about that. But, you need the family. Because a lot of times, somebody died of an overdose. Suicide, accident? We don't know. There's no note. So, now we have to piece together. Have they ever tried before? Do they have mental history?

According to Fran, “The investigation part is very interesting. But the notification is very difficult.” While the coroner is investigating the manner and cause of death, they must also decide how they are going to manage the responsibility of announcing the death to the next-of-kin. The role of the coroner often shifts from investigator to death notifier.

Of Locating Next-of-kin and Announcing a Death

One of the most difficult responsibilities for the coroner is locating next-of-kin and announcing the death. Victor shares, “Some time or another, in all of our lives, we're going to have a death notification.” Many individuals will receive a death notification, but fewer will be tasked with delivering one. According to Fran, “To me, it's the absolute hardest part. The rest of it just doesn't bother me at all.” Evan shares, “There are times I feel like the Grim Reaper.”

Whether or not the death is expected often determines how difficult the notification will be. Sharla shares an experience she had as a nurse, when she had to inform a husband his wife had died, “I think he knew she was very sick, but people have this misconception that once you
get to the hospital, they [doctors] know what they're doing. But we can't always work miracles. We do our best. Our best wasn't good enough that night.” The responsibility of notifying is not always by choice, as in Sharla’s case, but becomes necessary due to the proper person being unwilling or unable to tell (Clark and LaBeff 1982).

Coroners manage responsibility when locating next-of-kin and deciding how to notify them. According to Rick, “Your anxiety level is really high because, again, you're walking into a situation you have no answers for…You're going in blind. And, your anxiety level is pretty high. And, they don't know you either. You get, not agitated, but the anxiety level is pretty high.” Anxiety and anticipation build until someone answers the door. Judy explains:

The knocking on the door is just the most horrific part of it. Just the anticipation for who's going to open that door. I think that is the worst part. Until you've had to do it, you will never understand. I can say that I've never received a death notification, but in five years and two hundred plus notifications, the anxiety and the chill never go away.

According to Zac, “I'm confirming who you are and then I'm going to tell you the worst news of your life. The only thing I can do after that, is stand there and wait for a reaction.” Rick shares, “And, you're sitting there, again, delivering the worst news that these people have ever heard in their life.” Clark and LaBeff share, ‘Carrying their own fears and insecurities into this situation, deliverers appear to have a normative expectation that they not only must deliver the news, but must manage the total situation, as well’ (1982, 369).

**Of Dual Roles**

One difficult aspect of managing responsibility for the coroner is the dual role of investigating the death scene and then doing the notification. Clay shares:
So, if you have to do a death notification, just tell someone that their loved one has passed. That, in and of itself, can be difficult. But I think what people don't understand is the compounding affect that dealing with the dead body and the often times blood and gore and smell that goes along with even the dead body...in the place that it's located....and then going immediately from that, to having to sit down with the family and having to explain to them. The compounding effect of those being stacked upon one another can't be understated. ...When medical examiners or doctors autopsy bodies, it's in a nice, clean sterile environment. When coroners inspect remains, it's not. It's in the place where they were located, which is often times very unpleasant. It is a whole other layer of having to deal with the dead body when you're doing it on the scene. And, you have their remains literally all over your clothes and in your nostrils and on your hands...on your boots...and all over you......The tough part about death notifications is they take place immediately afterwards, as quickly as you can, you need to find the family and let them know what happened. Which means you go right from that experience to now having to sit down with the family and tell them what has happened.

This dual role, as expressed by Clay, can place a bigger burden of responsibility on coroners who must not only deal with the corpse, but also with the family who needs to be notified. The dead rely on care from the living, but the living also require care.

**Of Remaining Professional and Managing Emotions**

No matter how difficult it is to deliver a death notification, coroners feel responsible for remaining professional during the process. Doug shares, “I don't get emotional through it. Although some of them are heart-wrenching.” Fran explains how the responsibility comes with
the job, “I think you can just say, well that was a crappy day. My job comes with that. It's what you sign up for. You can't get emotional about it, or you can't do it.”

For others, it is not always easy to remain professional when emotions take over. For Rick, “The situation dictates your emotional level too and some get really emotional.” For most of the coroners, the duty to remain professional in a job fueled with emotion is demanding. Managing responsibility means striking a balance somewhere between being professional and being the compassionate messenger.

Of Shielding Next-of-kin from Pain and the Media

Managing responsibility often requires coroners to try to shield next-of-kin from pain while still being truthful. According to Braden:

The sucky thing about it is, for me, here's my job. I will tell you as little or as much as you want to know. But my commitment to you is that I will arm you with the truth. And that truth will be painful. I know that I'm going to hurt you when I do that. But at some point, the truth will be valuable. And it will help you with this journey you will be on. I say, I'm sorry but I've just put you on a journey. And it's something that we sign up for when we become part of a family. We don't think about it until this day comes.

For some coroners the responsibility of shielding families from pain may also require withholding or masking the truth. For Georgia, “You have to decide if you're going to give them the ugly truth or if you're going to mask certain things and kind of figuring out how they're responding to that information and figure out what you want to tell them about how their loved one died.”
Managing responsibility may also require coroners to shield next-of-kin from media or those who prematurely post information on social media. In one instance, a reporter wanted to publicly release the names of the decedents before the coroner or family were prepared. He believed since it was already visible over social media, he would be justified. Clay explained:

One of the reporters said, “We've decided it's time to release the names of these two people.” And, I said, “Oh you have, have you? I'm the coroner and by state law only I can do that, so how do you think you're going to accomplish this?” He's like, well everybody knows, it's all over social media. I said, “Here's the deal: the family hasn't told all of the relatives because they're still holding out hope. They're suffering through an extremely difficult situation here. You doing this is going to make it incredibly difficult for them. He said, “Okay, but we're going to do it anyway.” I said, “Okay.”

Clay continues:

I called the families and said, “So you know, this is what the Globe is planning on doing. They said, of course, they can't do that. I can't stop them. You can't let them do that. But, here's his name, address, and phone number. So, they showed up there, screaming and yelling and threatening to sue everyone at the Globe. So, the reporter called me back and said thanks for turning the family onto me, like that. I'm like, well you had it coming. That's the most unethical thing I've ever heard of in news media. So, he called me back late that night and said my editor says he isn't running it. I said good idea because you were going to lose that lawsuit.

Experienced coroners understand how vulnerable next-of-kin can be during the death notification processes. They have no professional obligation or duty to protect next-of-kin from pain or the media, but they often express their moral obligation to protect them.
Of Asking and Answering Questions

Managing the responsibility of asking and answering questions can provide its own set of challenges for coroners. According to Judy, “Every family member wants to know what happened to their loved one. Why their family member had to die. They ask all these questions and I don't have answers immediately for them. And, I think that's difficult for us as well to leave somebody with no answers.” According to Clay, “Of course, they always have lots of questions. And you have to try to explain in the most tactful way that you can, to not create even more trauma for them than they're already experiencing.” Coroners are responsible for not only answering questions from next-of-kin, but also asking difficult questions in order to determine the cause and manner of the death. Their investigation requires them to dig deeper.

According to Zac, “Get the information you need from them to continue your investigation. You can't answer the questions they're going to ask you, intelligently, until you digest who, what, when, where, and why.” Lindsay shares the importance of getting her information first before she loses control of the interaction:

I think sometimes it's a little unfair, I admit, because I have to get what I need from them, and then I'll answer their questions. Because I don't want to risk losing them and then never hearing from them again. Them not calling back and we don't have any progress on the case. Because I know, based on my experience that once I start going into their questions, they can go off on a tangent. What happened? Where is he?

For Lindsay, it is her responsibility to stay on task. Coroners responsible for getting answers may not understand how important answers are to next-of-kin. I will cover the next-of-kin perspective later in this chapter.
Of Getting Help for Next-of-kin

Managing the responsibility of getting help or support for next-of-kin is both internally and externally imposed on coroners. Some jurisdictions require family or friends to be present with the next-of-kin for the death notification interaction. For example, according to Doug, “A lot of times it’s mostly lining up family members and making sure they have the support there when you deliver it.” Other jurisdictions or coroner offices require the coroner to wait with next-of-kin until family members or friends show up after the death notification, so they are not left alone. Judy shares, “We do have the care team in our county where we have volunteers who are civilians who are trained to sit with those family members and explain next steps to them and just be a person there, for them.”

Sometimes the coroner offers to call the next-of-kin’s family members, friends, or clergy for them. This is not part of an externally imposed responsibility, but more of an internally imposed one. They do it out of kindness and compassion. Other coroners will stay with next-of-kin for as long as it takes. According to Max, “The most important thing is to take your watch off. The clock doesn't matter. You might be there for thirty minutes. You might be there for five hours. It doesn't matter. Be there to help facilitate them and the family through that process.” For most coroners they do whatever it takes to help next-of-kin get through this difficult time. Cassie shares:

Sometimes you dial the phone for them because their hand shakes so much. A lot of times they hand you the phone in the middle and you finish the conversation. You take the dogs outside to go potty. You get them a glass of water. You hug them. You let them tell stories about their loved ones.
Several coroners stayed with next-of-kin because it is what they would have wanted for themselves or loved ones. Occasionally, next-of-kin will tell coroners they have no one. According to Evan, “I can't tell you how many times someone says, I have nobody. How can I leave them there? There have been times when we've had to leave a husband by himself. And that's the worst. Cuz that would be the end for me. I don't know how I'd cope.” Managing the responsibility for getting next-of-kin help often means you leave feeling satisfied. Or, unfortunately, believing you could have done more.

**Of Helping Co-workers and Peers**

Coroners often feel responsible for helping their co-workers and peers through difficult times. Not just physically, but emotionally. Even if they do not ask for help. Often, it means being able to read the other person. Braden explains:

> Our agency, we usually police our own. And so, we have other coroners and enough deputy coroners that we look out for each other. I'm very aware if my guy has three suicide gunshot wounds to the head. I'm checking in on him. I tell his sergeant, check on him. We check in, because we care about them. We don't want something stupid to trigger a self-destructive behavior. We don't want this to, if you try to bottle this stuff up, it leaks out.

For Evan it is important for his peers to take responsibility for asking for help. He shares:

> Say, I had a tough day. And, then accept that compassion. Don't play cop and go...well, that's what we signed up for. Every frickin time. No, you didn't. It's nowhere in the job description. You can't find it anywhere. It's nowhere. You did not sign up to do these things. You signed up to be the sheriff’s deputy. As a human being, that is an ignorant
cover up of saying I'm fine as you stand there with a gaping bloody wound, and
everybody can see that you're not fine. And, you look foolish. And, when you look
foolish, you do foolish things.

Ostensibly, managing internally imposed responsibility for others’ well-being is
something coroners feel passionate about. Managing their own well-being is another matter
altogether.

Of Coping

Managing the responsibility of coping with difficult death notification interactions and
processes is crucial for coroners. They adopt coping mechanisms. Several studies address
coping strategies, devices or mechanisms used by those who must deliver death notifications
(Ccharmaz 1975; Eth et al. 1987; Glaser and Strauss 1968; Leash 1995; Levetown 2004; Lord and
Stewart 2008; Miller 2008; Ombres et al. 2017; Ponce, et al. 2010; Riddle 1999; Schumenan
2008; Stewart et al. 2001). Coping refers to how individuals contend with difficulties. These
mechanisms can be helpful or harmful. If they are harmful, it can be detrimental to selves or to
others. On the other hand, helpful coping mechanisms can make coroners’ and others’ lives more
manageable.

When asked what kind of coping mechanisms the coroners use, I got mixed answers.
Several mentioned positive coping mechanisms such as: listening to music; reading; playing
video games; talking to friends, family, or professionals; taking good care of themselves by
going to the gym and eating right; walking their dog; prayers or meditation; piloting drones;
using humor; taking time off; spending time alone; riding 4-wheelers, and other things. Some
choose to look at each day as a gift in order to cope with the stresses of their job. Judy shares:
I'm 27 and I've seen more dead bodies than some people will ever see in their life. I mean I see more dead bodies in a day than people will ever see in their life. So, I do something that is definitely not done by many. And, so I do have a different outlook and I do try to cherish life. And, know that at any moment and any day, I can die. So, I do have that outlook and it does change the way you do things.

Knowing each day is a gift assists Judy with coping. However, the job also makes her hypersensitive to human vulnerabilities and the fact people die every day. She manages the responsibility of the job by treasuring each day and taking extra safety measures as one of her coping mechanisms.

Several coroners mentioned negative coping mechanisms such as: drinking, gambling, smoking, ‘pushing it down’, ‘putting on a mask’, ‘burying it’, and other less than helpful devices. Most knew the difference between the negative and positive coping mechanism, and mostly tried to choose the positive ones. However, it is sometimes easier said than done. Braden shares how pushing it down does not work:

I've had several coroners that have crashed and burned. We had a plane crash in a cemetery in a town not too far from here, several years back. Our county sent several coroners to assist. It was horrible. That cost us two guys. Two came back and said, “I can't do this anymore.” And as soon as they quit doing it, then they started having problems. They were being tough.

Managing coping responsibilities for coroners may mean not taking work home. Lindsay shares, “I try to keep it separate and not bring it home with me.” Others disagree. For some, the job changes you. Braden says:
Some say, I just don't take it home. Titanium. That's not true. You do. It comes out in different ways. It's funny when somebody gives me that bullshit line. I say, Can I have your kids’ number to see if that's true? Oh, fuck you. Don't bullshit me. It's kind of funny. I often think, this is a hell of a way to make a living. It's a necessary evil to a certain degree…You have all your kids in a concrete room and you're piping water through a keyhole because you don't want anything bad to happen. You can't let it affect how you live your life, but it does. Long term, if you talk to people that hold me accountable and love me and look at it from my mental well-being, they say, *Yeah, you have changed.* *You're not the same guy.* Well, is that good or bad? Well, they don't want to say it's bad. But it is bad. I mean it's just different.

One of the biggest elements to managing responsibility of coping for coroners is knowing when enough is enough. According to Ray:

I had already been developing anxiety because of my job. And I'm on call 24/7 for years at a time. You know? All those things started compounding. Even towards the end there, I had to go into sleep therapy. I couldn't sleep. That wasn't necessarily part of the notification thing, it's just one more thing. I just can't do this anymore. It's not good for me. It's not good for my family. It's not good for the people I'm supposed to be commanding and watching out for. It makes you look backwards and not forward and what else is around. You know?

Managing responsibility for health of self and family is constantly on the coroners’ minds. The job weighs heavy on many of them.
While many coroners manage to cope with the responsibilities of their position, and end up having a long coroner career, others do not. Many find solace in the bottom of a bottle just to numb themselves. Clay admits:

I drank myself to sleep. And, then, continued to do that for a while. But I don't drink if I have to work the next day. Which meant if I had to work the next day, I didn't sleep. So, I would go for about four days without sleeping. At all. And, when I DID sleep, I would wake up in a cold sweat. The bed soaked with sweat. And then I went back on call as coroner again, and then I went ten days without sleeping because I couldn't drink. (Laughter.) So eventually, I realized this is bothering me. I don't know why. I don't know how to make it stop. And, that's what bothered me worst, is that I couldn't control it, and I couldn't make it stop bothering me. Always before I've been able to make it stop bothering me.

One of the challenges for coroners with managing the responsibility of coping is, many attempt to do it without help. They disguise their struggles until it is too late. Clay shares, “Too many guys lose their careers and loved ones. And essentially their whole life because they let things go too far.” Some never share. This can result in job burn out or something far more serious: Suicide. I will discuss burn out and suicide further in Chapter 6.

Most coroners expressed the importance of having a group of peers to talk to. Braden shares, “I find with most of these cops is, being able to have somebody to talk to and verbalize that trauma. Verbalize what they've seen. Having a safe place to be able to talk about it and establish a culture that says you have access to people. Your peers and other guys that get it.” Coroners would greatly benefit from understanding the difference between positive and negative
coping mechanisms. This is an area where more training could be beneficial. Who is responsible for ensuring coroners are healthy and properly trained?

**Of Taking Part in Death Notification Training Programs or Education**

As mentioned previously, death notification announcements are a difficult responsibility for those who must deliver the news. Throughout the literature, very few professionals, including law enforcement and medical personnel, receive any mandatory training on how to deliver death notifications. (Alexander and Klein 2000; Miller 2008; Ponce et al. 2010; Sobczak 2013; Stewart et al. 2000; Stewart et al. 2001). When asked how much death notification training they received, most coroners in the current research answered they had little to no training regarding how to deliver a death notification. According to Clay, when asked how much death notification training he had received, he answered:

Specifically, in death notification? None. But both of those types of trainings primarily evolve around, almost exclusively into the death investigation. Not into the notification portion of it. I've never received any sort of training on death notifications, and I'm glad that you're doing this because it's an extremely valuable topic.

When asked how many death notifications he has been involved with Clay replied, “Hundreds.” I asked others how much death notification training they have received. Victor answered, “Almost none.” Zac responded, “I don't think there was really any training involved in that.” Lindsay admitted, “Actually very little.” Troy laughed and said, “It's all been ojt.” When asked what ojt was, he answered, “On the job training.” Doug shares, “I don't remember them covering anything at the Academy, really.”
For those receiving training, it amounted to just a few hours. Lorene shares, “There's no training provided with my job. But I went online and took an online course. I thought, what if this comes up some day? This is not the arena I want to be unprepared in. If it comes up.” A chaplain coroner shared, “I went to chaplain's academy and one of the major parts of that academy was presenting a death notification, dealing with family, and that whole side of things.” Likewise, instead of some type of structured training, most learned by watching others. Troy shared, “Like most things, we learn by our mistakes and watching other people's mistakes.”

Most coroners agreed death notification training is important. However, there are several hurdles that will need to be addressed before implementing better training programs. Clay discusses some of the issues:

It's difficult to set up training that doesn't have a bunch of administrative artificialities. It would certainly help to give people a base level of knowledge. There is a limit to the amount of money the state has to provide. The amount of money law enforcement has in their budget to send folks to this. We're fortunate here because we're a large department, compared to the rest of the state. We have a large training budget. We can keep people up to date on their basic minimums. Which is what we're talking about...basic minimums. A lot of agencies don't have that or are not afforded that. It's very, very difficult for them just to keep these basic minimums. So, no it's not sufficient, but if you were to raise the basic minimums even higher, it would become prohibitive for some people and agencies.

He continues, “Thanks for what you're doing. Hopefully, you can develop some sort of training protocol that can help folks with this issue.” I will discuss this further in Chapter 7. For now, it is important to understand how coroners are responsible for managing the death notification interactions and processes but are afforded little training or educational opportunities. Clearly, if
it became part of the basic training course for coroners as well as others who must make death notifications, it would benefit everyone involved. This includes benefitting next-of-kin, who are greatly impacted by death notification processes.

Properties of Managing Responsibility for Next-of-kin

Coroners have a duty to notify next-of-kin about the death. In a sense, they hand off the responsibility of the decedent to the loved ones. This does not mean; however, coroners are divorced of their responsibilities. It means the burden of the responsibilities shift to the next-of-kin after the telling event. Clark and LaBeff refers to this burden transfer as a ‘chain reaction’ (1982, 378). The burden of the physical body shifts from the coroner to the next-of-kin, as you will see below. In addition, the next-of-kin must also manage the responsibilities of the social death of the deceased.

Of Receiving the Death Notification and Processing the Information

The next-of-kin is responsible for receiving the death notification. How they manage the news can be a reflection of many things, which may include: age of the deceased; circumstance of death; relationship to decedent; whether the death was expected or unexpected; how the death notification was delivered; how much support they receive and other things (Alexander and Klein 2000; Leo et al. 2015; McClenahen and Lofland 1976; Miller 2008). Ostensibly, some manage it better than others. Death may catch people off guard and unprepared.

Sometimes the next-of-kin responds very little to the death notification. Their responses vary from having flat affect to sitting in stunned silence. Kristin shares, “I think I was in that place where I hadn't broken down, yet. I was totally detached. I don't know what's going on. You know that clearly like he's in the room, alive and then he's dead.” Pru shares, “I think I was in a
little bit of shock.” Managing responsibilities for next-of-kin is often delayed until the shock wears off.

Some next-of-kin respond to the death by falling apart. Megan shares, “I lost it from that moment.” Nicole shares, “I went running around in circles. I never lost it like I did at that time. I felt so sorry for that young cop.” Some next-of-kin may appear stoic, almost indifferent. Recall the discussion I shared earlier by Victor about the father who had lost his son to a tragic automobile accident. Each next-of-kin is responsible for managing their reactions to death notification interactions and processes. Predicting how one will respond in the face of death is often impossible. Some lose control while others find peace and comfort in the death notification.

Vivian explains she only had a moment where she felt some sense of calm during the death notification because immediately afterward, she had to assist others. She shares, “I think the reason why I've attached to those moments so much is it was the only moment where I really felt any kind of comfort. Like from then on, it's just been responsibility, responsibility, responsibility. Everybody needing and wanting something.” It is important for coroners to understand how important the social interaction is during the death notification processes. Those who receive the death notification may remember it forever. Vivian, for example, steals away those death notification moments to manage her grief and get away from responsibility.

Wondering “What if?”

Managing responsibility for next-of-kin often begins with the question of ‘what if?’ They ask themselves, could I have done something different? Could I have prevented the death? Was I responsible for the death? They often blame themselves and others. Liv shares, “I think
that with his death there was just anger thinking you can do things differently." Braden shares, “I should've seen it coming or I should've done something.” Braden recalled a suicide notification:

A lady had to go to work. She left for work. He went out and hung himself. He left a note and told her that you did this to me. So, she responds to the scene about the same time the funeral home does. She's a basket case. I spoke to her with authority and said, it's not your fault. Suicide is a conscious decision. He made it on his own.

While the next-of-kin is dealing with the “what ifs” they must also manage the responsibility of informing others about the death.

**Delivering Death Notifications to Others**

Managing responsibility can prove difficult when the burden of the death notification shifts to the next-of-kin. Essentially, the notified becomes the notifier. Hal shares, “I had to be the one to tell him [the coroner] that it was our son that was dead.”

Determining who to contact can pose several challenges. For Liv, when her partner died, she wanted to notify his best friends before someone could. She shares, “I had to notify friends and I just felt like it was important for them to hear it from me. That was very hard.” For Ally, prioritizing death notification calls became frustrating. She shares, “I called my parents. I called a friend who didn't answer. And I called another work friend who could be with me.” Afterwards, she knew her mother-in-law would need to be notified. She did not feel comfortable making the notification. She admits, “I was wondering about telling his mom. I didn't want to have to do it.” Sometimes the next-of-kin only notifies a few individuals because it is all the responsibility they can manage.
Vivian felt responsible for telling others how her mother truly died. When a woman began sharing the wrong death narrative, she sought to clear up the confusion. She shares, “Initially I thought, how dare this woman...I knew right away that her story didn't make any sense. And, so initially it was out of anger and sense of justice. You don't get to do that!” For Vivian knowing what happened to her mother was not only important for her but it was crucial to get the right message out. Because her mother completed suicide, she felt responsible for not burying the truth. She wanted an open dialogue about suicide and how it affects others.

**Identifying the Body and Handling Disposition**

Other difficult aspects to manage for next-of-kin are the responsibilities of viewing the body and arranging final disposition of the remains. According to Stewart, ‘survivors should be allowed to view the body after their initial responses to the notification have subsided’ (1999, 311). It can be overwhelming. Sometimes, the next-of-kin will request to see the body as proof it is, indeed, their loved one. If they do not view the body, the death did not occur. Hal shares:

> We both stood for a minute and looked at each other. I said, no it can't be. She said, no. We have to go out. We got dressed. Got in the car and drove straight out. While going out, she said, he's wrong. It can't be. It can't be. No. It was so out-of-character to do something like that. And, we got there, and it was true! And at that point, we both just broke down.

For some next-of-kin, it is their responsibility to view the body to bring closure or to say goodbye. ‘Contact with the deceased allows the survivors an opportunity to say good-bye, to begin disconnecting from the victim’s physical presence, and to experience the reality of the death’ (Stewart 1999, 311). Viewing the body can make the loss real for next-of-kin and help
them through their grieving process (Alexander and Klein 2000; Von Bloch 1996; Worden 2005). Hal explains the importance of viewing the body of his son:

M: What did it mean to you and your wife to be able to see him?

Hal: Closure. Except he was so cold. So cold. Because he had been out there for about 4.5 to 5 hours. It was cold that morning. When we went out there, it was probably about 30-40 degrees, in July, it was cool. He was just so cold. And they picked him up and placed him on the cot and brought him over to us so we could say our goodbyes, then, at the scene. It provided a little bit of closure, right there.

M: What does the word closure mean to you?

Hal: That death is actually there. They are truly gone. They have died. There is nothing I can do to bring them back. That’s what the closure part of it means to me.

Once the next-of-kin determines their loved one is dead, they must manage the responsibility of disposition of the body. Hal shares, “Over the period of the next week, five days, while we were getting ready to bury him, it was almost impossible to grasp, consciously. And, we were numb from it. Our brains were just numb. And it was, probably six or eight months before our brains actually accepted that fact. That he was truly gone.”

In the Charmaz study, she discusses how one of the main responsibilities of the coroners is to get next-of-kin to agree to pay for the funeral and burial arrangements (1975). This was not a main focus in the current study. Participants seemed to acknowledge who should take responsibility for the disposition of the body. For next-of-kin estranged from their loved ones, the responsibility rested on the county or whatever jurisdiction the body was discovered in. When asked what happened to her estranged father’s remains, Pru answered, “I stayed out of
that. I talked to his case worker. She let me know he was buried in, wherever they bury people like that. In an unmarked grave.” She expressed no connection and felt no responsibility to arrange for his interment.

Members of next-of-kin who are not estranged from their loved one usually take responsibility for the arrangements. Sometimes burial takes place soon after the death, and other times it takes longer. Elaine shares, “It kind of dragged out because his funeral wasn't for two weeks because he was cremated, and we didn't bury him until last month.” Managing the disposition of remains usually takes cooperation by several different individuals. The burden of responsibility shifts from coroner to next-of-kin to funeral practitioners and back to next-of-kin. Occasionally, medical examiners are also involved.

**Getting Answers to Questions**

Sometimes managing responsibility means waiting for answers to determine what to do next. According to Stewart, death notifications involving ‘no or incorrect information about death, provide little emotional support, or occur in chaotic settings with few supportive resources may all compound the survivor’s grief and distress’ (1999, 290). Marje shares her distress of having to wait for answers, “We had to wait hours for all of them to get there and investigate. My whole family is sitting out on the lawn. Just waiting with my mom for this to all take place so that they can then take him out of the house.”

Waiting for answers can last for months or years. According to Megan:

Because one of the things that was totally held over me was the question of "Did he die alone?" I didn't get that answer until the trial, which was almost a year a later. Did they find him at the location where it happened? Did this happen in the ER? Were people
trying to help him? Was there EMS at the location? Or did someone just happen to come across a body?

Some answers come after the coroner has finished his or her investigation. Those answers may comfort the next-of-kin or leave them with more questions.

**Re-imagining Life Without Loved One**

Another responsibility next-of-kin must manage is how to imagine their lives without their loved ones. The physical death brings with it the social death. Sometimes losses compound. Elaine discusses how difficult it is to lose both her dad and her grandpa, “I'm on my first anniversary of my job, and two of the most special people that I wish I could celebrate with aren't here.” For those who lose a loved one, they must negotiate a new status in life.

For instance, instead of being married, they are widowed. When a parent loses a child to death, how do they talk about the dead child? According to Stewart, persons who experience a sudden or untimely loss have a higher risk for complicated bereavement and PTSD (1999, 297). Managing the responsibility of living without their loved one can compound the grieving process for next-of-kin. Information from this research will better enable coroners to help next-of-kin during and following the death notification processes.

**Consequences of Managing Responsibility**

Depending upon how responsibility is acted upon/enacted, it can have negative or positive consequences. Ostensibly, a positive experience during the death notification interactions and processes will help next-of-kin heal their pain and reclaim their lives (Miller 2008). There are consequences of doing something and nothing. There are consequences of doing it right and wrong including: job loss, complicated grief, nightmares, closure. If you
delegate responsibility and it goes wrong, you bear the burden. If you do not notify the right person, others get angry or hurt. If you do not do a good job of managing responsibility, you can be perceived as weak or ineffectual. If you do not do a good job with responsibility, you can harm someone. If you do nothing, it can also harm someone. Both have consequences.

Responsibility can be a burden. But it can also be a gift. Both coroners and next-of-kin are, by necessity, forever linked by the death notification interactions and processes they share. Both positive and negative experiences will be hard to forget.
Conclusion

The constant, pervasive theme of responsibility and how it is managed dominated much of the research. Therefore, this chapter introduced an innovative theory, referred to as responsibility management theory, to epistemologically ground death notification interactions in the anthropological literature where none existed.

To construct this theory, I gathered qualitative data from interviews and observations. Responsibility management theory demonstrates how participants acknowledge/accept/bear or act-on the real or perceived duties or obligations faced during the death notification interactions and processes. I specified under which conditions responsibility management theory arises, changes, or maintains; how the properties of the theory can be externally, internally, or dually imposed; and the consequences of managing responsibility.

Responsibility management arises from both external and internal pressures or perceived obligations. Responsibilities can be imposed by others (external) or arise out of a sense of personal or moral obligation (internal). We can feel responsible for something but not necessarily have a duty to act. Responsibility arises in this study when death occurs, and participants must act.

Responsibility management changes when the individual has completed the tasks; lets themselves off the hook; or passes the baton to another. Responsibility changes when notification goes from coroner to next-of-kin, and next-of-kin to others. Responsibility can also change when someone has had enough and quits.
Responsibility management is maintained when the pressure remains on the individual to meet expectations or duties either internally, externally, or dually imposed. For instance, when the coroner must go from one death notification to another.

Under the properties of this theory, externally imposed responsibilities are those required of you, by others. For instance, coroners are duty-bound to their jobs. They must follow rules and regulations externally imposed upon them by their county or jurisdiction. Internally (self) imposed responsibilities are those an individual holds oneself accountable for. For instance, both coroners and next-of-kin have morals, beliefs, and/or principles they live by which guide them to do the right thing, even when it is not required. Dually imposed responsibilities are those imposed upon individuals by others and from within. Regardless of whether these responsibilities are imposed by self or others, they must be managed.

Responsibility management theory, like distance management theory, is also a coping theory since participants exert autonomy, agency, and resistance strategies to manage responsibility. For example, if an individual is unwilling or unable, for personal reasons, to deliver a death notification, he or she may pass that duty onto others. Resisting responsibility is justified because he or she would rather do a good job than a bad one. No one benefits if both parties are harmed in the process. Another example of exerting autonomy as a coping mechanism is when one participant refused to assist with the burial of her father. She felt no responsibility or duty to dispose of his body because they had not spoken for twenty-five years. She was grateful he gave her life, but she had no emotional attachment to him. Washing her hands of him at death was her way of coping through responsibility management. The last example of responsibility management as a coping theory is when a coroner felt responsible for protecting a family from what he perceived to be an unethical journalist, who threatened to publish the decedent’s name.
before all family members had been contacted. It was not his duty, per say, but he felt a moral obligation to protect the family from harm.

How does the theory of responsibility management contribute to current and future research? It epistemologically grounds this coping theory in the anthropological literature where none existed. It can be tested in other death studies, or against other theories in anthropology. For instance, there is an increasing body of literature in end-of-life studies. This theory could be applied to the study of incongruity in care for the dying. Does privilege bestow better care? Who accepts responsibility for death care? The institution or state? The family? How do other cultures manage responsibility at death?

Responsibility management theory could be applied to anthropological research on human remains. For example, who is responsible for the treatment and disposal of remains? The state? The family? What about ancient remains? As a coping mechanism, what type of resistance strategies might archaeologists exert when personal beliefs conflict with professional duties? This theory could also be applied to cultural resource studies on the destruction of public parks for monetary gain.

Responsibility management theory can also be applied to other studies outside anthropology. For instance, responsibility management theory, as a coping theory, could be applied to research on social movements, human rights, environmental and climate studies, social and economic disparity, and other studies. Researchers could test this theory on knowledge acquisition. Who is more responsible, teachers or students? How do both sides cope with this responsibility? For example, researchers could test whether teachers are burdened by a failing student. Teachers often give passing grades to unworthy students. Why? Likewise, many students accept grades they do not earn. There are many ways to apply responsibility
management theory to academic research. Once the research has been academically applied, it can be utilized in practical ways.

What is the practical application of responsibility management theory? This theory has many practical applications. For instance, better working relationships can be fostered between employers and employees when we understand how responsibility management works. Human resources can offer professional development programs to raise awareness and cultivate best practices, so responsibility feels shared and not forced. Ideally, this will lead to better job retention and satisfaction.

Another practical application of responsibility management theory is in healthcare. Currently, US citizens are divided on whether healthcare is a right or a privilege. Do we have a responsibility to pay for healthcare for all citizens regardless of their ability to pay? Some argue healthcare for all is cost-prohibitive, while others argue wellness should not be a line-item issue. Who should pay for women’s reproductive services? Who is responsible for healthcare costs resulting from the Opioid Crisis? Patients? Prescribing physicians? Pharmaceutical companies? These and other issues highlight the importance of understanding responsibility management theory, and its applications.

As a coping theory, we know from this research that individuals will often do what they feel is moral or just over what they have been ordered or commanded to do. For instance, government officials recently refused to comply with orders from the President in favor of the Rule of Law, when he asked them to illegally investigate his political opponent in an upcoming election. Instead of betraying the United States Constitution, they chose to disobey their boss. Ultimately, by exerting autonomy and resistance strategies, they unambiguously chose to do
something they could cope with rather than something they could not cope with. For them, their moral responsibility outweighed their job responsibility.

This chapter shows that responsibility management is an effective way to research how individuals respond to internally, externally, and dually imposed obligations. Responsibility management was enacted by coroners and next-of-kin as a coping mechanism. Because no theory existed to explain the phenomenon of responsibility management surrounding death notifications, I constructed one from the ground up. The theoretical potential was there, but it required engagement and construction. By researching cultural interactions and behaviors before, during, and after the death notification I was able to systematically shed light on the problem and offer multiple solutions.
CHAPTER SIX: MEMORY MANAGEMENT THEORY

Introduction

During interviews and observations, participants often shared how they struggle to manage the basic social processes (Glaser 2005) of remembering and forgetting significant events or interactions before, during, and after the death notification.

Throughout this study, the main core category of “managing” emerged and penetrated all other core categories. Though the term was not stated repeatedly or explicitly, all participants alluded to managing as a constant process requiring action. As mentioned in the previous chapters, participants shared their struggles with managing distance and responsibilities before, during, and after the death notification processes. Analogously, the core category of managing encompassed and enriched the core category of memory.

During my analysis, it did not seem complete to designate the core categories of distance, responsibility, and memory without linking the basic social process of managing to them. Managing as a core category and a basic social process added strength, density, and variability to the other three core categories. Consequently, as demonstrated in the last two chapters, managing merged with memory to form memory management theory. Properties such as individual or collective; elective or spontaneous; and realized or suppressed help to modify and explain the variation in this theory. I will discuss these properties as well as the conditions and consequences of managing memory in this chapter.

Before I can discuss the properties, conditions, and consequences of memory management theory I must provide a short background of the depth of literature in memories and memory studies. A scholarly search for the terms memory in the Mansfield Library yielded
2,771,785 results, covering 34 subjects and 17 journal titles. This multidisciplinary field combines and cuts across several domains including (but not limited to) anthropology, history, behavioral and social psychology, literature, and sociology. Roediger and Wertsch suggest the single term of memory, itself, is not very useful because scholars from different disciplines may use the term in a multitude of different senses (2008). ‘On one hand, interest and excitement about memory can provide a unifying theme…but on the other hand, the bewildering diversity of uses of the term may lead to miscommunication and frustration’ (Roediger and Wertsch 2008, 9).

“Memory” refers to 1) the faculty by which the mind stores and remembers information; 1.1) the mind regarded as a store of things remembered; 2) something remembered from the past; 2.1) the remembering or commemoration of a dead person; 2.2) the length of time over which a person or event continues to be remembered; 3) the part of a computer in which data or program instructions can be stored for retrieval; and finally, 3.1) a computer’s capacity for storing information (Stevenson 2010). The definition of computer memory is excluded from this discussion as it does not pertain to this study.

Before discussing the properties, conditions, and consequences of memory management theory, I need to explain how memories are made, stored, and accessed. It is fundamental to understanding this new theoretical framework. Nelson discusses three memory types: generic event memory, episodic memory, and autobiographic memory (AM) in her research on young children’s memory (1993, 7-8):

*Generic event memory* provides a schema derived from experience that sketches the general outline of a familiar event without providing details of the specific time or place when such an event happened, whether once or many times.
Episodic memory has the phenomenal characteristic of referring to something that happened once at a specific time and place. All that seems to truly distinguish episodic recall from generic event memory is the sense that “something happened one time” in contrast to the generic “things happen this way.”

Autobiographic memory (AM) is specific, personal, long-lasting, and (usually) of significance to the self-system. It has its onset during the early childhood years and may be retained for a lifetime.

‘Autobiographic memory is a kind of episodic memory, but not all episodic memory is autobiographic memory’ (Nelson 1993, 8). This is an important distinction for understanding how the development of autobiographic memory forms. Consider the following example:

Walking on campus yesterday is part of my episodic memory today. However, because nothing happened and it was uneventful, it will most likely not become part of my autobiographic memory. It has no significance to my life history beyond the ‘general schema’ of walking on campus (Nelson 1993). Conversely, the day the policeman ran into the back of my red Volkswagen, sending me to the hospital is a day I remember. It is like a short film I can cue up. This is an episodic memory that fits into my autobiographic memory because it meant something significant to me and it is part of my ‘life history’ (Nelson 1993, 8).

These concepts are helpful for understanding memory types and how individuals establish their life stories. Less clear, however, is why certain memories surface while others remain hidden or dormant. What triggers a memory and why? What are the positive and negative impacts of death-related memories? Can memories serve as adaptive sources for both coroners and next-of-kin throughout the death notification processes?
Bluck et al. examines how occupational and life experiences with death correlates to death attitudes (2008). ‘The results of the study show higher levels of experience with death were related to lower levels of death anxiety and avoidance; additionally, participants with higher levels of death experience also more frequently used their death-related memories to serve adaptive functions’ (Bluck et al. 2008, 524). Do these results coincide with the current research? Do coroners and next-of-kin, who have higher levels of death experience have lower levels of death anxiety and death avoidance? Do the types and circumstances of death affect these results? The current study will show how higher death experience does not necessarily translate to positive adaptive functions or lower levels of death anxiety and avoidance.

In September 2004, at the 8th Biennial Conference in Vienna, a workshop entitled *Anthropological Perspectives on Social Memory* examined the ‘assumption that social forms of culture shape experience, power and identity within which memory becomes enacted and perceived’ (Jerman and Hautaniemi 2006, 1). Papers were presented asking questions such as: How is memory experienced and dealt with on both personal and collective levels? Who has the copyright to memory? How do memory and emotion relate? Additionally, they examined how social memory may provide a ‘platform on which understandings of personal identity, history and knowledge are contested; whether they are, for example, reinvented, rejected or accepted’ (Jerman and Hautaniemi 2006, 1).

How does social or collective memory influence autobiographic memory? For a memory to be collective or shared it must be voiced or expressed through discourse with others. However, it is always the individual who does the remembering (Llobera 1995). How does group-experienced memory influence individual memory? Or does it? According to Llobera, ‘through a process of internalization the groups, small or large, to which the individual belongs (family,
circle of friends, class, political party, religious organization, nation, etc.) exert an influence on his or her memory, even when the individual is no longer attached to them’ (1995, 37). In the current study, can the multi-vocality of collective memory influence how coroners and next-of-kin manage memories? Results will show how shared or collective memories can help heal but can also keep the traumatic memory alive, causing anxiety or worse. Additionally, how might a dominant memory narrative silence or suppress an individual memory? Or, does it? Narratives from current study participants will help illuminate these issues and answer some of the questions posed.

Jerman and Hautaniemi suggest how memory is consistently involved in the production of ethnography (2006). As a qualitative researcher I ask questions of participants. Answers often require consulting their memory. Co-constructively, we create a narrative of their memories. Do their memories have to be true to be valid? According to Nelson, memories do not have to be correct to be part of the autobiographic memory system (1993). Can study participants trust their memories? What if they have been told something incongruent with their memory? The current study will show how participants struggle to manage memories as their ‘past intrudes into the present’ (Jerman and Hautaniemi 2006, 5). Results will show how some memory intrusions are welcomed while others are not. How participants manage memory often impacts how they move forward in life. I will highlight more of the literature on memory later in this chapter. In the meantime, I will define the category, under what conditions it arises, changes or is maintained, and properties of the category.

**Definition of Memory Management Theory**

In this study, memory management theory refers to how individuals react to (i.e., welcome or reject) memories before, during, and after the death notification interactions and
processes. Throughout the data collection, participants expressed how they struggle to remember or forget. With the basic social process of managing, together with memory the theory becomes an active process with stages. Those stages can be short or long, and blurry or clear, but always fluid. For example, when an individual is managing memories, the memories are first recognized. Then, they are either welcomed or rejected. If they are welcomed, they may last longer and bring about a positive mental attitude. If they are rejected, they may last a shorter period and bring about a negative mental attitude. They may also be rejected, but last longer. This is one of the reasons why memory management is such an intriguing theory. Finally, the last stage of memory management is when the memory ends. I will explain below under what conditions memory management theory arises, changes, or is maintained.

**Under What Conditions Does the Theory Arise, Change or Maintain?**

Managing memory arises when an individual remembers an event, person, place or thing and must consider how to react to the memory. Memories most often arise via the senses. Touch, smell, sight, sound, and taste can trigger a memory to arise. For instance, the smells encountered when driving by a sawmill may lead an individual to remember a camping experience with family, a cherished piece of furniture, and the gruesome experience of pulling a dead body out of an auger after an accidental death in less than one minute (Dylan 2018). If it is a good memory, you may savor it or linger in the moment. On the other hand, if it is a bad memory you may want to actively forget. Another example of how managing memory may arise through the senses is when coroners describe not wanting to drive through a beautiful neighborhood because it triggers memories of dead bodies in homes or difficult death notification processes. For Lindsay, memories can be challenging when they arise connected to a place or an experience. She shares, “I found out my mother died while at an amusement park...I now attach that memory to that
amusement park. So, any time I'm giving a notification, when it's somewhere where they're supposed to be enjoying themselves or celebrating, it's harder for me and I can empathize with that.” Managing memory can also arise when nightmares or dreams intrude wakeful thoughts and you must react.

Memories change when something happens to stop you from remembering. Or you become numb. For example, when you drive by the same sawmill and the smell of wood no longer triggers the memory. What caused you to no longer remember? What happened to switch the memory off? Memories change when they get better or worse; when dreams or nightmares happen more often and haunt cognitive processes; and, when somebody or something influences (unduly or otherwise) memories to change. Memories can also change due to illness or any number of compromising brain injuries.

Managing memory is maintained when you continue to remember a person, place, or event, and it requires the individual to actively do something with the memory. It is fluid and may either be helpful or harmful, depending upon the memory.

Properties of Memory Management Theory

Earlier in the chapter, I introduced three types of memories and how they are made, stored, and accessed. Those types were generic event memory, episodic memory, and autobiographic memory (Nelson 1993). Keep them in mind throughout this chapter as they contribute to a general understanding of memory, but do not allow them to distract you. In this chapter, the basic social process of managing together with the core category of memory forms the theory of memory management. Per the tenets of grounded theory, I applied constant comparison during data collection and analysis. Properties of the theory of memory management emerged. Those properties include individual versus collective; elective versus spontaneous; and
realized versus suppressed. Each property helps to modify and explain the variation in this theory. Each property will be demonstrated and explained below.

**Individual Memories**

Memories are embodied in individuals’ cognitive processes. According to Nelson (1993), for children a memory must be talked about in order to be recalled. Nelson states, ‘These findings indicate not only that talk about the past is effective in aiding the child to establish a narrative memory about the past, but that talk during a present activity serves a similar purpose’ (1993, 10). Memories are the past living in the present. As we age, do we still need to speak about a memory in order to recall it or for it to persist? Nelson answers, ‘Once an automatic memory system is established, it takes on a personal as well as a social value in defining the self; thus, replaying a memory, even without talking about it specifically, overtly or covertly, might well reinstate it and cause it to persist, once the automatic memory is set in motion’ (13).

During this study, participants decided whether they wanted to share a memory with me. When asked about a sensitive topic, some said they would rather not say. For instance, when discussing a memory of her estranged, deceased father, I asked Pru if it was something she wanted to share. She thought for several seconds and finally answered, “I don't think so.” It is important for the researcher to always consider both agency and autonomy for study participants, and to realize some memories may be too painful to share. Study participants get to decide whether they are going to steal away their memories or if they are going to share them. Both require managing memories. Another participant discussed how he feels about sharing his memories with others during Critical Incident Stress Debriefings (CISM):
I've been to a number of CISM debriefings over a number of years. I know for some people, they are helpful. For me, I never found them helpful. For the person who's experienced the most trauma, whoever that is, in this case the person who's done the death notification. It seems to be much less helpful than it is for the people that are on the periphery. It helps them to understand the whole picture of what happened to get closure.

The person who experienced trauma, doesn’t want to talk about it or in front of people (Clay 2018).

Vocalizing feelings about traumatic memories is not right for everyone. An individual can decide whether he/she is going to keep his/her memory or if he/she is going to share with others. Keeping memories within oneself may be beneficial or harmful. It depends upon the person and the memory.

Other participants expressed how managing memory came easier to them because they simply do not remember certain things. For several coroners, many death notifications become part of their episodic memory system, unless they are extraordinary in some way. Rick blamed his poor memory on a short attention span, “There are certain ones that are truly outstanding but most of them are...that's in the past. I was blessed with that mindset, thank god. Because if you're reliving or redoing all of those, I think the job probably gets you pretty quick.” Rick was the only coroner who retired from office after thirty years and over 15,000 death investigations. Being able to prevent all those memories from being part of his autobiographic memory likely helped him work as long as he did. Perhaps by not talking about or attaching narrative to death notifications, coroners attach less significance to them.

Likewise, several next-of-kin shared how they simply could not remember everything about the actual death notification which involves managing memory. I interviewed Vivian three
months after her death notification which was not a considerable amount of time compared to others in this study. Vivian remembers what she was doing beforehand, what she was wearing, and how she was frantically trying to reach someone on the phone while she sped to the death scene. She recalls the scene outside more than inside, where her mother completed suicide. She remembers compassion and kindness from the coroners and others present. She just does not remember too much of what was said or who said it. According to van der Kolk and van der Hart, ‘many trauma survivors report that they automatically are removed from the scene; they look at it from a distance or disappear altogether’ (1991, 437). Liv remembers vividly the pajamas her son was wearing and other images, but forgets other memories surrounding the death notification processes. Clearly, the events are recorded in both their automatic memory systems, but elements of the memories are not accessible. Perhaps this amnesia for certain aspects of the actual death notification interaction and processes is a way to dissociate themselves from the trauma of the event, which is a form of managing memory. Does not being able to share particular memories impact how they process and manage those memories?

Not being able to share memories with others becomes a challenge when managing memories for individuals. Duncan shares, “It's kind of a bummer because I can't really tell my wife, because she's definitely not into that… I can't tell her about a crash where I had to pull a guy's foot out of a crash because it was so bad it was almost amputated. I can't tell her those kinds of stories, you know.” Lindsay shares the pitfalls of keeping memories to herself, “You're more vulnerable to internalize some of the things that are going on, that you're dealing with.” What happens to those memories locked inside? Could ‘traumatic memories of the arousing events return as physical sensations, horrific images or nightmares, behavioral reenactments, or a
combination of these’, as argued by van der Kolk and van der Hart? (1991, 432). Do they remain the same or is the personal narrative about the memory dynamic and susceptible to contestation? Several individuals shared how they were unsure whether they could trust their individual memory of the death notification processes. How do we manage memories when we do not trust them? Vivian shares, “You just end up questioning your memory of everything. Maybe it wasn't that bad. And, it's a trait that I have carried with me.” Often, individual memories need to be shared in order to make sense out of them. Vivian shares,

There were empty pill bottles. Bottles of wine. I think the hardest thing about having an addict for a parent is the reconfiguring of your memories. Even in the first week, I think I would've decided that I made up the pill bottles in my head. Isn’t that funny? That's my go-to. "That's not real. I made that up because I'm dramatic. Or I feel sorry for myself." And, I actually had my stepmother repeat back to me what Jan said ten times over the course of two weeks. She kept saying, “Honey we talked about this so many times. Jan definitely said she saw those pill bottles.” Like, I just don't trust my own memories. So, having the coroner be distinctly aware of that, and just having somebody be empathetic but also not wishy washy was really helpful to me.

Memories are valuable not only because they help to process the present but also guide the future. They are also valuable ‘because they are sharable with others and thus serve a social solidarity function…this social function of memory underlies all of our storytelling, history-making narrative activities, and ultimately all of our accumulated knowledge systems’ (Nelson 1993, 12). Once a memory is shared, it becomes part of a collective. Whether others remember depends upon how significant it is to their life history.
Collective Memories

According to Nelson, individual memories serve a cultural function through shared narratives and ‘like language, narrative is assumed to be a group construction, one that turns individual memories into shared conceptual systems’ (2003, 127). By sharing memory narratives, individuals perform a ‘significant social-cultural function’ which allows them to enter ‘the social and cultural history of the family or community’ (Nelson 1993, 12). Cultural or collective memories are co-constructed by people or groups of people about a person, place, or thing in the past. It can be constructed and transmitted by big and small social groups. Collective memories are dynamic rather than static. Each discourse may affect the shared memory, changing the narrative. How do coroners and next-of-kin manage cultural or collective narratives surrounding a death notification?

During the current research, several coroners discussed how sharing difficult memories helped them through the processes. Braden explains:

I find with most of these cops, being able to have somebody to talk to. And verbalize that trauma. Verbalize what they've seen. Cops do it all the time. We talk it up. But having a safe place to be able to talk about it. And establish a culture that says you have access to people. Your peers and other guys that get it.

Additionally, how might an individual narrative add to a collective one? When you talk about a memory with others it may change how you remember it. Might the dominant narrative influence the weaker one? Someone with more authority may use his or her power and influence to control the collective narrative. Whose memories are they? Whose memories matter? How might sharing difficult memories with others be beneficial when it comes to managing stressful death
notification processes? According to Max, “I think talking about it, and having someone you can discuss things with is very helpful.”

How might sharing memories help next-of-kin with grieving processes after the death notification? Getting together with family and friends to talk about the deceased is a good way of managing memory. People share stories. You find out things about the deceased you did not previously know. Through a collective narrative, you begin to understand the deceased in a new, perhaps different way. Speaking with others may help next-of-kin feel included. On the other hand, you may find out things you did not want to know. Collective memories become challenging when next-of-kin believe one thing but are told another. Collective memory can be fluid.

Another interesting element to consider with collective memories is how some parties attempt to protect other parties from painful images. In this study, coroners often discussed how they felt a duty to shield or protect next-of-kin from the memory of seeing their loved one’s dead, sometimes mangled, body. Managing memory for them means protecting. Protecting next-of-kin from the trauma they might experience. Protecting next-of-kin from the images haunting many of them. Several said, “They shouldn’t have to see that.” Or, “It shouldn’t be their last memory.” Many coroners describe how they worked to create a better experience for the next-of-kin by cleaning up the body or making it more presentable. In this sense, they work to create a collective memory satisfactory for everyone involved. Thus, managing memory for both themselves and others.
Elective Memories

Elective memories are conjured up when an individual want or needs to remember something. They are part of the autobiographic memory system. Some participants expressed how they were able to call-up a memory to manage time and space. For instance, when Vivian wanted to steal away a moment to herself, she would conjure up a memory in space and time to help her get through her grief. She shares:

It goes back to the notification process. I expected to feel a lot of guilt. I expected to be blamed. I think I was so taken aback by them being nice and oddly… just having those moments on the steps, I was able to access more feelings about it. I think that just not having to explain myself. There are times I'll just think about that moment and try to recreate it for myself.

Managing memory for Vivian entailed stealing away moments for herself where she did not have to share time or space with anyone else. For her it was the first time “all of the noise stopped. It's kind of the last time there wasn't so much noise.” Elective memories in this case helped Vivian manage a difficult time. When the death notification processes become too difficult, she recalled a memory to give her peace.

Nicole recalls how thinking about her grandfather’s funeral has helped her manage the memory of his death. A memory which might have been traumatic for others was just part of her Irish Catholic upbringing. She shares, “I asked to be lifted up so I could kiss my grandfather goodbye in the coffin.” Instead of being horrified by the image of her grandfather in his coffin, Nicole elects to remember the moment of a tender, last kiss.
Spontaneous Memories

Spontaneous memories recur when the individual is not expecting them, and can be triggered by sounds, sights, smells, touch, nightmares, etc. How can sights trigger spontaneous memories and how are they managed? Max shares how certain visuals trigger memories for him, “One of those situations where the crosses that are on the side of the road. Legitimately, every time I drive by it, I think of that day. And, it brings it all back.” Understanding how spontaneous memories can impact you is part of managing memory.

For Troy it is important to be aware of your triggers. He shares how seeing pictures from a difficult death impacted him:

Our official photographer called me into his office. He had a spread sheet on his computer. I thought he was calling me to look into some numbers because that's my thing. He clicks his mouse. It's a weird sensation. Because this red and white image popped up on the screen and I instantly knew that it was one of the pictures from the scene. Other gory scenes, I can look at all day… That flashed up and I looked away. I said, “I can't look at that.” He said, “What do you mean?” I closed the door and told him and another guy that shares an office with him, I said, “Look here's what happened.” And I told the captain, I will complete the report on this, but I will never look at those pictures again…And my captain said, “We're human. Accept the fact that you're human.” We all have that one.

Georgia shares a triggering experience with a spontaneous memory she had at a movie theatre:
We were watching some movie where one of the opening scenes was a horrific traffic accident. I flashed back and I'm assuming some post traumatic situation. I was crying so hysterically, I had to get up and leave the theater because I was causing a disturbance. That day was tough. All I did was cry that entire day.

Sounds can also trigger spontaneous memories. For instance, next-of-kin participant, Kristin, shares:

I will never forget the sound that came out of her mouth. (Tears) It was like somebody being ripped in half. And I think, I wonder, did somebody go to the room in that moment? She came to the work room. I don't remember if somebody brought her. Or if somebody brought me to the room after that. And her seeing him the way she saw him. It was clear he was dead. Did it save someone from telling her he was dead? But that wail. Such a horrible sound. (Tears) Primal. Horrible. Because where I was being primed or prepared to hear he died, she wasn't. She just ran into that room and saw him how she saw him. What a nightmare.

Cassie shares, “I could hear her screaming on the phone, so loud through the phone. That just shrill, shrieking...it was unlike, it was almost inhuman. Like someone was killing her, and they were. Her heart was just ripping out of her chest. I thought, she's not going to make it here.”

Smells can also trigger spontaneous memories. Dylan shares the vivid memory of how driving by a lumber yard still triggers a spontaneous memory of a body recovery he went on over thirty years earlier:

That intense blood smell mixed with the ever-present lumber yard saw dust combined with the blood for a musky, sawdust, blood combination that is indelible in my memory. I
smell sawdust now and I'm immediately, both spatially and temporally, brought to that moment… Sawdust is a trigger to the memory of the event. Driving by a lumber mill, with the inherent saw dust smell, triggers that memory and transports me back to that scenario.

**Realized Memories**

Realized memories are like elective memories where you can conjure them. The difference between the two is realized memories are those which can be grasped or understood clearly. They are considered memories that make sense of something not quite clear previously. For example, when someone thinks about how a memory from his or her past impacts him/her in his/her present. Consider Clay’s realized memory:

I knew she was going to want me to hold this baby, and I didn't want to hold it. And, it wasn’t until later that it finally donned on me that the reason why I was doing anything that I could to avoid going to see my friend and hold her baby was because the last baby that I had held was killed in a car crash. It was a small infant that a car had rolled over on.

Another instance of realized memory is when Anne discusses how angry she was when she was told her friend was dead. She shares:

That's not how you tell people your best friend is dead! You don't do it like that. Here we are twelve to fifteen years later. I still can remember the fucking exact moment. I can remember the exact moment he said it, and how he said it. And my reaction was, I was amazingly angry. I couldn't even get past the fact Jenny was dead. I couldn't believe how he said she was dead to me. So, I was really angry with that.
For Anne thinking back to the death notification, she realized her anger at the coroner resulted from how he chose to inform her of the death. She thought it was cold and impersonal. She had the opportunity to speak with him afterward to tell him how it made her feel. She shared with me how her friend died, “She committed suicide. Twenty minutes after hanging up [after their phone conversation], she took his service revolver and shot herself in the head.” During our interview, I could hear the anger in Anne’s voice. I asked her what made her most angry: How she received the message or the suicide? She answered, “Honestly, I was furious at how he made that call. I was so angry. That's exactly what I said to him, are you fucking kidding me?”

Managing memory with realized memory involves considering how it impacted you, what you did about it, and what you might do in the future if it comes up again.

Another example of a realized memory is from Nicole when she reflects on an experience she had when her grandfather died. She shares:

I slept in my bedroom with the door open and the light on. And my grandfather stood in that hallway and said goodbye to me. You could never tell me it was my imagination because I was wide awake, and I would refuse to believe anything else.

In Nicole’s case, managing the memory of her grandfather’s death by visualizing him after death has helped her spiritual belief system by knowing there is more life after death.

In the last example of realized memory, Taylor discusses how managing memory for her became about understanding the dying and death processes better. Watching her husband in his final weeks, days, and hours before his death helped Taylor grieve his death in a healthy way. In those last days, she watched and listened as he regressed back into his childhood. She shares:
I watched the strangest thing happen. Like he was regressing, back to childhood. He was talking about some dog named Chip he hasn't had him since he was 8 years old. So, I was watching this crazy, strange regression like back to younger, younger, and younger. And felt like I was not a part of any of it. Like this was all a process he seemed to be going through. I knew in my gut; he's preparing to die. But even while I was doing it, I felt like he really didn't need it. I was doing it for myself more than I was doing it for him.

By experiencing this dying process, she was more comfortable when he finally died. She was not present during the death due to helping her sister-in-law. But she felt okay about it considering the processes she went through before the death. During those dying days Taylor and her husband, although he may have been only partially conscious, shared memories, thus creating a shared narrative. Those memories have helped her as she looks back on those difficult days. While speaking to her, she had a great sense of peace and contentment about her. Managing memory for her means being able to access those memories and feeling like she did the right thing for her husband. She shares:

I felt like it was a necessary thing for him to disconnect. You know in order to complete his journey. Does that make any sense? I never took it personal. It's what he has to do to let go of this life. You know. I never took it personal. I almost felt like it was part of a natural process.

She continues:
Probably the memories that stick out the most when I replay it is him pushing the dog away and me realizing at that point, he's done. And that this journey from now on is his own. And I just have to be there in a support role. And be present. Not even as his wife. It was more like I felt like I moved into a new role. That day he pushed the dog away, I was
like, okay, now I'm the caregiver. Truly the caregiver. Like, I almost felt my role change. I had no resentment. I almost felt privileged to be the one who is going to be here for him… Even though this was my first death experience, I knew, this is not personal. It is the way it goes for a lot of people. I just need to be a human presence. It's no longer about us.

**Suppressed Memories**

Suppressed memories are those memories individuals attempt to push down or bury. They are often bad memories. Suppressing memories is a way of managing memories to block traumatic or intrusive memories. Some refer to it as a type of coping mechanism. It may not work as a permanent memory fix, however. This likely has to do with the fact significant memories are stored in your autobiographic memory system. If a death or death notification is particularly memorable, it becomes part of the life history of those involved in it. According to Braden:

I pushed it down. Then, my mind wanted to process all the stuff and those memories and stuff. Not the stereotypical movie flashbacks and stuff, but the mind is funny how it tries to process. I call trauma. I am a fat, middle-aged cop and coroner, and I'm not supposed to know what a brain stem looks like. I'm definitely not supposed to pull one out of a rain gutter. That's not normal. They don't put that on the sexy recruitment poster, with the charger and the gun and the badge and the flashy lights. Since it's not normal, you're going to have to do something with it. You can bury it or try to shove it down. You can do that for a while. For years, but eventually, that file is going to be full where we're going to have to do something with it. The knowledge, the pictures inside my head. I don't think it ever goes away.
Others share what may happen with a memory they attempt to suppress. According to Troy, suppressing memories can be challenging when managing memory. He shares, “I started getting really bad headaches as I was working with it. I was holding so much tension back here. I went to work and typed up the narrative. But I couldn't shake the image. The gore.” He continues:

I came into work the next day and was having a hard time not bursting into tears. So, I went into my captain's office. He had been into something similar. I told him, Cap, I'm having a hard time with this one, and I feel like I'm losing it. Because I can handle two people being chopped up and put into buckets, but one guy shoots himself in the head like I've dealt with however many times before. This one's messing me up. I can't shut the image off.

Consequences of Mismanaging Memories

Memory management is personal for everyone. The consequence of managing memory effectively could result in more positive death-related memories and attitudes toward death. The consequence of mismanaging memory could mean the individual adopts negative coping skills such as drinking, drugs, or other harmful vices. In extreme situations, mismanaging memory can result in suicide, which is a permanent solution to a temporary problem. The grief processes accompanying death notification interactions and processes can be easier or more complicated depending upon how memory is managed.

Many of the participants expressed how challenging managing memory can be. The ability to remember and to forget is key. Sturken shares, ‘In the case of recovered memories that do not promote healing but rather increase pain and isolation, one has to question the tenet that remembering is equivalent to healing…In some cases, the memory itself is the sole source of
Some coroners believe they do a disservice to the dead and the next-of-kin if they forget. Braden shares how he struggles with managing memories of remembering and forgetting.

I was forced to go to a mental health evaluation on an officer involved shooting incident. It's my own unique hell. I went in there with a chip on my shoulder. This lady was really nice. I just said, here's the deal, I'm happy to share what I know, but there is some stuff that I'm not going to share. Then she asked, what? I said, I'm a coroner, and I've been a coroner for ten years and I've got another ten years left to go. There are rooms that are black and I'm not willing to open those rooms up because I've got to go another ten years. I'm expecting a big fight. She goes, I wouldn't ask you to open those doors. Another thing that you might want to keep in mind is that it's okay to forget.

He continues:

She said, well if you've been doing it that long, there's things you don't remember. I felt like I was doing a disservice if I forget or let one go. She said, if God's given you the ability to forget some of the stuff you've seen, dump it out the back. I felt like I cleaned out three closets that day. We've demonized the people that maybe have the keys to helping us look at it from a different perspective. I can tell the new guys, that's not a weakness. That's helpful. Sometimes it has to be a mental health professional, or it has to be somebody you trust.

In this case, by talking to someone and sharing a narrative, Braden was able to see there is no right or wrong way to manage memory. Sometimes it may be better to share them. Other times it may be better to keep them locked away in a black room. It is a very personal choice, but a choice with consequences. “For someone to become convinced that they have forgotten crucial
experiences of their past is for them to open their subjectivity to profound disruption. Survivors of trauma often state that they are not the same people that they were before their traumatic experience, implying that critical aspects of their former selves are no longer intact [and] whoever they were has been forgotten’ (Sturken 1998, 120). The danger of mismanaging memory for coroners could result in burnout. According to Maslach, burnout is a personal experience involving feeling, attitudes, motives, and expectations; it occurs at the personal level; and it is a negative experience for those experiencing it (1982).
Conclusion

This chapter introduced an innovative coping theory, referred to as memory management theory, to epistemologically ground death notification interactions in the anthropological literature where none existed. By researching cultural interactions and behaviors before, during, and after the death notification I was able to systematically construct this theory to interpret and explain the accumulated qualitative data.

Memory management theory demonstrates how individuals react to (i.e., welcome or reject) memories before, during, and after the death notification interactions and processes. I specified under which conditions memory management theory arises, changes, or maintains; how the properties (i.e., individual versus collective; elective versus spontaneous; and realized versus suppressed) help to modify and explain the variation in the theory; and the consequences of managing memory.

In previous death notification studies, memory did not figure prominently. However, in this study it existed as a constant theme warranting thoughtful consideration. Memories of death notification interactions evoked strong images, feelings, and impressions from participants requiring management. Constructing memory management as a coping theory helps illuminate how individuals can use agency, autonomy, and resistance strategies to personalize and value memories.

Memories surrounding death often conjure strong emotions. Many coroners in this study shared painful, horrific memories of death processes. Several endeavored to insulate next-of-kin from experiencing those same memories by preventing them from witnessing the scene or the dead body: To protect them. Next-of-kin often pushed back, wanting and needing to see their
loved one for the last time. Memory is personal. Being able to cope with strong emotions is an important component to memory management theory.

Another important component to memory management theory is remembering and forgetting. Remembering special moments helped some participants cope. For others, forgetting became a crucial coping mechanism. For instance, Braden shared his apprehension of speaking to a mental health evaluator because he feared she would make him remember. He was relieved when she told him that it is okay to forget. He needed to hear that. Memory-sharing is not suitable for everyone. Whether individuals choose to remember or forget depends greatly on which coping mechanism they exercise.

Memory management, as a coping theory, contributes a new perspective to previous death notification research. Instead of focusing on impersonal death-telling tools and devices it emphasizes the importance of individual and shared cultural memories and how they are managed. This theory can be applied to additional anthropological death studies in:

- Cultural heritage on dark tourism and memory landscapes
- End-of-life and palliative care
- Death-positive movements
- Transhumanism studies
- Digital memorialization
- Memory studies of good and bad death
- Cultural death celebrations

It can also be applied to other anthropological topics. For example, it could be used in medical anthropology to examine memory management for sexual abuse survivors or in trauma studies.
Memory management theory could also be utilized in sociology, psychology, philosophy, neuroscience and other disciplines. Within each of these disciplines is a practical application for the use of the theory.

An understanding of how to manage memory can be useful when working outside of academia, as well. For instance, professionals working with disorders and conditions such as dementia, Alzheimer’s disease, and amnesia could explore memory management as a coping theory for patients and their loved ones. Likewise, professionals working with grief and bereavement could incorporate memory management theory into their practice. It could help manage compassion fatigue, secondary trauma, and vicarious trauma experienced by those engaged with death work. Grief facilitators and death doulas could help next-of-kin engage and manage memories of their loved ones.

Memory management theory could also be taught at coroner basic and advanced training courses. As mentioned earlier, memory is personal. Therefore, any training should take that into account. For instance, several coroners expressed how group or team debriefings leave them feeling anxious and uncomfortable; thus, defeating the purpose. They understood the value of the debriefings but desired a different approach. Instead of working in groups, individual debriefings could be explored. Distance and responsibility management could be taught along with memory management to enforce and enhance the benefits of these coping theories.

This chapter shows how individuals utilize memory management as an effective coping mechanism. Memory management was enacted by coroners and next-of-kin to navigate the difficult interactions surrounding a death notification. By researching cultural interactions and behaviors before, during, and after the death notification I was able to systematically shed light on the problem and offer multiple solutions.
CHAPTER SEVEN: DISCUSSION

Introduction

The goal of this dissertation was to understand and document how both coroners and next-of-kin responded to and managed the processes of a death notification and ground that knowledge in the anthropology of death literature where none existed. Prior to this study, death notification studies were conducted in disciplines such as sociology, psychology, and medicine and largely focused on notifier strategies and devices instead of the interactional processes between the notifier and those who must be notified. The anthropological approach differs from other disciplines in that it attempts to understand how people interact in social relationships. It does so by examining and explaining different cultural behaviors, feelings, and actions. Because no similar study existed on the American approach to death notifications in anthropology, I had to construct explanatory theories to explicate and represent the data. As a result, three anthropological theories were developed: distance management theory, responsibility management theory, and memory management theory.

This chapter begins by describing how the methodological framework of grounded theory and ethnography guided and informed this research, and how theories emerged through these frameworks. Next, I discuss the significance of the theories and implications of the study. Why are these theories important to death notification studies, what can this knowledge teach us, and who can benefit from this knowledge? I will show what these theories teach us about the socio-cultural interactions before, during, and after death notification processes. Then, I will discuss ethical issues regarding sensitive subjects and limitations of the study. A discussion of considerations about the emotional toll of death-centered research on the researcher will follow.
Finally, I will explore future directions for the study of death notification in the field of anthropology and recommendations for death notification trainings and education.

According to Clarke, ‘because epistemology and ontology are joined at the hip, methods need to be understood as ‘theory/methods packages’ (2005, xxxiii). Grounded theory is a ‘theory/methods package’ where you collect and analyze data concurrently from interviews and observations to construct theory from the ground up (Charmaz 2014; Clarke 2005). Using an iterative, systematic process, I allowed initial codes and categories to emerge from the data as core categories. Those core categories further developed and refined into abstract anthropological theories through focused coding, memo-writing, theoretical sampling, saturation and sorting, and data analysis. As with all grounded theory, the generation of basic social processes occur around one or more core categories. While a core category is always present in a grounded theory study, a basic social process does not have to be (Glaser 2005).

The basic social process that emerged in this study was ‘managing’, and accounted for the processes, movements, and changes over time. Managing, as a social process, occurs through time. It is still managing, no matter where it occurs and irrespective of how it is varied. Because not one category seemed to fit all the data completely, three core categories of distance, responsibility, and memory merged with the basic social process of managing to form the final core categories pertaining to this study. The basic social process of managing is completely variable and modifiable in dimension, degree, and type. The categories, conditions, and consequences of the core categories of distance, responsibility, and memory vary it. The theories of distance management, responsibility management, and memory management account for most of the variation in the data while also providing conceptual saturation to resolve ‘the problematic nature of the pattern of behavior to be accounted for’ (Glaser 2005, 2). These theories relate to
each other but can also stand alone for other studies. For example, the anthropological theory of distance management might be utilized in a study about how physically or emotionally close physicians allow themselves to get to their patients. The anthropological theory of memory management may be utilized in a study about survivors of war or genocide. Lastly, the anthropological theory of responsibility management may be utilized in a study about oil pipelines economic gain versus environmental insult.

**Significance and Implications**

In this study, I felt privileged to work with coroners and next-of-kin to discover how intensely death notification interactions impact them, and how much compassion and empathy each has for the other. Previous research on death notifications provides little insight into the anthropological importance of these interactions. Death notification studies, thus far, have focused on considerations for law enforcement personnel (Eth et al. 1987; Hart and DeBernardo 2004) and physicians (Levetown 2004; Ombres et al. 2017; Schumenan 2008; Trotta 2010) such as occupational burn-out, crisis responder stress, secondary traumatization, and other psychological and mental complications.

A concept paper by Leo et al. examined perspectives of both notifiers and survivors, specifically focusing on when and where death notification occurs and on behavior and type of communication involved (2015). The paper aimed to contribute to ongoing dialogue of death notification practices and help to encourage new studies focused on best practices for notifiers (Leo et al. 2015). Until now, no study has qualitatively focused on how both coroners and next-of-kin respond to and manage the tensions and interactions before, during, and after the death notification. Understanding both perspectives is worthwhile and significant if the goal is to improve the death notification processes for everyone involved; not just the notifier. In addition,
much of the literature on the subject resides in the disciplines of sociology (Charmaz 1975; McClenahen and Lofland 1976), psychiatry and psychology (Eth et al. 1987; Miller 2008; Stewart et al. 2000; Stewart et al. 2001), social work (Clark and LaBeff 1982), medicine (Nordstrom et al. 2011; Ombres et al. 2017; Ponce et al. 2010; Sobczak 2013), and grief facilitation (Worden 2005). No single study, until the current research, addressed American sociocultural interactions of death notifications in the field of anthropology.

The anthropology of death is often located in the sub-discipline of medical anthropology which tends to focus on the material or biological body over the social body (Lock 2004; Scheper-Hughes and Lock 1987; Suzuki 2004). Anthropologists writing in death studies often situate their work in objectification of human remains and material culture (Hallam and Hockey 2001; Hertz 1960; Kan 1986; Kaufman 2005). While other researchers examine self-reflexivity while researching death-related topics (Knopke 2018; Malinowski 2004; Rosaldo 2014; Woodthorpe 2011). But none conducted comparative research of the variation of death notification interactions within the familiar, sociocultural schema. ‘In 1973, Johannes Fabian criticized anthropology for its parochialization, folklorization, and exoticization of death, and called upon the discipline to participate more centrally in leading contemporary debates and exploit anthropology’s significant comparative and theoretical potential’ (Robben 2004, 12).

Death is universal. It touches everyone. Therefore, it is our responsibility as anthropologists to engage the dialogue about death and bring it into the local, public discourse. To make it familiar. It is also our responsibility to enrich other disciplines with the anthropological sensitivity to cultural variation in human behavior and practices in death. Understanding how death impacts those who necessarily interact with it can be transformative for a society that fears or denies it. By stepping from the liminal space of dying to death, this
research confronted death dialogue where it begins: At the notification. The goal of this project was to discover the needs of coroners and next-of-kin, determine how to meet those needs, and bring the two together to inform others. The implication of this study is the creation of both publicly offered and policy-oriented teaching materials for coroners, grief facilitators, physicians and nurses, end-of-life professionals, death doulas, nursing home personnel, professors, and other community members involved with death notification interactions and processes.

**Ethical Considerations**

Conducting anthropological research requires strict adherence to the highest ethical standards of the representing institution and the field of study, by researchers who ‘are morally bound to conduct research in a manner that minimizes potential harm to those involved in the study’ (Bloomberg and Volpe 2016, 161). This includes following the guidelines and instructions of the researcher’s Institutional Review Board (IRB). Throughout this study, I complied with all requirements of the University of Montana’s IRB, the U.S. Department of Health and Human Service’s Office of Human Research Protection Guidelines, and NIH Guidelines. Although I respected the opinion of the IRB that observing an actual death notification would be an unethical invasion of the next-of-kin’s privacy, I do not agree. As anthropologists and more specifically, as ethnographers it is our duty to learn from these events and educate others. Researchers should be allowed to observe intimate, sensitive moments without the interference of review boards who may project their own death biases. Because I was prevented from observing an actual death notification, my data was limited which leads me to the next section.
Limitations of Study

I encountered a few limitations during this study. One of those limitations was the inability to observe the actual phenomena of study, as mentioned above. I do not know how this may have limited my analysis, but it certainly undermined my knowledge of the interactions during the death notification. Obviously, for this study it would have been ideal to both observe a death notification and conduct interviews afterwards.

Another limitation was the lack of diversity in both culture and ethnicity of my coroner sample. Although I sought and found coroner participants in nine different states throughout the country, the sample consisted mostly of English-speaking Caucasians with similar spiritual belief systems (i.e., belief in God). I was, however, satisfied with the balance between male and female coroners, with 60% identifying as male and 40% identifying as female. Likewise, there was a good balance between civilian (11 or 55%) and law enforcement (9 or 45%) coroners. Several of the civilian coroners also identified professionally as nurses, chaplains, prosecutors, death investigators, medical examiner personnel, and military personnel. In future studies, it would be useful to seek perspectives from coroners with diverse ethnicities, languages, heritages, and belief systems. For instance, if my study participants consisted of mostly African Americans instead of Caucasians, how might that change the results? What would the results look like if my participants did not believe in God, or an afterlife? Greater diversity would contribute more perspective of death attitudes or behaviors to the anthropology of death.

A third limitation of the study was the challenge in recruitment for the next-of-kin sample. By limiting the next-of-kin participants to those who had received a death notification from a coroner, I severely limited the number of individuals in my sample frame. I received only one participant from the local grief facilitation center. They sent out my email, but I only heard
back from one person. My biggest sample of next-of-kin came to me as snowball samples from coroners and other next-of-kin participants or by word of mouth. In the future, it might be more effective to sample next-of-kin who have received a death notification from any professional notifier (e.g., physicians, coroners, law enforcement personnel, military personnel, nurses, EMTs). As it turns out, several of my next-of-kin participants had received their death notification from one of these other notifiers and I was unaware they were not notified specifically by a coroner until we were well into the interview process. The confusion may have been due to not necessarily understanding who a ‘coroner’ is and what their job entails. As it was, the information gleaned from them benefited the understanding of death notification interactions and processes, which benefits this study. Therefore, I incorporated the information from those interviews into my results.

Additionally, my next-of-kin sample was not as diversified in male (4 or 20%) versus female (16 or 80%) participants as my coroner sample. I suspect more men did not reach out to speak with me for fear of getting emotional. For instance, during observations and interviews, my male participants often apologized to me if they cried. Whereas, most female participants did not. Research shows that men and women deal with the emotions surrounding death differently (Carter 2018; Hertz 1960; Rosaldo 2014; Scheper-Hughes 1992). As Scheper-Hughes (1992, 427) states:

\[\text{Emotion work is frequently gendered work…There is a presumed binary split between public sentiments and private feelings, between what is cultural and what is “natural.” Along this same binary divide, women and the female are associated with nature, body, and feeling, just as male are associated with culture, mind, and reason. It is expected that}\]
women will be more emotionally responsive than men; consequently, society relegates more emotion work, including love work and grief work, to them.

Similarly, grief and mourning are considered ‘motherwork’ for black women in New Orleans. According to Carter, it is women who undertake ‘raising dead sons’ (2018, 94). They ‘cultivate, affirm, and sustain a vital connection to those the world had long devalued and dismissed’ (2018, 694). A larger sample of next-of-kin men would help researchers understand how death emotions are different and how that might affect how they manage the processes and interactions before, during, and after a death notification. All things considered; I was not surprised more men did not contact me to discuss their perspective on death notifications. It is also possible my sampling strategy was inadequate, and therefore did not reach them. One way to secure more male next-of-kin participants for future studies would be to contact men’s grief support or gender-specific bereavement groups and ask the directors to circulate the study information to their clients. This may help even out the sample. Although the male to female ratio was not commensurable, I was satisfied with the variation in relationships of next-of-kin to decedent (e.g., spouse or partner, parent, child, friend, grandparent, family member) and types or manners of death (e.g., suicide, accident, natural, homicide, undetermined).

The last limitation of this study was the challenge in connecting with coroners to observe them right before and immediately following a death notification. Although I interviewed twenty active coroners, only two contacted me to observe them while they worked a death notification. When I asked about the lack of death notification calls, several told me their office does week-long coroner rotations and they were either not working or did not receive a death notification call during their rotation. I also believe, although I told them to call me any time of the day or night, many did not want to bother me in the middle of the night. It is further possible they did
not want me to watch them while they worked for whatever reason. I was, however, able to sit in several coroner offices to observe them while they worked on death notification processes. And, I was able to spend time with some while they were “on-call” or off duty at conferences, meetings, dinners, and other functions. One way to avoid this limitation in the future would be to find out who is on rotation and shadow them throughout their week-long shift. In an urban county, it is likely you will get some death notification calls. However, in a rural county, they may only receive a handful of death notification calls per year. During my internship with the coroner’s office fifteen years ago, I primarily shadowed the deputy coroner as he was dispatched to death calls. During that time, I observed actual death notifications. Therefore, I was able to apply those experiences to my perspective as a researcher. Finally, during the internship I kept detailed field notes, which I was able to reflect on for additional perspective.

**On Reflexivity in Death-related Research**

One subject often forgotten in qualitative dissertation work is the impact of the physical and emotional fieldwork on the researcher, especially concerning death-related topics (Devers and Robinson 2002; Visser 2017; Woodthorpe 2011). According to Knopke, ‘researching death, dying, and bereavement can cause extreme physical reactions, which in turn might have a substantial influence on the research process, such as by drawing researcher’s attention to specific sensual experiences or to factors that trigger malaise or panic’ (2018, 646). Likewise, how might a researchers’ past death experiences and attitudes towards death and dying impact their analyses?

As a cosmetology salon owner from 1985-2004, I was frequently called upon by our local funeral home to beautify deceased clients by styling their hair and applying make-up. My first dead client was a 17-year-old girl who was killed in a car accident. She had been disfigured, so I
did my best to make her look natural. And, ironically, more alive. I recall how thankful the family was. On another occasion, I styled my Great-grandmother’s hair before her funeral. I felt both honored and horrified by the weight of this responsibility.

Because I have worked in or around the death industry since 1985, I often wonder if my personal and professional experiences color my understanding of death. Did my previous experience working with dead bodies give me a deeper, richer understanding or could it have rendered me numb? How much did viewing dead bodies as a salon owner, with coroners, at ‘Body Farms,’ and during my forensic anthropology education and career affect how I approached this topic?

During my coroner internship, I photographed the dead; broke rigor mortis in order to take postmortem fingerprints; took blood, urine, and vitreous samples during external examinations in the morgue; talked to families about their deceased loved ones; observed autopsies; washed blood and other body fluids out of my hair and clothing. In forensic anthropology work, I have macerated and de-fleshed human bodies; measured, weighed, digitized, photographed, and analyzed human skeletal remains; collected entomological and other evidence from decomposing bodies; processed bodies for placement; exhumed human remains buried from one to nineteen years; helped investigate cold murder cases, and other cases. Have these macabre experiences desensitized me to death?

During my research, I wondered how the work might be influencing me. I believe I managed it well, but I cannot be certain. Perhaps, death-related research is easier for me than it might be for someone who does not have my background. If so, is it reflected in my analysis?

Additionally, I wonder how the deaths in my personal life might affect my research. There is no such thing as value neutrality when it comes to studying death. For instance, the
deaths of loved ones during fieldwork affected Glaser, Malinowski, Rosaldo, and Strauss’ research. For example, Rosaldo experienced the sudden death of his wife, Michelle, while they were conducting ethnographic fieldwork. It was not until the death that he realized what the Ilongots had been telling him about grief and rage was true (Rosaldo 2014). He did not believe his informants until he experienced his own loss. As researchers, can or should we set our death perspectives and biases aside?

During the current research, I was often surprised by my own non-reactions. Often, even though my participants were crying, I found myself empathetic yet unemotional. I wondered if this could be the same for the coroner participants. Witnessing too much death may necessitate emotional distancing, as I pointed out in Chapter 4. During this research, I often related more closely to the coroners than the next-of-kin. In my lifetime, I have lost over twenty family members. Why then, did I not relate more closely to next-of-kin or become more emotional? These are questions I do not currently have answers for. But they must be asked.

Lastly, it is necessary for researchers to be able to share their death experiences with others during fieldwork. Who do student researchers talk to when they encounter a difficult situation, especially when they are alone in the field? Personal memos or diaries serve a debriefing purpose. However, students should also feel comfortable discussing these experiences with their advisors or project PIs. Most importantly, researchers need to balance their responsibility of confidentiality for participants with personal mental wellness during fieldwork and analyses especially while covering sensitive subject matters. Future research into death notifications or other death-related studies should include how researchers manage the memories they take away from their studies. The theories of distance management, responsibility
management, and memory management can be applied to researchers and their supervisors working to contribute to the anthropology of death.

**Directions of Future Research**

What purpose does this anthropological research serve? It attempts to transform knowledge. This dissertation takes the gaze away from the death notification as a one-time, unilateral death-telling event, and turns the lens to view death notifications, instead, as a series of interactional processes with multiple actors and mechanisms. It investigates how death notifications are managed by both notifiers and those who must be notified. Three useful anthropological theories emerged during this research. Distance management, responsibility management, and memory management are practical theories which can be used in additional death notification research on social interactions as well as generalized for other types of research.

Throughout the research process, I learned how both coroners and next-of-kin believe death notification processes ought to go. Without exception, both thought death notifications should be delivered with compassion and kindness; face-to-face instead of by phone; and in a timely manner. There was no consensus on who should deliver the death notification; whether euphemisms should be used for ‘dead’ or ‘died’; whether the coroner should touch/hug the next-of-kin or get emotional; whether the next-of-kin should see or touch the body; whether the death notification should be delivered in private or public; whether it should be scripted or unscripted; whether coroners should share every detail or withhold information; whether you could ever truly prepare for a death notification among other things. In line with previous research, this qualitative research helped illuminate some of these issues and bring them to the forefront. Death notification procedures and strategies are no doubt important. But this research also touched
upon more pressing issues for coroners and next-of-kin concerning death notifications previously overlooked or understudied: Death management.

If death notification training is available, as research suggests:

- Why did nearly every coroner in this study say they received little or no training?
- Who is responsible for training coroners and others who must deliver death notifications?
- Why is accessible training not being utilized or implemented?
- Is it a budget issue as one of the study participants suggested?
- Is it a matter of perceived importance?

For instance, I have attended no fewer than twelve advanced coroner trainings, in four different states, where the topic of death notifications never came up. I introduced the topic at the University of Montana Medicolegal Death Investigation Conference last September as a panel discussion. I brought together coroners, anthropologists, grief facilitators, crime scene investigators, and other professionals working in the death industry. The attendees expressed anger and frustration with the lack of training. Several coroners said they quit their jobs because they could not deal with the emotional stresses of the job. One asked, ‘What is more costly: Providing death notification training or losing a good coroner?’ Attendees at the death notification panel brainstormed about ways to implement trainings and how they could be more effectively utilized. These ideas will be incorporated into my future research and training materials.

Future research should consider what impact lack of death notification training has on coroners. Most coroners interviewed shared how most of their training was on-the-job (OJT),
through trial and error. Troy shares, “Most [death notifications] I remember are the ones that I really, really screwed up.” What happens when coroners screw up and how do they know they screwed up? Sometimes the next-of-kin file a complaint against the coroner, and they are reprimanded. Sometimes they know they screwed up by the next-of-kin’s reaction. Correspondingly, several coroners discussed ‘compassion fatigue’ and how taxing it can be to see the looks on people’s faces as they break the tragic news. Compassion fatigue is defined as, ‘the burnout and stress-related symptoms experienced by caregivers and other helping professionals in reaction to working with traumatized people over an extended period’ (Vandenbos 2007, 203). As mentioned in the previous paragraph, several coroners quit their jobs due to the burnout and stress. What happens to coroners who must continually deliver death notifications? It compounds their stress. According to Eth et al., ‘the repetitive performance of this continuously stressful task may be a prominent and underappreciated contribution to occupational burnout' (1987, 275). Future research into lack of training tied to burnout, compassion fatigue, vicarious trauma, and compounding stress would be useful for both coroners and next-of-kin. Applying the new theories of distance management, responsibility management, and memory management to these topics would be useful for the anthropology of death notifications.

What impact does lack of death notification training for coroners have on next-of-kin? Several participants who experienced a bad death notification interaction expressed how they will never forget it. The grief process for next-of-kin begins when they are notified. If the death notification goes wrong, they may experience complications with grieving that carry forward until resolved. Sudden deaths, which tend to be what coroners often investigate, catch most next-of-kin off guard. Death notifications from sudden deaths usually leave next-of-kin with a sense
of disbelief, helplessness, agitation, and may exacerbate feelings of guilt (Worden 2005). When coroners deliver a death notification without being trained, they could do harm to the next-of-kin. Megan, whose son had been murdered, shared how the way she was notified of his death adversely affected her. She admits, “I couldn't believe that was how they tried to approach a loved one about how someone died. I'm devastated but I'm left to tell the rest of my family what happened. That was a very traumatic experience.” Future research should focus on how different types of deaths, specifically suicide or homicide, may affect how next-of-kin manage these deaths during and after a death notification, and how training can help both coroners and next-of-kin.

Regarding different types of deaths, several coroners expressed how their most difficult death notifications to deliver are suicides. Several coroners and a few next-of-kin shared how they believed suicide to be a selfish act. Future research should consider how personal beliefs about suicide might impact how notifiers deliver death notifications. Additionally, researchers could examine how next-of-kin might respond to a suicide notification if they perceive the notifier judges the decedent for his or her actions. Furthermore, many coroners must attend the suicide death-scene before they make the notification. Researchers could examine how difficult is it to tell next-of-kin they cannot see his or her son or husband because he has blown his head off. How might distance, responsibility, and memory management play into these research scenarios?

Additional future studies could focus on how other cultures deliver death notifications. In the US, we tend to be a death-denying society. We often believe if we ignore death, it will go away (Becker 1973). Do other cultures handle their death notifications with the same
apprehension or are they more straightforward? Researching who delivers the death notification in other cultures and countries could strengthen the anthropology of death literature.

Future studies could also focus on who might be most effective at delivering death notifications, which is not to suggest coroners are not effective at them. When I asked who should deliver death notifications, one next-of-kin participant answered:

I don't think everybody can do that. It would be nice if they could. Maybe some people aren't equipped to give that type of information. I think more effort needs to be put into the professionals that are giving this kind of information to people. Really. We're not a bunch of robots. And it can really have an effect on someone's life (Nicole 2018).

It makes sense that certain professionals are better equipped at delivering death notifications than others. Death midwives, also referred to as death doulas, are people who assist in the dying processes, much like those who assist in the birthing processes. Perhaps the growth of this research area could stimulate more discussion of the management of death notification practices. Those who are trained in assisting others with death might also be effective at delivering the death notifications. How might coroners, next-of-kin, death doulas, hospice workers, nurses, physicians, EMTs, social workers, chaplains, law enforcement personnel, and others work together to improve death notification interactions and processes for everyone concerned? As a result of this research, I will be proposing a training program co-constructed by both coroners, next-of-kin, and other professionals that focuses less on death-telling strategies and techniques, and more on such things as compassion training, healthy coping mechanisms, and understanding compassion fatigue and vicarious trauma\textsuperscript{12}. I am also considering adding an element of spousal

\textsuperscript{12} The term vicarious trauma (Perlman and Saakvitne 1995) sometimes also called compassion fatigue, is the latest term describing the phenomenon generally associated with the “cost of caring” for others (Figley 1982). Vicarious
or partner training for notifiers so they can open dialogue with each other, which seemed to be an important issue for coroners in this study.

Both coroners and next-of-kin expressed how important compassion, kindness, and communication are throughout the death notification processes. Those next-of-kin who did not have a good experience with the death notification processes offered suggestions for those who must deliver them in the future. Elaine shared, “Put yourself in their shoes. I would say, always have compassion. Always be gentle. Cuz you never know, it could be the hardest news the person ever receives.” Megan shared, “Just remember that the information you're giving about a person is someone's loved one. It's someone's child. Someone's father.” Additionally, next-of-kin understood what a difficult job coroners have. Many expressed gratitude as well as sympathy for the coroners who notified them of the death. Vivian shared, “It isn't easy on the coroner to be on the scene.” Nicole shared, “It was a young one and an old one. And the old one was guiding the young one…So his partner is back here, watching him. He sat, knee to knee with me, I don't know if they touched. There was a connection there. Eye to eye. He was very kind.”

Without exception, coroners in this study understood how important the death notification processes were to next-of-kin. I asked why they did this job. Avis shared, “I think I have an aptitude to help people.” Judy shares, “To find answers for these families and to be there for them and to let them know that somebody is always there. And, to do that, brings me great pride in being able to do it. But, it's the worst thing in the world.” Victor shares, “After my son killed himself, I've done it to pay it forward because Sid was so nice and so kind, and he cried with us. I just want to pay it forward.” Clay shares, “It is God's work. Somebody has to do it, but

trauma is the emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured.
you pay a high price for it.” Evan shares, “It's an honor to be in that intimate moment with those people. It's very intimate, sad, but still very intimate. It's an honor that they would allow us to be there in that moment. So, I feel like I owe them.” And many other, similar comments. When I asked the most experienced coroner, Rick, what advice he could offer to other coroners concerning death notification interactions and processes, he shared:

I think what people have to realize is the person that is coming to do this is truly trying to do the best they can in the vast majority of cases, and they are in an extremely stressful, anxiety-ridden situation and they're truly trying to do what they can to make the situation, which is hard, as good as you can make it. I mean when I say good it's still horrible. And you gotta have, if you're going to do this work, you better have the passion and the sense of humor. That's the only way I survived the thirty years of doing it. And if you don't have those, you're probably in the wrong profession.

In closing, this study is an introduction of death notifications into the anthropology of death literature, allowing anthropologists to open dialogue with other disciplines to create engaging multidisciplinary work in death studies. The results of the research will benefit the field of death studies by helping to better understand the dynamic and alterable meanings and tensions in the interactional processes between and among coroners and next-of-kin. Through interactions, meanings change.
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Max, interview by TW. 2018. Coroner I'view (07 30).


Megan, interview by TW. 2018. NOK I'view (11 12).


APPENDIX A

Letter of Permission from Elected Coroner

I, ________________________________, Elected Coroner of _____________ County, on ____________________ give my permission for researcher, Teresa A. White, to conduct participant observation which is “designed to study, evaluate, or otherwise examine: (i) public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in or alternatives to those programs or procedures; or (iv) possible changes in methods or services under those programs; and, (2)

It is my understanding that Teresa A. White will meet my deputy/deputies at the death scene, shadow them as they carry out investigative duties that lead up to the next-of-kin death notification, and talk with them after the notification has been made. Mrs. White will not take photographs, notes, or recordings during the observation period that may identify subjects under observation. It is my understanding that Mrs. White is interested in the processes rather than the individuals; therefore, no names or identifying information will be necessary. After the observation period, Mrs. White will write up field notes to be viewed only by herself as part of her data collection and analysis procedures.

Finally, if the deputy coroners wish to be interviewed by Mrs. White, they have my permission to speak with her at a time and location of their choosing. In that event, Mrs. White will ask them to read and sign a consent form, which will be explained to them at the time by the researcher. They will understand that they have no duty to take part in this study and can decline to take part in the research or withdraw from the research at any time with no repercussions.
Hello,

I am writing to you about a study I am conducting on the Death Notification (DN) processes, for my PhD dissertation. While links between the death notifier and the notified have been explored, no study incorporates the perspectives of both coroners and members of the next-of-kin (NOK) of the decedent.

The DN process has been perceived by outsiders and researchers as a one-time, unilateral death-telling event. I will argue that it is, instead, an interactional process with multiple actors and mechanisms.

If you agree to take part in this research study, I will observe you as you conduct a death investigation and prepare to make a death notification. You will not be observed during the death notification, but you will be observed before and after the notification. In addition, you will be interviewed about the death notification processes at a time and place that is convenient for you. The interview will last approximately one hour. You may be asked to answer follow-up questions later.

This study seeks to answer the question: “How do coroners and NOK respond to and manage the process of a death notification?” Your participation will help me discover how the death notification processes might be improved to encourage profound changes that will challenge existing policies and practices.

If you are interested in participating in this study, please respond to this email or call me, and I can provide you with more information about the research.

Thank you for your time and consideration.

Sincerely,

Teresa A. White, PhD Candidate
Department of Anthropology
University of Montana
Teresa.white@umontana.edu
406-471-5088
Hello,

I am writing to you about a study I am conducting on the Death Notification (DN) processes, for my PhD dissertation. While links between the death notifier and the notified have been explored, no study incorporates the perspectives of both coroners and members of the next-of-kin (NOK) of the decedent.

The DN process has been perceived by outsiders and researchers as a one-time, unilateral death-telling event. I will argue that it is, instead, an interactional process with multiple actors and mechanisms.

If you agree to take part in this research study, you will be interviewed at a time and place that is convenient for you. The interview will last approximately one hour. You will be asked about your experience with the death notification processes. You may be asked to answer follow-up questions later.

This study seeks to answer the question: "How do coroners and NOK respond to and manage the process of a death notification?" Your participation will help me discover how the death notification processes might be improved to encourage profound changes that will challenge existing policies and practices.

If you are interested in participating in this study, please respond to this email or call me, and I can provide you with more information about the research.

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Sincerely,

Teresa A. White, PhD Candidate
Department of Anthropology
University of Montana
Teresa.white@umontana.edu
406-471-5088
APPENDIX D

Interview Guide for Coroners

1. Please describe how long you have been a coroner.
2. Please describe how much training you have received in DN.
3. How many DN processes have you been involved in?
4. Please describe how you feel when you are contacted about a death.
5. What was your first DN process like?
6. How did you prepare for the DN process?
7. What do you remember about your first DN process…feelings, sounds, smells, visuals?
8. Describe a DN process that still sticks with you, today and why it still sticks with you?
9. How do you discuss autopsies with NOK?
11. Tell me how you feel about expressing sympathy for the NOK or giving them a touch or hug?
12. Describe how you respond to NOK that is visibly upset during the DN process.
13. Describe how you feel when you are confronted with a family, during the DN process.
14. Describe how you feel after you have told the NOK about the loss of their loved one.
15. Describe what steps you take in the DN process.
16. Describe any steps that you feel are more difficult than others.
17. Who do you talk to about how you feel about the DN process?
18. How do you manage difficult DN processes?
19. Describe anything that you think I should know that we have not discussed.
APPENDIX E

Interview Guide for NOK

1) Describe to me what you were doing on the day that your loved one died, if you remember?
2) What do remember about what was said during the death-telling event and who said it?
3) What do you remember about it...feelings, sounds, smells, visuals?
4) What kinds of questions did you have for the coroner?
5) Describe the conversation you had with the coroner during the death-telling event.
6) What was your first thoughts during the death-telling event?
7) Can you tell me who was with you?
8) Describe what you did or thought after being notified about the death of your loved one.
   Follow up questions:
   a) How did you prepare for that?
      i) What do you remember about notifying them?
      ii) How did they respond?
      iii) How did you feel when the notifications were over?
9) Describe what it was like to tell others about the death of your loved one.
   a) How did you prepare for that?
      i) What do you remember about notifying them?
      ii) How did they respond?
      iii) How did you feel when the notifications were over?
10) Describe the processes you went through after the death-telling event.
11) Can you tell me about your loved one and what they meant to you?
12) Describe anything that you think I should know that we have not discussed.
## APPENDIX F

### Codebook for DN Dissertation

#### Nodes

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attached to those moments</td>
<td>Good or bad. Can bring themselves back to the moment. It’s like a snapshot.</td>
</tr>
<tr>
<td>First DN</td>
<td>Discussion about first notification</td>
</tr>
<tr>
<td>It sticks with me</td>
<td>Can’t get it out of my mind.</td>
</tr>
<tr>
<td>Re-living it Vivid Memories</td>
<td>The memories are so vivid. Constantly reliving them.</td>
</tr>
<tr>
<td>Compounding Effect</td>
<td>How things seem to build up on each other, adding stress and what it does to you.</td>
</tr>
<tr>
<td>It takes a toll</td>
<td>In vivo code about how the work or experience gets to you, and often weighs too heavy</td>
</tr>
<tr>
<td>Stress is cumulative</td>
<td>In vivo codes from coroners while discussing how deaths and DNs can affect family or peers</td>
</tr>
<tr>
<td>Trauma is transferrable</td>
<td></td>
</tr>
<tr>
<td>Consequent Interactions</td>
<td>Any interactions after DN</td>
</tr>
<tr>
<td>Became a case file</td>
<td>From NOK where they are no longer a person, and become a case file</td>
</tr>
<tr>
<td>Developing relationships with coroners</td>
<td>How the experience brings Coroners and NOK together, to create bonds</td>
</tr>
<tr>
<td>Coping Mechanisms</td>
<td>Drinking, humour, video games, talking, quitting, counselling. Can be good and bad.</td>
</tr>
<tr>
<td>Name</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Drinking or Drug Use</td>
<td>How drinking and drug use can be a negative coping mechanism. Drink myself to sleep.</td>
</tr>
<tr>
<td>Exploding or losing it</td>
<td>To cope, some said they explode or lose it. Negative coping mechanism.</td>
</tr>
<tr>
<td>Healthy lifestyle or choices</td>
<td>Positive coping styles. Some go to the gym. Spend time with family. Good choices instead of bad.</td>
</tr>
<tr>
<td>Masking it or Burying it</td>
<td>In vivo codes about how some cope. I bury it. Or, I mask it. A way of shoving it down. Unhealthy.</td>
</tr>
<tr>
<td>Sense of humour</td>
<td>Many coroners and several NOK said they use humour to get through difficult times.</td>
</tr>
<tr>
<td>Taking time off</td>
<td>Sometimes you must get away from the job, completely. Need time away from death/dying.</td>
</tr>
<tr>
<td>Talk to friends, family or professionals</td>
<td>Helpful to talk to others. Some say they wish they could but can’t. Some say they have supportive peers and family. For those that can talk, they seem to express better coping skills.</td>
</tr>
<tr>
<td>Video games, music or reading, gambling</td>
<td>Some of these are good and some I perceive to be not as good. Several coroners said they shoot or kill things while playing videos to let off steam. Mindless stress releasers.</td>
</tr>
<tr>
<td>Cops, Coroners, Chaplains Wearing Different hats</td>
<td>Coroners who must be cops but them compassionate tellers. Or, the chaplain that goes to a death scene but them must sit with family. Also, if you are the coroner but also knows the family.</td>
</tr>
<tr>
<td>Coroner experience</td>
<td>How many years have you been a coroner?</td>
</tr>
<tr>
<td>DN Training</td>
<td>How much training or DN education have you had? Several tried to mix coroner training with DN. Or, their experience with DNs instead of actual training. Some discuss a type of online training.</td>
</tr>
<tr>
<td>How many have you given</td>
<td>How many, if you can remember?</td>
</tr>
<tr>
<td>Why do you do this job</td>
<td>I was looking for what they would want to be a coroner, knowing how difficult it can be. Rewards.</td>
</tr>
<tr>
<td>Name</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>I found my niche in life</td>
<td>In vivo code. This job is the perfect job, because they are doing what they want to do.</td>
</tr>
<tr>
<td>It's a puzzle</td>
<td>In vivo code. Many like to problem solves, and this job allows them to put pieces together.</td>
</tr>
<tr>
<td>Someone must do it</td>
<td>In vivo code. Not the best job, but someone must do it.</td>
</tr>
<tr>
<td>Coroner reaction</td>
<td>Traumatized, surprised, scared, anxious, etc. Types of reactions.</td>
</tr>
<tr>
<td>Annoyed</td>
<td>Annoyed with NOK. Seems like their reaction was not appropriate. Overdone.</td>
</tr>
<tr>
<td>Couldn't find the words</td>
<td>In vivo code. Struggled to find the right words, and never did while giving the DN.</td>
</tr>
<tr>
<td>Crawl inside their skin or mind</td>
<td>In vivo code. You need to get inside them to know how they are feeling. Empathy.</td>
</tr>
<tr>
<td>Destroy or ruin their lives</td>
<td>Knowing that you are destroying their lives as you notify them. You are responsible.</td>
</tr>
<tr>
<td>Don’t judge</td>
<td>Keep your judgement to yourself. You don’t know what these people are going through.</td>
</tr>
<tr>
<td>Exhausting or draining</td>
<td>After the DN, you leave feeling emotionally drained. It takes everything out of you.</td>
</tr>
<tr>
<td>Gauge their reaction</td>
<td>When giving the DN and afterwards, you must watch them to see what they need/want.</td>
</tr>
<tr>
<td>Get them what they need</td>
<td>Get them water, a chair, call people for them, anything they need.</td>
</tr>
<tr>
<td>Care team</td>
<td>Call professional grief facilitators or medical professionals if needed.</td>
</tr>
<tr>
<td>Giving Hugs or Showing Emotions</td>
<td>Torn reactions between hugging/touching/showing emotions and remaining distant.</td>
</tr>
<tr>
<td>Got it wrong</td>
<td>In vivo code. Discussion about how they believe the got it wrong. Complaints filed. Made example of in office of how NOT to deliver DN.</td>
</tr>
<tr>
<td>Name</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Got it right</td>
<td>How it feels to get it right.</td>
</tr>
<tr>
<td>Grim Reaper Bad News Messenger</td>
<td>In vivo code. Feel like the Grim Reaper bringing horrible news. Don’t shoot the messenger.</td>
</tr>
<tr>
<td>Heartbreaking Traumatic</td>
<td>Traumatic to see family members so upset.</td>
</tr>
<tr>
<td>Hope it’s an interesting one</td>
<td>In vivo code. Instead of run of the mill death, I hope it’s at least interesting. Not another head shot. They all run together, so different ones tend to make the day more exciting.</td>
</tr>
<tr>
<td>How am I going to do this</td>
<td>Trying to figure out how they’re going to handle it. Struggling with self over how to do it. Especially when they perceive it to be a hard one.</td>
</tr>
<tr>
<td>I can relate</td>
<td>If they have a child, the same age. Or lost a loved one in same circumstance. Father, brother, etc.</td>
</tr>
<tr>
<td>I can’t do it anymore</td>
<td>In vivo code. Done. Can’t do it anymore. Won’t do it anymore. It’s not worth it.</td>
</tr>
<tr>
<td>I felt a lot of pressure</td>
<td>In vivo code. Pressure to do it right. Pressure to speak for the dead. Pressure to help peers.</td>
</tr>
<tr>
<td>I’m human You’re human</td>
<td>In vivo code. The reactions are expected because everyone is human. Has a heart. And, understands that others are human too.</td>
</tr>
<tr>
<td>Is it real or is person actually dead</td>
<td>Is the person dead? It seems like it’s the person, but is it? No sure. Need to make the DN but not sure if it’s them.</td>
</tr>
<tr>
<td>It didn’t sink in</td>
<td>In vivo code. Telling someone and it didn’t seem to sink it with NOK or even sink in with the impact of the horrible moment for the coroners. Walking around numb.</td>
</tr>
<tr>
<td>It impacts them more than me</td>
<td>It’s much harder on the NOK than the coroner. They are the one that lost someone.</td>
</tr>
<tr>
<td>It is never easy, and you don’t get good at it</td>
<td>In vivo code. Even with lots of DNs you don’t get good at it because it’s always hard.</td>
</tr>
<tr>
<td>It’s not about you</td>
<td>It is not about you, and you shouldn’t make it about you. Pull back.</td>
</tr>
<tr>
<td>Name</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Other people's grief</td>
<td>You are watching other people in their grief. It is their grief not yours. Be aware.</td>
</tr>
<tr>
<td>Relieved</td>
<td>Happy to be done with it. Such a build-up that it’s a relief to tell and to leave the DN.</td>
</tr>
<tr>
<td>Safety concerns</td>
<td>Worried they are going to injure me or others. Shoot me. Hit me. Unsafe neighbourhoods. Unsafe crime scenes. Toxic chemicals. Hazardous death and DN scenes.</td>
</tr>
<tr>
<td>Second guessing self</td>
<td>Did I do it right? What did I forget? Should I have done it differently?</td>
</tr>
<tr>
<td>You don't know how they feel</td>
<td>You will never know how they feel. You can have compassion, but you don’t know what it’s like.</td>
</tr>
<tr>
<td>Culture, Religion or Ethnicity</td>
<td>Do you think culture, religion of ethnicity plays into how you deliver DN or receive DN? Does your belief system make it better/worse? How do you speak to others with different beliefs, etc.?</td>
</tr>
<tr>
<td>Don't know what to expect</td>
<td>Don’t know what to expect. Knocking on the door. Anxiety. Could be any reaction.</td>
</tr>
<tr>
<td>Everyone is different</td>
<td>They are unpredictable. Know that each is different. Some are better than expected, some worse.</td>
</tr>
<tr>
<td>Expected versus unexpected deaths</td>
<td>If deaths are expected, what are reactions? Unexpected? Usually worse if unexpected.</td>
</tr>
<tr>
<td>Face to Face versus phone notification</td>
<td>Which do you prefer? What is best? Is it policy or choice? When are each delivered?</td>
</tr>
<tr>
<td>How to deliver a DN</td>
<td>Discussion on how DNs should be delivered. What is your experience?</td>
</tr>
<tr>
<td>Be straightforward or use euphemisms</td>
<td>Don’t say passed. Say dead. Died. Pull off the Band-Aid. It’s easier in the long run to not beat around the bush. What does it mean to break it to them softer or being blunt? What is best?</td>
</tr>
<tr>
<td>Death is death and it's just a job</td>
<td>Death can’t be prevented. It’s a job they must do. Just do it and get it over with. Nothing personal. Don’t really think about it beyond being a job.</td>
</tr>
<tr>
<td>Name</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Scripted or Unscripted</td>
<td>Should you plan it or go in with a script. Do you keep script or throw it out the window?</td>
</tr>
<tr>
<td>Like or unlike TV or the movies</td>
<td>It's not what people think it is. Not CSI. It’s not what lay people think or see on TV. It’s real life.</td>
</tr>
<tr>
<td>Media's impact</td>
<td>Can be good and bad. Sometimes it’s helpful to find NOK. Facebook, reporters, etc. Get in the way or make DNs before the proper person can. Invasive. Intrusive. Pushy.</td>
</tr>
<tr>
<td>Multiple Notifications</td>
<td>When you must make several DNs. Both Coroners and NOK. Often, it is not just one DN. Many more. To family members, friends, etc. It’s not just that moment, but it continues.</td>
</tr>
<tr>
<td>Need better communication</td>
<td>Need to be able to communicate better. Get information to someone better. Disconnect.</td>
</tr>
<tr>
<td>Need information and answers to Qs</td>
<td>No answers. Both NOK and C are waiting. Need answers.</td>
</tr>
<tr>
<td>How did it happen</td>
<td>Need to know what happened. By waiting, it adds to stress or grief. All want to know how.</td>
</tr>
<tr>
<td>Misinformation</td>
<td>Someone gives bad information. Wrong ID. Wrong news. Who does it?</td>
</tr>
<tr>
<td>Needing distance</td>
<td>Need to separate for protection or other reasons.</td>
</tr>
<tr>
<td>Needing to be close</td>
<td>Need to be closer to someone. Family or friends.</td>
</tr>
<tr>
<td>NOK reactions and perceptions</td>
<td>Shock, anger, mentally abusive, combative, denial, calm, gentle, kind, etc.</td>
</tr>
<tr>
<td>Autopsy</td>
<td>Thoughts on autopsy? Did they ask about it? Who decided? How did you talk about it?</td>
</tr>
<tr>
<td>A safe place</td>
<td>In vivo code from NOK who felt like the coroner/coroner office was a safe place.</td>
</tr>
<tr>
<td>Can or can't see the body</td>
<td>Discussion about seeing/being prevented from seeing the body. How do they talk about it? Who stopped you? What steps did you take to allow viewing of the body? Did seeing the body help? Hurt?</td>
</tr>
<tr>
<td>Name</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Didn't have to share my grief</td>
<td>In vivo code from NOK who felt they didn’t have to share their grief.</td>
</tr>
<tr>
<td>Dealing with other people’s grief</td>
<td>Talk about how to manage other people’s grief when you are also grieving.</td>
</tr>
<tr>
<td>Doing and saying what's expected</td>
<td>NOK felt like some people only did and said what was expected of them. Also, doing the right things when you felt like it was what was supposed to happen. The responsibility to say/do right thing.</td>
</tr>
<tr>
<td>Don't trust my own memory or instincts</td>
<td>In vivo code from NOK. Memory can’t be trusted. Need confirmation from others to believe it.</td>
</tr>
<tr>
<td>First encounter with empathy and compassion</td>
<td>In vivo code from NOK on how it felt like it was their first encounter with true compassion during DN. Kind and compassionate coroner.</td>
</tr>
<tr>
<td>Gentle and kind</td>
<td>What coroners showed and how NOK perceived it.</td>
</tr>
<tr>
<td>I felt manipulated</td>
<td>In vivo code from NOK who felt like during DN they were manipulated to give information before the delivered the DN. Possibly knowing they might not get information after delivering the DN.</td>
</tr>
<tr>
<td>Knew something was wrong</td>
<td>The strong sense that something was wrong. Felt strange. Knock on the door. Look on their faces. Strange call. Sick feeling.</td>
</tr>
<tr>
<td>Managing other people and making plans</td>
<td>Got busy with other people’s needs. Once DN had been made, then it moves right onto making plans and managing responsibilities of disposition, viewing, burial, etc.</td>
</tr>
<tr>
<td>Stopped Breathing Heart Stopped</td>
<td>The news was so devastating, it made stopped the heart or breathe.</td>
</tr>
<tr>
<td>They didn't judge or blame me</td>
<td>In vivo code from NOK who expected to be blamed but was not blamed or judged.</td>
</tr>
<tr>
<td>They may not remember anything</td>
<td>In vivo code from NOK when referring to DN to other family members. Too shocking to remember.</td>
</tr>
<tr>
<td>They were heartless</td>
<td>In vivo code. DN was delivered in a heartless manner. No feeling. Cruel.</td>
</tr>
<tr>
<td>Name</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Tunnel Vision</td>
<td>In vivo code. Tunnel vision was suggested as narrow view, felt like they were in a tunnel. No periphery.</td>
</tr>
<tr>
<td>Types of reactions (screaming yelling wailing)</td>
<td>Reactions to DN, mostly physical.</td>
</tr>
<tr>
<td>Didn't see it coming Blindsided</td>
<td>In vivo code. Blindsided. It came out of the blue.</td>
</tr>
<tr>
<td>1000 pounds No words</td>
<td>In vivo code. The weight of the DN and death felt like 1000 pounds on the chest. Heavy.</td>
</tr>
<tr>
<td>Anger</td>
<td>Angry response.</td>
</tr>
<tr>
<td>Biggest fear</td>
<td>In vivo code. It is my biggest fear.</td>
</tr>
<tr>
<td>Blame self or others</td>
<td>Blaming self or others for death or for not doing more when person was alive. Managing blame.</td>
</tr>
<tr>
<td>Calm</td>
<td>Calm response.</td>
</tr>
<tr>
<td>Confused about how to feel</td>
<td>Confused whether to be relieved, mad, sad, etc. Conflicted.</td>
</tr>
<tr>
<td>Dead felt too final</td>
<td>The word dead felt too final. Had to ease into it. Still hard to say. Dead. Died.</td>
</tr>
<tr>
<td>Denial</td>
<td>In denial. It couldn’t have happened.</td>
</tr>
<tr>
<td>Hasn’t sunk in or Disbelief</td>
<td>Does not fully comprehend that someone is dead. Or, in disbelief.</td>
</tr>
<tr>
<td>It sunk in</td>
<td>It finally sunk in.</td>
</tr>
<tr>
<td>Needed Counselling</td>
<td>Needed professional help. Ask for help. Talk to someone.</td>
</tr>
<tr>
<td>No response or flat affect</td>
<td>No reaction or response as the DN is being delivered. Hard to read flat affect.</td>
</tr>
<tr>
<td>Name</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Passed out or Fainted</td>
<td>Reaction to DN.</td>
</tr>
<tr>
<td>Pressure Chamber</td>
<td>In vivo code from NOK. Felt like they were in a pressure chamber. Described pressure chamber and felt like they were in one. Needing to decompress, but not able to.</td>
</tr>
<tr>
<td>Relief or no relief</td>
<td>When the words relief were used. Relief to have help. Relief that someone understands. Relief to have it over. Relief that someone else told. No relief, because you are never done. There’s always more.</td>
</tr>
<tr>
<td>Scared</td>
<td>Scared to know. Scared to tell. Scared of reactions. Scared of how others would react.</td>
</tr>
<tr>
<td>Shame or Embarrassment</td>
<td>Reaction of shame or embarrassment.</td>
</tr>
<tr>
<td>Shocked or Traumatized</td>
<td>Reactions of shock or being traumatized during DN.</td>
</tr>
<tr>
<td>Take it out on the notifier</td>
<td>Wanting to take it out on someone else. As NOK must notify, afraid others will take it out on them.</td>
</tr>
<tr>
<td>The gravity of the situation hits you</td>
<td>It finally hits you. The finality of it. The gravity of it. The Death and the situation finally hits you.</td>
</tr>
<tr>
<td>Positive experience during horrible time.</td>
<td>Did the best I could with it. Try to make it the best I could. It was a good experience during a horrible time.</td>
</tr>
<tr>
<td>Preparing for DN</td>
<td>How coroners prepare for DN.</td>
</tr>
<tr>
<td>Teletype to another agency</td>
<td>How coroner offices notify other agencies of DN. Whose responsibility is it to tell? Procedures.</td>
</tr>
<tr>
<td>Uniform or no uniform</td>
<td>How coroners and NOK feel about DNs given by uniform vs. non-uniformed personnel. What’s best? A uniform may feel more authoritative. May feel too official. Body armour.</td>
</tr>
<tr>
<td>Name</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Where should you deliver DN</td>
<td>Discussion whether it should be public or private. Where? Why? Home? Work? Both coroners and NOK discuss what is best. Parking lot.</td>
</tr>
<tr>
<td>Who should make the DN</td>
<td>Discussion of who should make it. Who does it best? Whose responsibility is it? Why? Perceptions from both coroners and NOK weigh in.</td>
</tr>
<tr>
<td>Previous experience that helped with DN</td>
<td>How has previous DN experience helped or hurt? More apprehensive or confident?</td>
</tr>
<tr>
<td>Recommendations for Coroners</td>
<td>What recommendations do you have for DN processes?</td>
</tr>
<tr>
<td>Be mentally nimble</td>
<td>In vivo code. You need to be mentally nimble to handle the job. Not rigid.</td>
</tr>
<tr>
<td>Be prepared and know what is expected of you</td>
<td>Know what is expected of you before you go to a DN. What is required of you? Advice from both coroners and NOK on knowing what to expect from both.</td>
</tr>
<tr>
<td>Don’t do it if you don't have to Eats you Alive</td>
<td>In vivo code. It eats you alive. Don’t do it if you don’t have to. All coroner responses.</td>
</tr>
<tr>
<td>Don’t take it home with you</td>
<td>In vivo code. Don’t take your work home with you. Some family members can take it. Others cannot. Families don’t need the stress. Coroners may or may not want to talk about it. How to handle keeping work at work, and not letting it drift into personal life.</td>
</tr>
<tr>
<td>From NOK to Coroners</td>
<td>Recommendations from NOK to coroners. Be human. Be kind.</td>
</tr>
<tr>
<td>Have a wide skillset</td>
<td>Know how to do a lot where DNs are concerned.</td>
</tr>
<tr>
<td>How to stay in this profession</td>
<td>How to handle yourself so you don’t get burned out. Tips to be able to stay in coroner position.</td>
</tr>
<tr>
<td>Know your triggers</td>
<td>In vivo code. You must know what triggers you, so it doesn’t affect you. See it coming, stop it.</td>
</tr>
<tr>
<td>Learn from others</td>
<td>Watch and learn from others, both from good and bad experiences.</td>
</tr>
<tr>
<td>Name</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Recognize when you've had enough</td>
<td>From coroners, you need to know when enough is enough. If it’s impacting you.</td>
</tr>
<tr>
<td>Stay with them until someone else can be there</td>
<td>Stay with the family until they get support from family or friends. Clergy.</td>
</tr>
<tr>
<td>Who should be there</td>
<td>Who needs to be there for coroners to give DN. Family? Children? Who to include in DN?</td>
</tr>
<tr>
<td>Struggling to cope</td>
<td>In vivo code from both coroners and NOK. Both expressed challenges with coping. Did they recognize it? Just beginning to recognize it.</td>
</tr>
<tr>
<td>Timeliness and making DN quickly</td>
<td>What timing means to DN. How soon? What’s more important, swift or meaningful and correct? Is it more important to get the message out before social media does? It’s a balancing act.</td>
</tr>
<tr>
<td>Toughest DN to make or hear</td>
<td>When asked what the toughest ones were to make or hear.</td>
</tr>
<tr>
<td>Children or Kids</td>
<td>Children are very difficult DNs to make. Why? Lost potential. Life in front of them, cut short.</td>
</tr>
<tr>
<td>Types of relationships (strangers, family, acquaintances)</td>
<td>What are the types of relationships both coroners and NOK have with decedent or those that need to be notified? How to you negotiate those relationships? My responsibility to tell/share.</td>
</tr>
<tr>
<td>Worst news you could get or Worst Part</td>
<td>Worst part of the job. Worst part is DN. Worst news you could ever get. Hard to deliver.</td>
</tr>
<tr>
<td>Wrong Person making notification</td>
<td>The wrong person gave the DN. Friend, social media, nurse not doctor, other.</td>
</tr>
</tbody>
</table>
APPENDIX G

Coroner Consent Form

SUBJECT INFORMATION AND INFORMED CONSENT

Study Title:
An Ethnography of the Death Notification Processes between Coroners and Next-of-Kin

Investigator(s):
Teresa A. White, M.A.; PhD student (406-471-5088/Teresa.white@umontana.edu)
Gilbert Quintero, PhD faculty advisor (gilbert.quintero@umontana.edu)

Purpose:
The purpose of this research study is to learn how coroners and next-of-kin (NOK) respond to and manage the processes of a death notification.
You must be 18 or older to participate in this research.

Procedures:
If you agree to take part in this research study, I will observe you as you conduct a death investigation and prepare to make a death notification. You will not be observed during the death notification, but you will be observed before and after the notification. In addition, you will be interviewed about the death notification processes at a time and place that is convenient for you. The interview will last approximately one hour. You may be asked to answer follow-up questions later.

Risks/Discomforts:
This study may cause you mild discomfort from answering questions about the death notification processes. You do not have to answer any questions that may cause discomfort, as answering these questions may result in the experiencing of negative emotions such as sadness, anxiety, or grief.

Benefits:
Although you may not directly benefit from taking part in this study, your participation may contribute to the scientific understanding of death notification processes.

Confidentiality:
Your records will be kept confidential and will not be released without your consent except as required by law.
Your identity will be kept private.
If the results of this study are written in a scientific journal or presented at a scientific meeting, your name will not be used.
Your signed consent form will be stored in a cabinet separate from the data.
The audio recording will be transcribed without any information that could identify you.
The recording will then be deleted.

Voluntary Participation/Withdrawal:
Your decision to take part in this research study is entirely voluntary. You may leave the study for any reason, and at any time.

Questions:
You may wish to discuss this with others before you agree to take part in this study.
If you have any questions about this study, please contact the researcher, Teresa A. White, PhD Candidate (406-471-5088/Teresa.white@umontana.edu) or Gilbert Quintero, PhD the faculty advisor (gilbert.quintero@umontana.edu).
If you have any questions regarding your rights as a research subject, you may contact the UM Institutional Review Board (IRB) at (406) 243-6672.

**Statement of Your Consent:**

I have read the above description of this research study. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that any future questions I may have will also be answered by a member of the research team. I voluntarily agree to take part in this study. I understand I will receive a copy of this consent form.

________________________
Printed Name of Subject

________________________
Subject's Signature

________________________
Date
APPENDIX H

Next-of-Kin (NOK) Consent Form

SUBJECT INFORMATION AND INFORMED CONSENT

Study Title:
An Ethnography of the Death Notification Processes between Coroners and Next-of-Kin

Investigator(s):
Teresa A. White, M.A.; PhD student (406-471-5088/Teresa.white@umontana.edu)
Gilbert Quintero, PhD faculty advisor (gilbert.quintero@umontana.edu)

Purpose:
The purpose of this research study is to learn how coroners and next-of-kin (NOK) respond to and manage the processes of a death notification.
You must be 18 or older to participate in this research.

Procedures:
If you agree to take part in this research study, you will be interviewed at a time and place that is convenient for you. The interview will last approximately one hour. You will be asked about your experience with the death notification processes. You may be asked to answer follow-up questions later.

Risks/Discomforts:
This study may cause you mild discomfort from answering questions about the death notification processes. You do not have to answer any questions that may cause discomfort, as answering these questions may result in the experiencing of negative emotions such as sadness, anxiety, or grief.

Benefits:
Although you may not directly benefit from taking part in this study, your participation may contribute to the scientific understanding of death notification processes.

Confidentiality:
Your records will be kept confidential and will not be released without your consent except as required by law.
Your identity will be kept private.
If the results of this study are written in a scientific journal or presented at a scientific meeting, your name will not be used.
Your signed consent form will be stored in a cabinet separate from the data.
The audio recording will be transcribed without any information that could identify you.
The recording will then be deleted.

Voluntary Participation/Withdrawal:
Your decision to take part in this research study is entirely voluntary. You may leave the study for any reason, and at any time.

Questions:
You may wish to discuss this with others before you agree to take part in this study.
If you have any questions about this study, please contact the researcher, Teresa A. White, PhD Candidate (406-471-5088/Teresa.white@umontana.edu) or Gilbert Quintero,
PhD the faculty advisor (gilbert.quintero@umontana.edu).
If you have any questions regarding your rights as a research subject, you may contact the UM Institutional Review Board (IRB) at (406) 243-6672.

Statement of Your Consent:
I have read the above description of this research study. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that any future questions I may have will also be answered by a member of the research team. I voluntarily agree to take part in this study. I understand I will receive a copy of this consent form.

________________________________________________________________________
Printed Name of Subject

________________________________________________________________________  ______________________________________________________________________
Subject's Signature  Date
APPENDIX I

INSTITUTIONAL REVIEW BOARD
for the Protection of Human Subjects in Research
FWA 00000738
Research & Creative Scholarships
In interdisciplinary Science Building 104
University of Montana
Missoula, MT 59812
Phone: 406-243-6673

Date: July 9, 2018

To: Teressa White, Anthropology
    Dr. Gilbert Quintero, Anthropology

From: Paula A. Baker, IRB Chair and Manager

RE: IRB #1/2-18; “An Ethnography of the Death Notification Processes between Coroners and Next-of-Kin”

Your IRB proposal cited above has been APPROVED under expedited review by the Institutional Review Board in accordance with the Code of Federal Regulations, Part 46, section 110. Expedited approval refers to research activities that (1) present no more than minimal risk to human subjects, and (2) fall within the following category for expedited review as authorized by 45 CFR 46.110 and 21 CFR 56.110:

7. Research on individual or group characteristics or behavior (including, but not limited to, research in perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Each consent form used for this project must bear the dated and signed IRB stamp. Use the PDF sent with this approval notice as a “master” from which to make copies for the subjects.

Amendments: Any changes to the originally-approved protocol, including the addition of any new research team members, must be reviewed and approved by the IRB before being made (unless extremely minor). Requests must be submitted using Form RA-110.

Unanticipated or Adverse Events: You are required to timely notify the IRB if any unanticipated or adverse events occur during the study, if you experience an increased risk to the participants, or if you have participants withdraw from the study or register complaints about the study. Use Form RA-111.

Continuation: Federal regulations require you to file an annual Continuation Report (Form RA-109) for expedited studies. You must file the report within 90 days prior to the expiration date, which is July 5, 2019. Tip: Put a reminder on your calendar now. A study that has expired is no longer in compliance with federal regulations or University IRB policy, and all project work must cease immediately.

Study Completion or Closure: Finally, you are also required to file a Closure Report (Form RA-109) when the study is completed or if the study is abandoned. See the directions on the form.

Please contact the IRB office with any questions at 406-243-6672 or email irb@umontana.edu.
At the University of Montana (UM), the Institutional Review Board (IRB) is the institutional review body responsible for oversight of all research activities involving human subjects as outlined in the U.S. Department of Health and Human Services' Office of Human Research Protection and the National Institutes of Health, Inclusion of Children Policy Implementation.

Instructions: A separate application must be submitted for each project. IRB proposals are approved for no longer than one year and must be continued annually (unless Exempt). Faculty and students may email the completed form as a Word document to IRB@umontana.edu or submit a hard copy (no staples) to the IRB office in the Interdisciplinary Sciences Building, room 104. Student applications must be accompanied by email authorization by the supervising faculty member or a signed hard copy. All fields must be completed. If an item does not apply to this project, write in: N/A. Questions? Call the IRB office at 243-6672.

1. Administrative Information

   Project Title: An Ethnography of the Death Notification Processes between Coroners and Next-of-Kin

   Principal Investigator: Teresa A. White
   Department: Anthropology
   Work Phone: 406-471-5088
   UM Position: M.A.; Ph.D. Candidate
   Office Location: N/A
   Cell Phone: 406-471-5088

2. Human Subjects Protection Training (All researchers, including faculty supervisors for student projects, must have completed a self-study course on protection of human research subjects within the last three years and be able to supply the "Certificate(s) of Completion" upon request. If you need to add rows for more people, use the Additional Researchers Addendum.

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>PI</th>
<th>CO-PI</th>
<th>Faculty Supervisor</th>
<th>Research Assistant</th>
<th>DATE COMPLETED</th>
<th>IRB-approved Course Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teresa A. White, M.A., Anthropology</td>
<td><a href="mailto:teresa.white@umontana.edu">teresa.white@umontana.edu</a></td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
<td>02/27/2017</td>
<td>33333333333</td>
</tr>
<tr>
<td>Gilbert Quintero, Ph.D., Anthropology</td>
<td><a href="mailto:gilbert.quintero@msou.umt.edu">gilbert.quintero@msou.umt.edu</a></td>
<td></td>
<td>✔️</td>
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<td>05/29/2018</td>
<td>33333333333</td>
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<tr>
<td>Name</td>
<td>Email</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Project Funding (If federally funded, you must submit a copy of the abstract or Statement of Work.)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Grant No.</th>
<th>e-Prop #</th>
<th>Start Date</th>
<th>End Date</th>
<th>PI on grant</th>
<th>Has grant proposal received approval and funding?</th>
<th>Is grant application currently under review at a grant funding agency?</th>
</tr>
</thead>
</table>

   IRB Determination:

   For UM-IRB Use Only

   _ Not Human Subjects Research
   X Approved by Exempt Review, Category # (see memo)
   X Approved by Expedited Review, Category # (see Note to PI)
   Full IRB Determination
   X Approved (see Note to PI) - IRB Chair Signature/Date:
   Conditions Met (see Note to PI)
   Resubmit Proposal (see memo)
   Disapproved (see memo)

   Final Approval by IRB Chair/Manager: ________________________________
   Date: 7/9/2018   Expires: 7/8/2019

   Note to PI: Non-exempt studies are approved for one year only. Use any attached IRB-approved forms (signed/dated) as "masters" when preparing copies. If continuing beyond the expiration date, a continuation report must be submitted. Notify the IRB of any significant changes or unanticipated events prior. When the study is completed, a closure report must be submitted. Failure to follow these directions constitutes non-compliance with UM policy.