The Mourning Market

Exploring commercial grief counselling pedagogies in the Netherlands

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Do you know how to mourn? Although death and grief have been around since the dawn of humanity, grief has remained an underdeveloped topic. Recently, commercial parties started offering grief counselling in the Netherlands. This study investigates the pedagogies of commercial grief counselling and how they were brought to life. Through five open interviews with mourning counsellors, each with a different focus, this study explores the pedagogies of mourning in a commercial setting. In combination with the author's experience with grief counselling, this study offers a novel insight into the playing field of commercial mourning counselling. This study discovers the outcome of neoliberal practices on Dutch society, affecting how citizens grieve. Moreover, this study finds an exodus of professionals from public health, shifting to the private sector. These findings act as a first steppingstone in mapping commercial grief counselling and highlight the importance for healthcare professionals and society as a whole as there is a lot to learn on how to mourn.

Keywords

Commercialization of Health Care – Counselling – Grief – Marketization

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This is for my father, Wilbert

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'Death is a problem of the living' – Norbert Elias

1. Introduction

Death has become increasingly visible online, but the impact is reduced to numbers. Internet and social media have increased the visibility of death in Western society. In the context of the Covid-19 pandemic, death is normalised in politics and reduced to empty numbers and silent statistics (Schinkel, 2021).

On the other hand, mourning has, in my world - modern, Western, white and wealthy - been individualized (Walter et al., 1995; Winkel, 2001). There has been a structural change in 'how-to-mourn' in Western society, as it became increasingly individualised; and there is an institutionalisation and commercialisation of bereavement support and grief counselling that has concomitantly developed (Winkel, 2001; Luhmann, 1995). When I lost my father, I went into private counselling, read self-help books privately, and cried privately. Furthermore, my brother and sister were doing precisely the same. When with friends, we did not bring up the subject. It was a rather monotonous and apathetic conversation if some of them did bring up the point. Mourning remains a private matter and is not supposed to be present in public.

Ultimate and unavoidable, death and mourning, are life. Yet, death has been socially tabooed and privatised, driving death out of the public sphere (Schinkel, 2021), particularly for that Western, white and wealthy society. Contrarily, aesthetic death (such as murder) in ‘reality crime’ or ‘crime as entertainment’ has gained popularity (Dowler et al., 2006). Nordic crime series, NCIS, and podcast solving murders and the like are prime-time formats. Sociologist Margaret Gibson (2007) states that this aesthetic and mediated death does not result in acceptance and acknowledgement of mortality. On the contrary, Gibson (2007) argues that this paradox (of 'real' versus produced/mediated/aesthetic death) results in less preparedness for dealing with the death of someone close while being increasingly exposed to mediated death.

I believe that mourning lost its previous place in society since the 19th century and gained a new (privatized) place. Mourning should remind us of the love and connectedness we

have with each other, demonstrating that we are not autonomous, individualistic and self-contained (Schinkel, 2021; Butler, 2004). Unfortunately, the increased privatisation and commercialisation of mourning and descent of solidarity show the opposite.

Besides commercialisation, the level of autonomy of the individual, and individualisation affects the mourning process (Catlin, 1993). Humans mourn more collectively in Spain, while in northwest Europe and the United States, humans grieve more individually. Self-reliance is praised in the northwestern society: "He's holding so well" and "standing on its own feet" (Catlin, 1993). In older works, Rosenblatt et al. (1976) and Palgi & Abramovitch (1984) show that humanity shares an emotional aspect, mainly visible through crying. More importantly, they indicate differences in society in the process of expression of emotions and tie-breaking (with the deceased). In the United States only, there is far from homogeneity in death and grief rituals (Ariès, 1975). With Ariès and other scholars, it is accepted that death and mourning practices are different and particular per society and within society. Furthermore, the different practices that we embraced were overthrown entirely in the Netherlands during Covid-19, not being able to say goodbye to loved ones. The same happened in Ireland (O'mahony, 2020) and many other countries (Cardoso et al., 2020; Enari & Rangiwai, 2021; Burrel & Selman, 2021). Given that we all mourn differently, I am particularly interested in my Western, white, and wealthy mourning practice.

Commercial Pedagogy of Mourning

There are no official guidelines for mourning. Nevertheless, it is expected that we learn to cope with the loss of a loved one. Derrida (2003) sees mourning as an aporetic concept, indicating that mourning is contradictory and impossible yet inescapable. If we succeeded in mourning, we would fail to remember a loved one. If we failed in mourning, we would successfully remember a loved one - I am aware this is bold, but I try to indicate that mourning is not a

unilateral concept. It is precisely the concept of a re-membering of mourning that Dastur (2015) describes as part of our fundamental human condition. In the re-membering of mourning, we try to survive as the ones who remember (the other) (Dastur, 2015). With mourning, there is the chance to seek continuity with our loved ones while living in a new reality without them (Zembylas, 2011). But how do we learn to mourn in my contemporary white, wealthy West? What practices are in place, and how did they come to life?

Given that there is no consensus on mourning, several actors preach their practice. Over the last decades, mourning has become increasingly commercialised (Winkel, 2001). There are many possibilities to learn about mourning from self-help groups, therapy, seminars, and workshops, to a wide range of books (Winkel, 2001; Winkel, 2002). In the Netherlands, there are many commercial parties offering private counselling/therapy on mourning. In addition, there are also educational actors that offer training to become a mourning counsellor. Ultimately, what one is taught, seen, and heard affects their mourning process and how that process takes place in public life. Therefore, I aim to investigate the following:

How is mourning made public in commercial pedagogies of mourning?

Relevance

This research holds two types of relevance. Firstly, there is limited research in the field of mourning and commercialisation. Winkel (2001) shows several phenomena of a more commercialised mourning industry but does not analyse the pedagogy of mourning in depth. I will further investigate how mourning counselling affects the pedagogics of mourning in public and private life. As a part of this, what does this pedagogy of mourning imply for our society? Secondly, this research allows for an evaluation and reflection of my mourning process. Three months after my father passed away, I began with mourning counselling. What was I taught in

mourning counselling, and what did this do to my public and private life? Four months after the first counselling session, I burned out. In those first seven months, I was drunk nearly every night and broken every following morning. I stopped my studies and quit my board year. One and a half years after the latest counselling session, how do I look back at this process? What did I learn through this experience, and what would I do differently in the future?

2. Theoretical Framework

This research aims to analyse the commercial pedagogy of mourning in public life. Unfortunately, very little research has been completed on the topic of the commercialisation of mourning. Therefore, I will borrow theories from different disciplines to formulate a comprehensive work.

2.1 Neoliberalism

To explore the commercialisation of mourning, I first look closely at the commercialisation of (mental) health care in general. However, a deeper dive into neoliberalism is necessary to understand the formation of commercialisation in health care. In countless ways imaginable, neoliberalism led to the marketisation and commercialisation of all aspects of life. In the arms of neoliberalism, Western society grew into a market society where nearly everything is up for sale (Sandel, 2012). Even 'autonomous' sectors like education and health care evolved into a market. To keep focus and create a narrative, I simplify neoliberalism over three (chronological) pillars: economics, political and individual.

2.1.1 Economic neoliberalism

After the Second World War ended, Western states were left with broken and weak economies. The Keynesian economic policy was widely implemented to rebuild the nations and their markets after the Great Depression and WWII. In simplistic terms, Keynesian economics does

not believe in the automatic correction to an equilibrium of the market. Instead, governments can increase output (the economy) if they increase their spending or provide an incentive for others to spend more (Blinder, 2008). Keynesian economics brought a means for nations to retain governmental influence in the economic process and foster development by active involvement.

Until the end of the 1960s, Keynesianism was the dominant economic discourse. Partly to the oil crisis and the Vietnam war, rising economic instability showed cracks in the Keynesian system (Palley, 2005). In the 1970s, Keynesian economic thought was gradually replaced by Neoliberal economics. Neoliberal economics were developed simultaneously as Keynesian economics, answering the Great Depression in the 1930s. In contrast to Keynesian economics, neoliberal economics opposed the government's direct involvement in the market system, as they believed this caused the Great Depression (Meijer, 1998). Under neoliberal economics, governments decreased their influence (gained through Keynesian economics) in the market's pricing mechanism. The economic process was solely regulated via the pricing mechanism without direct government interventions (Meijer, 1998). The market became, as Friedman and Becker saw it, the collection of all (voluntary) human action (Trask, 2020).

2.1.2 Politics of Neoliberalism

Evolving from just an *esoteric* concept in the economic sense, neoliberalism also, in parallel, consequentially imposed changes in the political discourses (Venugopal, 2015). Central state regulation would undermine democracy, the rule of law, social securities and social justice (Meijer, 1998), as the state would hold a too extensive concentration of power. As a result, neoliberal policies aimed to diminish the state's influence in the market. The state's assets and practices previously executed have since been transferred to the private sector. The inferred *tragedy of the commons* legitimated the transfer of assets to avoid free exploitation,

and privatisation and deregulation of the state would increase efficiency, quality, productivity and decrease bureaucracy (Harvey, 2007). The welfare state imposed restrictions on human competition and had to be dismantled (Venugopal, 2015) for the market mechanism to work correctly. The politics of Thatcher and Reagan define this era of privatisation of public utilities and public services (Harvey, 2015) and society's goodbye to the social welfare state. By setting the economy above the state, neoliberalism sees the market as the neutral solution, whereas the state is a politicised problem (Schmidt, 2018). Neoliberal policies made the individual more important than the collective and community. In neoliberalism (and practice), companies are attracted to serve this market and fill the demand that came into existence.

2.1.3 Neoliberal Subjects

With the change of neoliberal politics of states, the role of the individual transformed as well. In the governmental goodbye to the welfare state, the responsibility of citizens' well-being was transferred to the citizens themselves (Harvey, 2007). Privatisation reduced the social safety net, and citizens became increasingly personally responsible for their well-being. In the neoliberal system, individuals became the *homo economicus*, a subject that performs labour to generate income (Van Houdt, 2014). Neoliberal policies formed an *enterprise society*, a system where citizens became competitors in the market (in many fields) for their well-being (Van Houdt, 2014). This economical approach of human behaviour fostered the emphasis on one's responsibility. The citizen thus became independent and responsible for his security and risks, whereas the state first provided this responsibility (Ossewaarde & Brinkman, 2006). The diminishing providence of the state led to competition between citizens to secure one's previously covered insecurities and risks. To 'win' in the competition of the enterprise society, insecurities and risks can be mitigated by investing in human capital (Van Houdt, 2014). In the insecurity and precarity that the neoliberal politics brought for the labouring individual,

investing in one's own resources (human capital) favours his position in the market. Consequently, the individual's interest becomes self-interest rather than mutual interest, fostering individualism (McGregor, 2001). In Friedman's optic, this is positive, as all individuals are free by the market to pursue their self-interests and individual values (Rodrigues, 2018). It makes 'entrepreneurs' of citizens or "agents of his or hers destiny" in Bush's *ownership society* to individually maximise one's self-interest.

However, for the neoliberal subject, the notion of the Homo Economic/Oeconomicus might be too limited. Porter (2020) recently gives a new definition: Homo Emptor. As Porter (2020) describes, consumers only make decisions about themselves as individuals, not as citizens, thereby neglecting others in our decision-making. So the consumer buys and buys. Through the lens of hedonism, the consumer is perfectly rational. The consumer buys to have pleasure, be happy, and to avoid and overcome dissatisfaction and grief (Gabriel & Lang, 2015). Yet, consumption is not just a means of fulfilling our needs. Consumption also transfuses our social relations and identities, controlling our emotional experiences (Gabriel & Lang, 2015). We, as a society, do not have to be unhappy any longer, as we have all means available to control our happiness. The human happiness status can be regulated by the management of pleasure (Rieff, 1979), for which one has responsibility. In the 'market', the neoliberal subject can find dozens of options to manage his pleasure, reducing his unhappiness. The economic sphere has come to dominate our lives and thinking, and our socialisation is (partly) accommodated by a marketplace (Wrenn & Waller, 2017). Neoliberalism has made an economic market model of our social relations itself (Foucault, 2004/2008). One could say the neoliberal subject's emotional life is dependent on the services that the market has to offer to manage his pleasure. In our hyper consumer hedonism, the market is the predominant 'establishment' regulating individual relations and our state of happiness (Gabriel & Lang, 2015).

2.1.4 Taboo

Referring to the quote by Elias (2001) on the third page, death is a problem of the living. In his work 'The Loneliness of the Dying', Elias (2001) describes how developed societies have managed to push the dying out of public life. I believe it is safe to say that we managed to do even better than the status in 2001, nowadays. With the dissolution of the dying in public life, Elias continues, we try to remove death as a phenomenon from public social life: 'social repression' of death (Elias, 2001). Today, social repression of death might be seen as taboo on death. Perhaps not directly related, Lang et al. (2011) wrote on perinatal death, which often leaves parents with complex grief, but society often does not legitimize their right to mourn. While these are extremes, society has implicit and explicit rules on how the community should mourn (Markin & Zilcha-Mano, 2018). Elias (2001, p. 28) proposes a simple yet striking definition of mourning: "[Taboos] prohibit any excessive show of strong feelings, although they may be present". We prohibit ourselves from showing angry or empathetic feelings for death and grief while we feel them. Like the dying, grief also has little place in our society. Western society prefers the performance of grief outside public life. As a result -as Lang et al. (2011) describes in a particular case but happening for grief in general- we make it complex for individuals to grieve and provide them with few tools for understanding. For example, there is no place to mourn in the workplace, as grief and sadness threaten our illusion of continuity (Bento, 1994) and our idiotic idea of personal immortality (Elias, 2001). In a world where the neoliberal subject already has limited space to express its emotions, grieving becomes even harder. Grief does not lure pleasure and has little place in a society as signified by neoliberalism, individualism, and hedonism.

2.2 The Mourning Market

In basic neoliberal economic terms, the act of mourning is a human activity. This human activity is, therefore, undermined to an economic equation. As noted, neoliberalism practices led to the dismantling of social welfare programs and urged personal responsibility for well-being. So, I come to define the act of mourning as "a personal economic activity". The act of mourning then opens up a market, where those who mourn - those who demand - can find enterprises in the market - those who supply.

2.3 Commercialisation of Health

Neoliberalism opened the way for the commercialisation of health care (Brody, 2014; Walker et al., 2019; Gibelman & Demone, 2002). Neoliberalism led to a decline in public providence for health care. It incentivised the construction of profitable activities (ergo companies) that could fill the void left by the increasing absence of general providence. Furthermore, as Meesters describes (2021), neoliberalism imposed the idea that the market was also the most rational approach to solving health care problems. More efficiency, better quality, and lower costs would naturally follow out of the logic of competition in the market. And so, since the 1990s, for-profit companies have increasingly taken over the health care services previously offered by governments and non-profits agencies (Gibelman & Demone, 2002). In the Netherlands, there is a belief that psychological suffering is an individual responsibility (Meesters, 2021). This personal responsibility - central to neoliberalism - drives individuals to seek the 'best' health care in the market. *Economism* of health care has (arguably) led to short term efficiency and better quality at lower cost, but inevitably leads to "frequent-flyer patients and an exodus of well-educated professionals from public institutions" (Groenendijk, 2021. p. 34). As a result, public institutions have deteriorated, and it becomes more attractive for both

the patient and the professional to explore commercial alternatives for health care. Neoliberalism did what it does best: making for-profit parties that can compete in the market. In health care, neoliberalism created 'healthrepreneurs', unfurling medical practices that can exploit the broken pieces of the public health system that it has produced.

The line between public and private in the health sector can sometimes be blurry; this is also true in the Netherlands (Jambroes et al., 2013). In this discussion, I look at the more economical and juridical definitions. 'General' and public health offering in the Netherlands usually happens via entities that are not allowed to make a profit: foundings and associations/clubs. In practical terms, in the Netherlands, there is the GGD, GGZ, ARBO, RIVM, homecare, and local municipalities. Contrarily, private health can take place via entities that do allow profit creation: sole property (Eenmanszaak), general partnership (VOF), private limited liability company (Besloten Vennootschap) and public limited company (Naamloze Vennootschap). Perhaps one of the most prominent and concrete examples to illustrate 'healtrepreneurs' are Lead Healthcare B.V. and Hestia Cardiovascular Service Center B.V.. These companies offered Covid-19 rapid tests throughout the pandemic. Both companies are private limited liability companies (B.V.'s) and were operating in the sector of general healthcare, even receiving public subsidies while privately gaining profits. Another example is the increasingly renovated villas to take care of wealthy elders. This link shows several private health solutions the market offers to seniors and 'deteriorating' people.

2.3.1 The commercialisation of the Mourning Market

As its name already implied, the Mourning Market has space for economic activities. The connection between neoliberalism and the commercialisation of health care opens up a market for mourning. Companies arise to fill the demand and exploit humans' mourning activity. Therefore, more commercial practices offer mourning counselling and therapy, and an

increasing number of self-help books on mourning are present on the shelves. On the other hand, individuals also become entrepreneurs in figuring out and scouting the best possible solutions that solve their mourning problem in the neoliberal ideology. There is very little research on the commercial aspects of mourning (care). As both supply and demand define a market, I want to know more about who is attending commercial counselling (demand): who are they and why are they choosing this particular solution? Secondly, I wish to learn more about those who offer commercial counselling (supply): how did their activities come around, and what do they bring to life? I aim to set a base – as that is currently absent - for the pedagogies of mourning offered by commercial parties.

3. Methods

The main aim of this research is to understand how commercialised mourning pedagogies create social mourning actions and how they came into existence. For this work, I performed explorative research on the counselling/therapeutical pedagogics of mourning. I used an interpretive framework that was practical to analyse the context and values that shape mourning behaviour.

3.1 Interviews

For this research, I performed qualitative interviews with commercial grief counsellors. My starting point was Rouwpraktijk 'De Einderveer', where I took grief counselling. Anja Coppens, a professional grief counsellor, was open to helping me reach other professionals by initiating a snowball sample. At the end of this chapter, a table is provided with descriptive information on the counsellors.

Qualitative interviews offer much space to understand the commercial pedagogics of mourning. Qualitative interviews allow for providing elaborate interest in the interviewee's perspective (Bryman, 2016). As I aimed to get more insights on the pedagogics of mourning

specifically, relatively semi-structured interviews seemed most adequate. However, I did not make use of a strict interview guide. Given my personal experiences, I hoped a postmodern interview and narrative would allow more meaningful insights. As Brinkmann (2018, p. 1000) describes it, there is magic in the interview: "A stranger is willing to tell an interviewer many things about her life, just because the interviewer presents herself as a researcher." I now believe that this approach was a tough but valuable one.

Without my experiences, I would have gone for a 'standard' interview, holding on to a colonial infrastructure (referring to the authoritative structure of the 'traditional' interview). However, as my father died, and I went into mourning and had private mourning counselling, I was blessed with the opportunity to overcome these - often referred to as imposed and colonial - tendencies and approach the interviews as a dialogic and performative process (Denzin, 2001; Brinkmann, 2018). This led to another form of communication, where I collaborated with the interviewee to construct a narrative (Borer & Fontana, 2012). The interviews thus become social productions with particular and contextual knowledge (Borer & Fontana, 2012). This postmodern way of interviewing allows for a very reflexive approach. It opens a narrative collage of both the interviewee's experiences and my own. Against current standard interviewing, bringing in my own experiences and being open to the interviewee's questions brings in a deep layer—an emotional layer, but, therefore, highly insightful in its particular context. Furthermore, I was curious about the question that the counsellors came up with for me. Namely, these questions represent their viewpoints, which is precisely the commercial pedagogical side. All counsellors were very open and interested in my mourning process and how I experienced it. They have asked me touching questions, making me relive that emotional and painful period. It made the interviews powerful.

I first considered not addressing neoliberalism, individualism and economic theories in my interviews. However, a respectful encounter with the interviewees gave exactly the insights

I wanted. I am critical, and I have an opinion on this topic, but rather than hiding this, I used it to engage in far more interesting discussions and understandings. It is evident there is a market for mourning, so I aim to understand that market best. This postmodern interviewing method can also open the door for some auto-ethnographic reflections on my mourning experiences. In the paragraph on 'operationalisation', I will explain how I used neoliberalism in the interviews more in-depth.

Contrarily, I am well aware that performing interviews with commercial counselling does not provide a general view of the pedagogics of mourning. This is also not the goal of this research. Particularly looking at commercial counselling gives new insights into how to mourn and what influence this holds for public and private life. The sample of counselling professionals is homogenous. I do not consider this problematic, as this is precisely the aim of this research. Contrasting to what I imagined earlier in the process, I transcribed the process myself and analysed the transcripts myself to label important parts and quotes. The concepts I discuss in operationalisation were a guide for this process.

3.2 Operationalisation

While I was aiming for an open and collaborative interview, it was helpful to indicate how the theoretical concepts presented in the interviews. Building for the theoretical framework in chapter two, I designed a schematic overview that helps to visualise the indicators of the concepts (see below). As mourning and neoliberalism are abstract concepts, I provide dimensions and indicators that allow for a more natural discussion. This overview helped me not lose track of this paper's bigger picture and subjects during and after the interviews.

As I did not use complex theoretical definitions, I proposed some indicators and concepts for neoliberalism and commercialisation that I used for the interviews:

- The role of the government acts as an indicator of neoliberalism: The way that the government provides or does not provide solutions for mourning.
- The way counsellors talk about their patients, in the form of customers with 'demand' and counsellors offering 'supply' to that demand, can indicate that counsellors see it as a market. Perhaps the counsellors themselves come up with the word 'market' and 'needs' in their language. Terms like 'efficiency', 'quality' and 'costs' relate to the commercialisation of health care and are perhaps used in the logic of mourning counsellors.
- It is essential to see how the counsellors describe the action of mourning on individualisation.
- Terms like 'responsibility' (of the individual), 'taking ownership', and 'own sake' reflect a neoliberalism pushing individualisation. The figure below shows more indicators on the subject.

Lastly, as shown below, I discuss and note some concepts and classifications of mourning. Although I have no extensive theoretical framework on mourning, I experienced mourning first-hand. The reflexive approach of the interview allows coming back to these concepts without upfront making use of the literature. My experiences and the counsellors' questions that arose during the interviews were not restricted by my limited knowledge but gave incentive to ask even more specific questions on the mourning practices.

3.3 Ethics, Invention, and Practicalities

The interviews were recorded with a Philips DVT1110 and on my mobile phone as a backed up. All participants agreed to the recording and the use of their names in this research. Throughout this process, I ensured that the interviewers were not harmed by the references they made. Their willingness to operate should not result in adverse personal or professional

outcomes. Therefore, some quotations are not included. In the interviews, I used some inventive techniques to better understand the counsellor's world. In the form of a small experiment, the invention can make visible what is ordinarily invisible or latent (Marres et al., 2018). As a result, I sometimes went against the participant and provoked them to generate new accounts, specifically for the neoliberal thought and commercialisation of health care. Also, some awkward pauses invited the participant to come up with something that was not directly on the table or in their mind. The interviews were stored on a secured Dropbox file, which reduced the risk of losing the files on hardware. Nevertheless, I am aware that using Dropbox might include some privacy risks.

3.4 Limitation of the Interviews (Methodology)

Rather than spending little attention on this disclaimer at the end of my work, I want to give it full attention, as I believe it is essential to the process. I feel that my third, fourth and fifth interviews were too relaxed. Although I did not look at my paper with questions during the interview, I was not listening carefully. I sometimes asked questions that were formed in a confirming way rather than explorative. I asked follow-up questions quickly, and I often tried to make a joke or funny comparison. All this might be because I felt and heard saturation, starting from the third interview. As a result, I acted pretty smugly, reducing the potential of the interviews. Yet, as Wim van Lent told me, these interviews are also a form of mourning. I also likely felt more comfortable with the subject later in the interview process.

Name	Age	Location	Occupational Background	Focus	Insurance	Female – Male Practice Ratio	Class of Clients
Anja Coppens	60-70	Roosendaal	Funerals & founding for mourning children	Children & young adults	Not Covered	80-20	Middle- and upper-class
Sandra de Bruyne	40-55	Roosendaal	Primary School	Adults	Not Covered	70-30	Middle- and upper-class
Ed van der Vight	40-55	Nuenen	Accountancy	Adults	Covered	50-50	All classes
Ellen van Leenen	40-55	Rotterdam	Secretariat	Adults	Not Covered	80-20	Middle- and upper-class
Wim van Lent	60-70	Beek en Dal	Mental Health Care	Men	Not Covered	0-100	Middle- and upper-class

Figure 1: Descriptive information counsellors

Abstract concept & work definition	**Dimension**	**Sub-dimensions**	**Indicators**	**Potential Indicating Questions**
Abstract concept: **Mourning** Work definition *The emotional feelings towards someone after their death*	1.Pedagogics of mourning	1.Private Life 2. Public Life	1. The Home 2. Partner 3. Work 4. Family 5. Friends 6. Collective life	1. How does your first session look like? 2. Why do I have the feeling mourning is so individual? 3. What do you encourage for mourning in love life? 4. Not all family relations improve during/after mourning, due to different mourning trajectories. How do you look at this? 5. I found it really difficult to talk about it with my friends. What is your advice? 6. What should you, as an employee, do at work when you feel it is too much? 7. What is the best advice you can give an employer? 8. Should I continue my social life? Or is this avoiding the actual mourning? 9. What do we do with old clothes? When can we give them away?
Abstract concept: **Neoliberalism** Work definition *Ideology of favouring free-market capitalism and reduction in government spending (for public sectors)*	1. Commercialisation of Health Care	1. Decline in public providence of health care 2. Market Solutions 3. Individualization	1. Government Spending 2. Companies offering health care services 3. Individuals individually seeking help	1. How do you see the role of the government for mourning assistance? 2. How does the government currently assist with mourning? 3. Does the government fail to provide solutions? 3. Is this company doing the work of the government? 5. Who are your clients (=supply) 6. Which are the parties you see as the parties that provide help for mourning? 7. Could you explain why people need commercial help with mourning? 7. Why do individuals 9. Why does a company work better than the government? - efficiency - costs - quality 10. Do you clients/patients feel that they must explore for the best help out there? 11. I personally felt that coping with this loss was my own responsibility, and going to a private counselling was one way of healing myself. How do you see this responsibility

4. Analysis

To create structure, this analysis is split into three parts. Firstly, I determine *who* the clients are of commercial mourning practices. As the counsellors, and thus I, speak a lot about "we" and "them", it is essential to get the group of interest correct. Secondly, this chapter focuses on how commercial mourning counselling was brought to the market and why it is still growing – before moving on to the pedagogies. Thirdly, I describe what commercial pedagogies of mourning counselling *are*. While it seems the pedagogies of mourning are left out this analysis upon the third part, the way *how* the commercial mourning counsellors gained their existence is essential in understanding the pedagogies of mourning.

4.1 The Client

There is a clear pattern of clientele that visit mourning counsellors. They are white, middle and upper-class, and predominantly female. Besides being female, I fit the client's picture as well. It may be surprising that primarily women (70%-80%) see mourning counsellors, but I will address this in more detail in the upcoming parts. As the counselling sessions are not covered by insurance (with the exception of Ed), there can be a monetary boundary that results in a clientele of middle and upper-class citizens. Secondly, the counsellors indicate that it is more difficult for them to work with lower-class clients. They do not want to spend the money on counselling, might lack the ability to reflect, and often have a diversity of underlying problems that complicate mourning. Ed, the only counsellor in my research covered by insurance, has lower-class clientele, which differs from the rest. The domination of the whiteness aligns with the particularity stance I took earlier in this work. The clients vary between very young children and very old seniors in terms of age.

4.2 The Mourning Market; its diagnoses, symptoms, and growth

Up to date, I could not find a commercial mourning counsellor that practised in this setting for more than fifteen years. Therefore, this market (or so it seems) is young and perhaps unfamiliar to many. Fortunately, there was a simple answer that pushed the existence of this market: "The System". "The System" is the reoccurring concept in all interviews that caused the counsellors to start and their clients to visit them. Unfortunately, 'The System' is vague, opaque, and subjective. I suggest three pillars that make up The System: society, public health care problems, and loss of religion. I believe these three pillars are connected and interdependent.

4.2.1 Society

"We have lost it... We say, "I am there for you", and "Call me if you need something." But when you are deep, crying and miserable on the couch, you are not calling anyone" - Anja Coppens

For nearly a year, my brother, sister, and I had misconceptions about my father's death that we did not know of each other. Although we became immensely close, we were still mourning primarily in private. As a result, my brother grappled with misconceptions and pain that could have easily been avoided if we had shared what pain exactly we were feeling and why. My story aligns with a more extensive narrative in my white middle- and upper-class society. For that society, there are three components, some fixed and others changing, that shape how the white middle and upper-class society in the Netherlands mourn: individualism, consumption, and identity and patriarchy.

Individualism

"There is more individualism in our society, which makes it harder to discuss the subject [death and grief]" - Ed van der Vight

The tendency of individualism complicates mourning. As outlined earlier, neoliberal practices led to an individual of self-interest rather than mutual interest, "we are too busy with ourselves" (McGregor, 2001). Secondly, out of the commercialization of health care, there is a belief that individuals are responsible for solving their psychological suffering (Ossewaard, 2006; Meesters, 2021). These two aspects reinforce each other and, as a result, make mourning hard for an individual, the neoliberal subject. "We do not want to bother our friends and family", is a painful combination of the two aspects. As our friends and family are also self-interested, we either feel like not bothering them with our pain, or they do not want to be bothered with our pain. "Well, are you still talking about it", or "I have stopped talking about it, they nearly spin their eyes and think", "Oh, here she goes again", are confrontational observations that the counsellors present.

The counsellors also experience society's individualism of their clients in another way. Anja, Ellen, Ed, and Sandra also offer group counselling sessions, either in their practice or via a third party. Surprisingly, there is no demand for these group sessions. There used to be, but not anymore. "People just do not want it", "They find it hard to open themselves up to strangers", and "I do not want to hear the misery of other people." These statements, further express the preference for self-interest rather than mutual/group interest that McGregor (2001) refers to. All counsellors praise the positive effects of such a group setting. It helps to share one's story with others, and it is essential to hear the stories of others, acknowledging that you are not alone. Nevertheless, there seems to be no demand for a group setting while the individual sessions are roaring. It is in line with the social diagnosis of Groenendijk (2021) that society is detaching, and making us lose social contacts and cohesion. Anja asked herself when trying to organize a group session three years ago: "Where did all the young kids go?" The loss of interest and ability to share emotions and pain in a social setting fits exceptionally well in an individualistic society.

Consumption

"It has to go fast. Like everything has to go fast, this [grief] has to go fast." - Ellen van Leenen

"All problems always need to be solved immediately. When someone has pain or sadness, they want to get rid of it as soon as possible. [People act like,] "I have a problem, I buy a solution". – Ed van der Vight

The second component of society, consumption, has friction with grief. Grief is slow; grief is painful; grief is unexpected; grief is uncontrollable, and not pleasurable. In society, the individual - the neoliberal subject - seeks and needs pleasure, preferring complete control of that pleasure (Gabriel & Lang, 2015). From experience, I can tell grief is in no way near pleasure. Grief makes your life hard. It makes it hard to focus, for instance on work or study. Grief can make you feel tired in the most unexpected moments. Grief brings forth pain so that you can feel it inside your body; I felt pain in my chest and stress in my lower arms. So, rationally (and arguably by now naturally), an individual opts for mechanisms to overcome grief—quick fixes to avoid the pain. The Homo Emptor (Porter, 2020) comes in, scouting for ways to combat this unhappiness and displeasure. It then only makes sense that the number of self-help books on mourning has been growing and the number of commercial mourning counsellors keeps rising - doubling in the last ten years. A society that "wants to solve problems" sees grief as a problem and wishes to overcome that problem, preferably just by buying a solution. Nevertheless, for many clients, talking with a counsellor can be seen as a solution, as a fix. With the rise in demand, all counsellors declare themselves as 'full', and the doubling of mourning counsellors, indicates our preference for consuming our way of grieving problems. In our hedonistic lifestyle, or 'cool-capitalism' (McGuigan, 2014), the neoliberal individual has no place for pain and displeasure and seeks consumption to regain his pleasure.

Identity & Patriarchy

The third component of society is somewhat more complex and intangible. It is partly related to taboo and how our society is socially organised. For this part, I am mainly building on my conversation with Wim van Lent, as he is an expert on male behaviour. This automatically points out the problem: male behaviour. Leaving nature as fixed in the nature-nurture equation, Wim focuses on nurture as a problem. "Something is happening in how we raise our men. Look at our prisons. How is that possible? What is that about? What is the essence of that?" Men, starting from birth, are taught actions to take control, actions about omnipotence. Men cannot show and share their emotions, let alone find the words necessary to describe what they feel happening inside them. I also struggle nowadays when experiencing loss, even though I went to counselling. Wim explains: "In moments of stress, ergo loss, ergo grief, we fall back in old patterns. Patterns we have seen in our parents". Sometimes, these patterns can be unknown to oneself. If a father did not express his feelings or was primarily absent in his child's youth, his son likely copies this behaviour.

With his learned behaviour of omnipotence, men struggle with impotence, which is what grief is all about. Anja states that "men ask less help and want a fast solution". We attribute different identities to men and women, so we teach them different ways of handling emotions. Wim points out that there are no men and women before a certain age. "Starting from the fifth grade, we create men and women: Men want to control, seek power, and women learn waiting, communication and empathy". From that moment, we shape and start to live up to the identities that we attribute to men and women in society. When males start to live up to their expected identity, mourning becomes problematic. Men receive less knowledge on how to share and handle their emotions. Keeping control and power is essential for us, and men fix things when they do not go as they want. "We fix things for our mother, father, wife, kids, brother, sister, and boss, but let mourning and loss be exactly those things where we cannot fix anything." And

as men did not create an identity that allows them to cope with impotence, we suck at mourning. "The men I see in my practice come up to three years too late. They come when they have already lost their wife, kids, and jobs. When they see no other solution." Looking back, I am the same. I worked harder, partied harder, and objectified and relativized my father's death instead of openly confronting myself with the feelings I had. When I reached the point of physical breakdown, I knew I had to start confronting myself and look for help.

Besides the biological and psychological identity that Wim talks about, society's male-dominated culture does not do good for mourning in general. In most companies, governments, and clubs, males are the leaders. Their lack of compassion and empathy does not make a good example when it comes to mourning. It also fits the broader line of responsibility and self-interest that neoliberalism broads forth. Perhaps this is also symbolized by the fact that the Netherlands does not have a bereavement leave (Belgium, e.g. does). As a result, employees need to call in sick, being left alone to grieve. With mostly men at the top, who generally have more difficulty dealing with situations around loss, employees are left on their own, transferring responsibility to the individual, lacking empathy and compassion from their male bosses. In a male-dominated society, there is a continuous, lousy example of how people should interact and deal with loss and with those experiencing loss. As a result, responsibility and self-interest are again reinforced, with few positive consequences for those struggling with losing a loved one.

Taboo

A connecting pattern in the previous paragraph is the notion of taboo in society. As stated in chapter two, taboo can be seen as the prohibition of showing strong feelings. I do not necessarily see taboo as one of the drivers in society, but merely a moderating component that influences the other components of society. Individualism can be reinforced by taboo, or taboo

can be a perfect excuse for individualism, not having to talk to and care for the grieving. The presence of a taboo on grief may push people more toward consuming options, solving something which is not allowed to be spoken of. Lastly, in a society where men are identified by impotence, the taboo on death and grief compels them to talk less about their emotions and feelings.

4.2.2 Public Health Care Problems

"I have experienced the golden times" - Anja Coppens

The second pillar of the System is the problem of public healthcare. As seen in the earlier theory, the problem is twofold: both for the patient and the care provider. Following the credo of the provider, "always start with the patient," it is again important to keep the client profile in mind.

"People do not feel like going *there* anymore", "I see lots of clients who followed a GGZ path", "I have had many men who became insane by the protocols and questionnaries", "That's ridiculous right?" I could add twenty more quotes, but I try to illustrate that all counsellors have clients that previously had badly experienced following a public healthcare trajectory. Firstly, the waiting period for help is very long for public mental health care. Last summer, my sister was referred to the GGZ, and up to date, she has yet to have one intake session and can start no earlier than August. Secondly, the processes in the GGZ are robust; with extensive protocols and fixed times, "it becomes hard to make a connection." Often patients in the GGZ are not appointed to one practitioner but are rotated throughout the system. As a result, patients often need to tell their stories several times before the actual medical trajectory can start. Thirdly, which was most surprising to me, psychologists and general practitioners have minimal knowledge of mourning and loss. "It [mourning] is the poor child",

"There is a need and desire of knowledge for them", and "On a university discipline, we are not there yet". All commercial counsellors address their concern of mourning knowledge of other professionals. Psychologists and general practitioners are not appropriately educated and often mistake and treat mourning for depression. Somehow grief is underexposed and underdeveloped in the academic world. Therefore, wrong diagnoses and treatments come as a consequence. All three arguments can explain why a client who first tried a GGZ trajectory would later switch to a commercial counsellor. Suppose all three arguments are related; it provides enough incentive for patients with severe grief to look beyond the public mental healthcare.

However, the incentive to look beyond public mental healthcare is not limited to patients. With the commercialisation of health care, many professionals left the public sector (Groenendijk, 2021; Brody, 2014). The commercial sector can be more appealing to professionals than the public sector. "If you see how the protocols are nowadays...", "Aren't they all complaining about that [paperwork]? I am not sure how we got at that point… ", "The trajectory of the general practitioner and the GGZ is fully in the 'bureaucratic lane', with diagnoses, DBC's/DCT's (diagnose-treatment combination), codes and whatsoever." Complaints about the health system are becoming more widespread in the Netherlands. There is a 'care trap' (Baaijens & Plochg, 2013), and we have lost the 'human touch' (LHV & NHG, 2012), making the health care system both unpleasant for providers and patients. As a result, well-educated professionals opt out of the public health sector, transferring to the commercial sector (Groenendijk, 2021). All counsellors admit their preference for the commercial sector, allowing them to be closer to their clients, and avoid the bureaucratic trap. They also favoured the freedom of not being "controlled" by health insurance companies and "their ever-changing rules", which play a massive part in the care trap (Baaijens & Plochg, 2013). However, Ed, affiliated with insurance companies, nuances the complexity of actions he must take: "I only

add a few codes on the invoices, and my clients can then submit it to their health insurance." Interestingly, the other counsellors, who are not affiliated with insurance companies, claim they do not want it because of its high complexity and bureaucracy.

4.2.3 Secularization

"The church rituals, the togetherness, the power of religion... That was so much more powerful back then. I believe it is a loss that we do not have that anymore." - Ed van der Vight

As the third pillar of society, secularization of Christianity arose as returning factor that guided the client into trouble with mourning. In the Netherlands, Church membership dropped from 67% in 1966 to 20% in 2019, and Church attendance dropped from 50% to 14% (CBS, 2020; Kregting et al., 2018). I remember my grandparents telling me they went to church every Sunday, sometimes even multiple times a day. Now, at most, they go eight times per year. As the statistics above show, and your senses probably tell you, society has become increasingly less interested in Christianity (and other religions in general). It is precisely the feeling of togetherness and belonging that has vanished in the last decades. Whether you want to believe in God or not, the Church was beneficial for mourning. Firstly, "mourning was made visible by the Church". There was a defined period of black clothes, a cross above the house, and white sheets hanging outside the house. All were indicating, making public, that this family was mourning. As we have lost that, the visibility of mourning, and thereby the presence of mourning, has declined. "I believe that the disappearance of the Church greatly creates the taboo". Physical appearances, masses, and rituals at least made grief part of society, and it was normalised within belief.

Secondly, and relating to individualism, the Church can bring togetherness and spirituality. As I felt during the Easter mass, there was something intangible that relieved pain and complexity in some way. The pain and feelings are shared. The same holds for grief. Thirty

years after my mother's brother died, there are still a few masses dedicated to him. Acknowledging and remembering are what I believe essential parts of grief. For Ed, who works with an 'integral loss coping', the spiritual level is the highest level of consciousness on which one can cope with mourning. Spirituality is not exclusively for religion, but "simply believing someone is in a better place after they died can be important for one's grieving process". The research 'Why God Left the Netherlands' (Kregting et al., 2018), shows that those with higher education and higher income have secularized more. Perhaps incidentally, let that be precisely the white, middle- and higher class clients that seek mourning counselling. Although being religious does not necessarily have to take place on the spiritual level, coming together, and making mourning visible were important for society. Society could adapt their behaviour to those mourning. Nowadays, without posting something on social media, it remains undisclosed whether someone might be mourning.

4.3 What's More To A Market? ***A Semantical Concern***

In this study, I constantly speak of the mourning market. In essence, I speak of a market signified by supply and demand, which is present. However, in the ongoing debate on the definition of markets, the mourning market might fall short in Callon's view. Callon states: "It [market] is a many-sided, diversified, evolving device which the social sciences as well as the actors themselves contribute to reconfigure" (1998, p. 51). In his recent work, Callon finds the conception of 'markets' unsuitable and speaks of 'agencements models' (Callon, 2021). Looking at the mourning market through Callon's lens, I find that it is far from being considered a mature market. Already for the first contribution of Callon's model, material component, there are complications in the mourning market. What is the material component of mourning counselling? Is it perhaps thoughts or emotions shared? Or the physical meeting? Secondly, I am not yet aware of the strategic purpose of the mourning market. There seem to be no

mechanisms, technologies, or advertisements that drive or spur the mourning market. On the contrary, it merely seems that a failure in another system brings forth this private sector. Thirdly, the mourning market does not pair with competition and bilateral transactions. There is no "search for a monopoly" going on that would drive competition (Callon, 2021). Most counsellors reached their full capacity and referred their potential clients to others rather than pursuing growth. Furthermore, there is not much bilaterality, as prices of the counsellors are fixed and publicly posted. Fourthly, the agencement model/market exists by innovation. Perhaps I was blinded to the innovative side of mourning counselling, but it feels like time stands still in this branch. Grief and death are slow. No innovative model, invention or technology was communicated. So, I present a nuance to the name of the mourning market. It is possible that it consists in a very early stage and that the above four contributions arise eventually. Alternatively, speaking of a market in this context is simply the wrong terminology.

4.3 Commercial Pedagogies of Mourning

Although this is the third pillar of the analysis, it is the main aim of this work. Understanding who the client is and how this occupation was brought into existence was essential before moving on to the actual pedagogies. This part offers the pedagogies and practices that the mourning counsellors offer. Additionally, I extend the to the pedagogies with my reflections and experiences.

4.4.1 Learning to Accept

"Everything is so surreal. You cannot imagine it at all." - Ellen van Leenen

"It is impossible. It is such a disaster. It is impossible" - Wim van Lent

I vividly remember the first two sessions with Anja, as I found them horrible. Anja said at least ten times per session that my father had died, that he would no longer be part of my life. I wanted her to stop saying those words because it was heartbreaking. Only now do I see why she did that: acceptance. In every book and course on grief, you will see that acceptance is the first step in the grief process - based on the theories by William Worden. However, acceptance is far from easy. You need to come to accept your new reality. The reality you once knew is gone, and the dynamics and roles have shifted. In Wim's book, Roek Lips says, "Who denies death, denies life". I believe this quote captures the very essence of acceptance: If you do not accept the occurrence of death, you will not be able to continue living yourself.

Acceptance has been the most painful mourning step, acknowledging that a previous comfortable reality will no longer be present. For many, accepting does not come naturally - myself included. That is why the commercial mourning counsellors teach to learn how to accept. The counsellors use several techniques, such as confrontation, to create awareness for their clients as a first step in the mourning process. In my case, it was necessary to be confronted with my father's death by Anja, many times. After a few weeks, I mindfully became used to the idea that my father would no longer play any role in my life. The quotes of Ellen and Wim were in response to my story of loss. As in their usual setting, all counsellors start with empathy and compassion for the loss. They ask questions about what happened and then take a moment to describe my current reality. "You have lost your father, Bas", and "Now you do not have a father anymore". They foster acceptance by confronting, perhaps to test if I had actually accepted my father's death.

4.4.2 Learning to Reflect & Finding Patterns

Bas: "Am I missing it when I say that you learn to people to talk about it [grief]?

Ed: "Yes, that is mostly the case in groups. But when doing this individually, it is reflecting on yourself".

"It is never about right or wrong in my practice. That is not interesting at all. It is about insights. How are you doing that? Why are you doing that?" - Wim van Lent

A second practice of the commercial counsellors is learning to reflect and pattern recognition. After one can accept the death of a loved one, the counsellors can look at the behaviour of the grieving one. "Eventually, it is about the connection" and "You are building a bond of trust with someone. That is really special." Getting a full glance of someone's grieving behaviour requires trust, honesty, and openness. Yet again, being confronted with your behaviour can be agonising. My reflection is the following: My coping mechanism was working a lot, drinking a lot, relativising, and closing up. I worked so hard in order to have continuous distractions. I was drunk for at least four days a week to stun the pain. I relativised my father's death by stating that it could have been worse, that others had it more difficult than me. I close up by building a wall around me when I do not feel well so that I do not have to talk about my feelings. All counsellors agreed that not everyone is ready to reflect on their behaviour. Sometimes, clients have not yet accepted the death of a loved one, which makes it impossible to look accurately at their behaviour, and why they do some things their way. The counsellors may give out a notebook to clients and ask them to evaluate their emotions and actions. Alternatively, they try to go deep and ask questions that reveal behaviour. It was revealed that as I felt more sad and painful, I ended up pushing away my girlfriend, building up that wall to be left alone. Of course, my girlfriend had told me this several times, but only after being confronted by Anja, I could see what I was doing...

Related to reflection, but looking beyond the individual is pattern recognition. Whether called 'pattern recognition,' 'systemic work,' ‘contextual therapy,’ or 'transferring behaviour,' all have to do with an individual in the context of a more extensive system. That system is mainly the family, but it can also be among friends, work and social clubs. As a first example, my mother and father both experienced severe losses when they were twenty. Their parents

both did not extensively speak of the deaths. As a result, my mother and father were raised that talking about death with your children is somewhat abnormal. My father and mother ended up not speaking a lot about their losses. If I were to have kids, a logical pattern would be that I would also not be talking about my father to them. With pattern recognition, the counsellors try to look for explanations for behaviour that come from beyond the individual. They can ask clients to develop a genogram, making them talk to family members to learn about their history and find reoccurring themes and patterns. A second interesting example is a systemic work. It is closely related to a genogram with family relations but has more to do with the present than history. A client is asked to visualize her social system with the deceased still part of it. Then, the client is asked to reframe the system after the loss. For me, this brought forth many emotions. When my father moved out of the picture, I realised that my stepmother, stepbrother, and stepsisters were far more distanced from me. Again, I was asked to reflect, but this time to make comparisons of family dynamics over time. Luckily, my brother, sister, and I became closer than ever in that same visualisation.

4.4.3 Stacked Loss

"That is what I see a lot here. People come with a recent loss. But often, when they come with a recent loss, there is a bunch of unresolved loss from the past that actually brings the trouble" - Sandra de Bruyne

Before I read the book 'Als de man verliest' by Wim van Lent and Tim Overdiek two years ago, I had never heard of stacked loss. Stacked loss is the accumulation of the previous losses in your life. Stacked loss is about a loss in the broadest meaning, not only about death. In my last session with Wim, I learned I carried stacked loss. Not by my grandfather's death but by my parents' divorce over ten years ago. As kids, my brother, sister and I were not involved in the divorce process, and our thoughts were not considered. When my father died, this led to a

stacked loss, as those unresolved feelings unconsciously want attention. Stacked loss involves all kinds of losses: jobs, child wishes, relations, body parts, animals, homes, dreams, etcetera.

Stacked loss is common for the older generation. Given the taboo and individualisation in our society, the older generation accumulated several losses to which no attention was paid, into a substantial stacked loss. Some counsellors are sure that the unnatural Covid goodbyes will lead to stacked loss due to inadequate farewells. When living in a society where no one is taught how to mourn, increased individualisation and a perpetuating taboo, stacked loss makes understanding grief ever more complex. Therefore, commercial counsellors seek to understand someone's background and history to determine what loss causes pain and disability.

4.4.4 Learn to Share & Impotence

Bas: "It felt like it [grief] was my problem."
Anja: "That was because you were not sharing. Basically, you were on lock. I have directed you to, and that does not happen immediately, share in our sessions."

Sharing is extremely difficult when it feels like nobody wants to listen to you or understands you. Even today, it sometimes feels that people do not want to listen. Do not get me wrong; it is not that other people do not want to listen. It is just that they cannot. Not listening is part of our society's implicit and explicit rules on grief (Markin & Zilcha-Mano, 2018). Developed, Western society is raised and surrounded by taboos about death. My society prefers to put everything surrounding death outside public life (Elias, 2001). Due to that society and partly to myself (and my parents), I struggled with sharing my pain. I kept the pain for myself, neglecting and hurting myself even more. That is why I needed Anja's help to start sharing. And I am not alone. "Sharing, sharing. 100 times. Only then does it become a part of your story, and it can vail", "People get trouble when they do not get the opportunity to talk about their grief from their environment". Besides reflecting, sharing is crucial for a grieving process. Nevertheless, many feel that sharing their emotions, feelings, and pain around someone's death

is not done. Taboos keep others from asking and a client from telling. Therefore, the commercial counsellors encourage and teach sharing. When a client finds sharing difficult, like me, he can start by sharing his thoughts and feelings on paper. As children often struggle with writing or expressing their emotions, Anja showed colour books and scrapbooks that allow children to share their emotions. I started with a small notebook, where I wrote things down when I usually felt sad. For me, this was a pleasant first step in sharing my feelings with someone else. The counsellors will try to look at the individual struggles and possibilities to help someone share more. As Sandra explained, only when you have told your story hundreds of times do you allow that story to become part of your identity. In that sense, you find a new way to include a loved one in your new present. The counsellors teach us to share, to break our taboo with death.

I had difficulties in whether I managed to give a straight answer to the research question. This work turned out to be extensive, and I gained particular interest in understanding how the mourning market came to life. The commercialization of the mourning market is precisely how the pedagogies are made public. All the factors that pushed that commercialization now ensure that the pedagogies mentioned earlier are taught and find their way into social life. The pedagogies only came into being by the existence of the market and lives by the market's right to existence. It is in that light how I see the Mourning Market continuously being brought to public life.

5. Discussion

Going against the traditional writing structure, I am stating the limitations of this research before providing contributions, recommendations, and conclusions. I believe it is essential to keep the limitations in mind before skimming my suggested contributions.

5.1 Limitations

The first, and in my opinion, a considerable limitation, is that I am biased. When I was deep, miserable, and clueless, I visited Anja for commercial mourning counselling. She did not solve my problems, as they are unsolvable, but guided me in a better and healthier direction. Therefore, I have had positive experiences with commercial mourning practices, which perhaps altered how I went into the interviews. It made me probing, as I thought of knowing the answers already. It made me less critical, as I felt safe in their surrounding. Foremost, I did not question their practices but was focused on their right to existence and how they got that.

Secondly, related to the first limitation, my mourning knowledge is too limited. The theory of mourning and loss is absent in this research. I entirely build on personal experiences and 'common' sense, which is likely influenced by the books on mourning I previously read and the interviews I had with the counsellors. As a result, I do not have the expertise and knowledge to evaluate the rightness and usefulness of the mourning counsellors' pedagogical practices. Although they are logical to me, there is a chance that the practices are not well-grounded.

5.2 Academic Contributions

As there is not yet an academic playing field for commercial mourning, I can make an extensive list of contributions and be very proud of myself. Nevertheless, I believe a few things are fundamental to take away from this research.

Firstly, this research aims to contribute to the marketization of health care. When answers are presented as simple, they are often complex. The System drove the rise of commercial mourning counsellors. However, it was the most complex part to analyse what The System consisted of - and I am very likely to be still inaccurate. Society, secularization and public health care have all been influenced by neoliberalism. In line with the findings of Brody

(2014) and (Walker et al., 2019), neoliberalism opened this way of commercialisation of grief care. Nevertheless, I find it simplifying and generalising to say that solely neoliberalism is the driver. Society is shaped and reinforced by neoliberal aspects, but other factors such as taboo, religion and contextual problems are thereby disregarded.

Secondly, I desire to contribute to the debate on the exodus of health care professionals. Ever recent, after (/in) the Covid pandemic, health care professionals drop out or are planning to drop out of their professions (Sinsky et al., 2021). In times of the Great Resignation, the mental health sector is vulnerable in the Netherlands. On the one hand, the waiting list for patients is immensely long, and simultaneously, professionals are dropping out of the system (Hardeman, 2022; Groenendijk, 2021). Budget cuts, bureaucracy and dozens of other examples – as often referred to neoliberal austerity (Blyth, 2013; Schwiter et al., 2018) and the older 'New Public Management' - make the public health sector less attractive in the Netherlands. Wim and Anja dropped out of the public health system, and the others chose to start in the private sector. Less bureaucracy, fewer protocols, no insurance work, more freedom, and more time with clients came up as reasons why the counsellors preferred to work in the setting only available through the private sector.

Thirdly, my research contributes to the debate on taboo. This research shows that there is still an enormous taboo on death and grief in the Netherlands. Commercial mourning counselling allows individuals to talk about their feelings, thoughts and experiences; something taboo suppresses in society. I would propose that the taboo has a duality for commercial counselling. On the one hand, the taboo provides them with clientele. On the other hand, overcoming that taboo is one of the aspects the counsellors preach. For the neoliberal subject in my contemporary society, commercial mourning counselling is a practice where the individuals can get 'their cheese on'. Commercial mourning counselling seems a logical

solution when living in a world where no one seems to have time, where you cannot be unhappy, and you need to solve problems all by yourself.

5.3 Practical Contributions

As a practical contribution, which is way more important than academic contributions, I am bundling some advice and lessons I gained over the conversations with the counsellors.

1) Share your loss story. Share it hundreds of times. Share it with family and friends. However, do not be afraid to share it with strangers. If you see taboo as a strong fixed chain, opening small particles may eventually change our perception of death and grief. Furthermore, if you can, try to find a group where you can share your story. Humanitas and many other associations offer group sessions. It makes you realise that you are not alone in your loss, and shared loss might be better than shared luck.

2) If sharing is too hard - I see you men out there - I suggest reading the following books as a starting point: 'Als De Man Verliest' - Tim Overdiek en Wim van Lent, 'Rouw op je dak' - Jos Brink, 'Helpen bij Verlies en Verdrient' - Manu Keirse, 'For the love of Men' - Liz Plank, 'Waar is mijn speer' - Tim Samuels. This way, you read the stories of others and can feel resemblances. It also helps to write down your story and pains, no matter which words you find for it.

3) If someone you know very well experiences a loss, in any form, be there. Not just mentally, but mainly physically. You cannot take away the pain but can help them. Walk in the forest, go on a bike ride, and play their favourite sport. Ask about a memory with the deceased and share a story you had with the deceased. Make it unobstructed. If you are not making it negotiable, the other person will never start.

5.4 Future Research

As my study is one of the first mappings in the playing field of commercial mourning counselling, there is so much more to be explored. Firstly, as I was limited in resources, broader general research on commercial mourning practices might provide additional and more robust insights. With only five official interviews, my data collection is not extensive and likely does not capture the whole essence of what commercial counselling does.

Secondly, as the study by Kregting et al. (2018) outlines, the Netherlands is defined by massive secularization. Simultaneously, the GGZ is out of capacity due to insane demand. I am interested in research on the potential link between secularization and the rise of mental health problems in the Netherlands. Could a loss of faith bring forth mental health problems priorly handled by communities or faith in a higher power? Mixed methods on the relation between secularization and mental health problem can further investigate this.

Thirdly, in many interviews, the counsellors expressed their concern about the knowledge of psychologists and general practitioners on grief. Is it perhaps possible that they possess insufficient knowledge to treat their patients? Research that evaluates the curriculum of Psychology and Medicine could bring forth insights if this is indeed the case. Additionally, I could envision qualitative research that interviews psychologists and general practitioners or content analysis of their outings on death and grief to see how views on death and grief are.

5.5 Conclusion

As a final remark, I am dropping some thoughts. In a society where individuals either forgot how to mourn or lost their public place to mourn, commercial mourning counselling brings a solution to the market. However, this solution is still privileged to those who can afford hourly sessions between €65-125, not yet including the opportunity costs of work. Additionally, although I and many others profited from commercial counselling, it raises the question of

whether it is not symptom management of society. Or is this commercial supply indeed the solution for a society that cannot mourn?

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Appendix 1

CHECKLIST ETHICAL AND PRIVACY ASPECTS OF RESEARCH

INSTRUCTION

This checklist should be completed for every research study that is conducted at the Department of Public Administration and Sociology (DPAS). This checklist should be completed *before* commencing with data collection or approaching participants. Students can complete this checklist with help of their supervisor.

This checklist is a mandatory part of the empirical master's thesis and has to be uploaded along with the research proposal.

The guideline for ethical aspects of research of the Dutch Sociological Association (NSV) can be found on their website (http://www.nsv-sociologie.nl/?page_id=17). If you have doubts about ethical or privacy aspects of your research study, discuss and resolve the matter with your EUR supervisor. If needed and if advised to do so by your supervisor, you can also consult Dr. Jennifer A. Holland, coordinator of the Sociology Master's Thesis program.

PART I: GENERAL INFORMATION

Project title:	Master Thesis Sociology: The Mourning Market	
Name, email of student:	S.G. Romijn	450407sr@eur.nl
Name, email of supervisor:	Willem Schinkel	schinkel@essb.eur.nl
Start date and duration:	01-01-2022	07-01-2022

Is the research study conducted within DPAS YES - NO

If 'NO': at or for what institute or organization will the study be conducted?
(e.g. internship organization)

PART II: HUMAN SUBJECTS

1. Does your research involve human participants. YES - NO

If 'NO': skip to part V.

If 'YES': does the study involve medical or physical research? YES - NO

Research that falls under the Medical Research Involving Human Subjects Act (WMO) must first be submitted to an accredited medical research ethics committee or the Central Committee on Research Involving Human Subjects (CCMO).

2. Does your research involve field observations without manipulations that will not involve identification of participants. YES - NO

If 'YES': skip to part IV.

3. Research involving completely anonymous data files (secondary data that has been anonymized by someone else). YES - NO

If 'YES': skip to part IV.

PART III: PARTICIPANTS

1. Will information about the nature of the study and about what participants can expect during the study be withheld from them? YES - NO

2. Will any of the participants not be asked for verbal or written 'informed consent,' whereby they agree to participate in the study? YES - NO

3. Will information about the possibility to discontinue the participation at any time be withheld from participants? YES - NO

4. Will the study involve actively deceiving the participants? YES - NO

Note: almost all research studies involve some kind of deception of participants. Try to think about what types of deception are ethical or non-ethical (e.g. purpose of the study is not told, coercion is exerted on participants, giving participants the feeling that they harm other people by making certain decisions, etc.).

Does the study involve the risk of causing psychological stress or negative emotions beyond those normally encountered by participants? YES - NO

Will information be collected about special categories of data, as defined by the GDPR (e.g. racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic data, biometric data for the purpose of uniquely identifying a person, data concerning mental or physical health, data concerning a person's sex life or sexual orientation)? YES - NO

Will the study involve the participation of minors (<18 years old) or other groups that cannot give consent? YES - NO

Is the health and/or safety of participants at risk during the study? YES - NO

Can participants be identified by the study results or can the confidentiality of the participants' identity not be ensured? YES - NO

Are there any other possible ethical issues with regard to this study? YES - NO

If you have answered 'YES' to any of the previous questions, please indicate below why this issue is unavoidable in this study.

I spoke and sometimes pushed a little during the interviews.

What safeguards are taken to relieve possible adverse consequences of these issues (e.g., informing participants about the study afterwards, extra safety regulations, etc.).

I have never harmed or made violent or angry comments.

Are there any unintended circumstances in the study that can cause harm or have negative (emotional) consequences to the participants? Indicate what possible circumstances this could be.

The confrontation of such good questions – which I have asked – might have led to sleepless nights for the mourning counsellors, questioning the purpose of life.

PART IV: SAMPLE

Where will you collect or obtain your data?

During interviews
Note: indicate for separate data sources.

What is the (anticipated) size of your sample?

6 interviews
Note: indicate for separate data sources.

What is the size of the population from which you will sample?

n.a.
Note: indicate for separate data sources.

Continue to part V.

Part V: Data storage and backup

Where and when will you store your data in the short term, after acquisition?

Dropbox secured files
Note: indicate for separate data sources, for instance for paper-and pencil test data, and for digital data files.

Who is responsible for the immediate day-to-day management, storage and backup of the data arising from your research?

Me, Bas Romijn

How (frequently) will you back-up your research data for short-term data security?

Continously

In case of collecting personal data how will you anonymize the data?

n.a.; all counsellors formally agreed to their names being used in the study.

Note: It is advisable to keep directly identifying personal details separated from the rest of the data. Personal details are then replaced by a key/ code. Only the code is part of the database with data and the list of respondents/research subjects is kept separate.

PART VI: SIGNATURE

Please note that it is your responsibility to follow the ethical guidelines in the conduct of your study. This includes providing information to participants about the study and ensuring confidentiality in storage and use of personal data. Treat participants respectfully, be on time at appointments, call participants when they have signed up for your study and fulfil promises made to participants.

Furthermore, it is your responsibility that data are authentic, of high quality and properly stored. The principle is always that the supervisor (or strictly speaking the Erasmus University Rotterdam) remains owner of the data, and that the student should therefore hand over all data to the supervisor.

Hereby I declare that the study will be conducted in accordance with the ethical guidelines of the Department of Public Administration and Sociology at Erasmus University Rotterdam. I have answered the questions truthfully.

Name student: S.G. Romijn	Name (EUR) supervisor: Willem Schinkel
Date: 19-06-2022	Date: 18-03-2022

APPENDIX 2: Informed Consent Form (if applicable)

n.a.

Formal agreement via email can be asked if necessary.