Organized Carelessness: De-ethicizing the Organization of Death

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Death elicits needs such as an adequate farewell. Attending and responding to such needs is central to the organization of death, that is, the management of end-of-life situations before, during, and after a person's passing. However, prior research points to insensitivity and marginalization of such needs in the organization of death. I refer to this phenomenon as "organized carelessness," and I draw on the ethics of care to examine how it is produced. Based on a case study in the field of funeral services, I show how organized carelessness emerges through four processes: sequestration, deauthorization, reskilling, and moralization. Together, these processes contribute to stripping away ethical choices in relationships with the bereaved, and moving forward with little, if any, sensitivity and responses to their specific needs for an adequate farewell. These findings have implications for understanding carelessness in the organization of death in particular, and in organizational life more generally.

Key Words: organized carelessness, organization of death, ethics of care, funeral industry

Crises and ever-more salient large-scale challenges, such as the COVID-19 pandemic and climate change, raise widespread existential concerns about our mortality (Eddleston, Sieger, Chirico, & Baù, 2025; Ogbonnaya, Babalola, Ali, Ren, Usman, & Wang, 2025). In the light of these dynamics, management and organization studies has devoted increasing attention to the "organization of death," understood as the management of end-of-life situations (Le Theule, Lambert, & Morales, 2020). Covering settings such as palliative care, the funeral industry, hospices, geriatric hospital departments, and cemeteries (Pianezzi & Tyler, 2025; Zilber, 2022), the organization of death relates to the management of end-of-life situations before, during, and after a person's passing.[1] Despite this diversity, central to the organization of death in all of its facets is "care," that is, attending and responding to the needs of others (Fotaki, Islam, & Antoni, 2019). This is because death lays bare actors' ethical choices in terms of how they relate to others (Reedy & Learmonth, 2011).

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[1] Implicit in this broad reference to the "organization of death" is the idea that death follows no linear temporality. In this view, death cannot be reduced to a single, fleeting moment in time. The process of dying occurs in a "long present" (Kim, Bansal, & Haugh, 2019)—one that may already start before the physical passing, and that may not be over for the bereaved after the dying person's physical end of life.

However, although end-of-life situations generate needs such as an adequate farewell, extant research on the organization of death reveals intended or unwitting carelessness, that is, little, if any, sensitivity or responses to the specific needs of the dying, their carers, the bereaved, and so on, in moments of interacting with the needy (e.g., Elias, 1985; Giddens, 1991; Smith, 2006). Deeper and more systematic explanations of diagnosed carelessness have yet to be elaborated (Fotaki, 2023). Yet, prior work that does refer to carelessness suggests that organizing contributes to normalizing death in end-of-life situations by turning death into an everyday, taken-for-granted concern (del Rio & Suddaby, 2025). This line of inquiry argues that, when death is normalized as an everyday concern, it can be routinely performed without moments of care in day-to-day work (e.g., Candrian, 2014; Clegg, Pina e Cunha, Rego, & Dias, 2013; Le Theule et al., 2020).

While these insights are valuable, I argue that the normalization of death does not necessarily produce carelessness. Even normalized, taken-for-granted issues such as death can involve considering the needs of others in day-to-day work (Arnold & Ross, 2023; Lawrence & Maitlis, 2012), such that caring may become a self-evident part of the organization of death. Hence, while carelessness does not come into being through the normalization of death alone, our understanding of the production of carelessness in and through the organization of death remains partial (Péretzs, 2021). Understanding this issue is important for shedding light on carelessness as a widely observed phenomenon in capitalist settings (Branicki, 2020).

Drawing from Tronto's (1993) dimensions of the ethics of care (Fisher & Tronto, 1990; Sevenhuijsen, 2003), I explore *how carelessness is produced in the organization of death*. Specifically, through an interpretive case study of carelessness in the field of funeral services in Berlin, Germany, I develop the notion of "organized carelessness," that is, the accomplishment of insensitivity and marginalization of others' needs through processes that participate in the fabric of organizing death. I show how, in moments of interacting with the needy, organized carelessness comes into being through four processes: sequestration, deauthorization, reskilling, and moralization. In relationships with the bereaved, the production of organized carelessness "de-ethicizes" the organization of death in that it strips away ethical choices about "right" and "wrong" forms of bidding farewell, moving forward with little, if any, sensitivity or responses to the specific needs of the bereaved in this regard. I synthesize these findings in a framework for understanding the production of organized carelessness in the organization of death.

These findings offer two main contributions. First, they extend research on the organization of death by advancing a deeper and more nuanced understanding of diagnosed carelessness in the management of end-of-life situations. I show that, rather than through the normalization of death as such (e.g., Candrian, 2014; Clegg et al., 2013; Le Theule et al., 2020), carelessness comes into being through sequestration, deauthorization, reskilling, and moralization. This observation has important implications for understanding carelessness in the organization of death—not as a self-evident product of taken-for-grantedness alone, but of the processes through which this phenomenon is produced.

Second, this article extends research on the ethics of care in management and organization studies by advancing the notion of "organized carelessness." Much of this

stream of literature treats carelessness in simplistic binary terms as the mere absence of care (e.g., DeCelles & Anteby, 2020; Driver, 2023; Lawrence & Maitlis, 2012). Therefore, prior research devotes little, if any, systematic attention to the emergence of carelessness as such (Arnold & Ross, 2023; Fotaki, 2023). In turn, I show that carelessness is not just a reflection of an absence of care. It is accomplished through processes that give rise to specific dimensions of carelessness. In doing so, this article offers a revised understanding of carelessness in organizational life as an organized accomplishment.

THEORETICAL FRAMING

Organization of Death and Carelessness

References to death and dying in management and organization studies are typically metaphorical in nature (Reedy & Learmonth, 2011). Among others, such metaphors relate to "organizational death" as the ceasing of an organization (Rerup, Gioia, & Corley, 2022), "career death" as the end of one's work life (Bednar & Elder, 2025), and "letting go" as being willing to initiate family business succession (Forster-Holt, DeSanto-Madeya, & Davis, 2023). In turn, recent research on the "organization of death" focuses attention on the management of end-of-life situations, that is, the processes through which end-of-life situations are orchestrated before, during, and after death (Zilber, 2022). The organization of death is broadly manifested in many important parts of society, such as funeral homes, hospices, and palliative consultation (e.g., Audebrand & Barros, 2018; Le Theule et al., 2020; Mukherjee & Thomas, 2023). Yet, it also shows up in less visible parts of society, such as death camps (e.g., Clegg et al., 2013; Stokes & Gabriel, 2010). As such, the organization of death plays into the central idea of the modern era that every part of organizational and societal life should be "managed," including death and dying (Elias, 1985; Sievers, 1994).

Though varied in terms of empirical settings, much of the literature on the organization of death advances the idea that "death is normalized" (Reedy & Learmonth, 2011: 119) in the management of end-of-life situations. That is, according to prior literature, death enters the fabric of organizing in such a way that it is treated as a routine, taken-for-granted, everyday concern—similar to day-to-day issues in other organizational settings: screws in a screw factory, shoes in a shoe store, and so on. Such a normalization of death may be beneficial in some ways. For example, treating death as a day-to-day concern may alleviate stigmas associated with death and dying (del Rio & Suddaby, 2025). Yet, as prior research shows, this also produces adverse effects. In their study of a death camp, Clegg et al. (2013) argued that organizing provides the discourses and materialities needed to suppress resistance among organizational members by rendering death and dying taken-for-granted in day-to-day work. Le Theule et al. (2020: 535) showed how members of a geriatrics department performed technologies, practices, and relationships to orchestrate a "normal death … one that can be anticipated and organized" as a taken-for-granted part of their day-to-day work. Candrian (2014) also showed how discourses contributed to "taming death" as a normalized part of organizing at a hospice.

As prior work argues, the normalization of death entails "carelessness" in the management of end-of-life situations, that is, little, if any, sensitivity or responses to the needs of the dying, their carers, and the bereaved in moments of interacting with the needy. For example, as Le Theule et al. (2020) showed, when death and dying are normalized in the organization of death, actors involved in this process are not sufficiently sensitive to the needs of the dying, their carers, and the bereaved for an adequate farewell in their day-to-day work—they orchestrate a "normal death" that does not respond to these needs. Audebrand and Barros (2018) suggested that the management of end-of-life situations as a "normal business"—just like any other private venture—leads to profit maximization at the expense of attending and responding to the need of the bereaved for an adequate farewell in moments of interaction. Consequently, normalizing death seems to dilute care—that is, actors involved in the organization of death do not seem to be interested in the needs of others in end-of-life situations (Candrian, 2014).

These observations may seem surprising, given that at least part of the organization of death's societal reason to exist is to systematically orchestrate care for the needy in end-of-life situations (e.g., Elias, 1985; Giddens, 1991). This, then, raises questions about how carelessness comes into being in the organization of death. Specifically, I argue that normalizing death and care are not necessarily mutually exclusive. That is, when taken seriously, care itself can enter the normalized day-to-day fabric of organizing (Arnold & Ross, 2023; Lawrence & Maitlis, 2012). Hence, even when death itself is normalized as a day-to-day issue, attending and responding to others' needs could well be part of the taken-for-granted everyday work in the organization of death. Therefore, I argue that carelessness cannot be understood by reference to the normalization of death alone. This, then, leaves us with an incomplete understanding of how carelessness is produced in the organization of death, exhorting us to examine the processes through which it comes into being (Péretzs, 2021).

Ethics of Care and Carelessness

In order to shed light on the production of carelessness, I draw from the ethics of care (e.g., Gilligan, 1982; Noddings, 1984; Tronto, 1993). Though varied in its details, this body of work departs from deontological and consequentialist approaches to moral problems that are based on a deductive moral logic of justice and liberal individualism, such as Bentham's utilitarianism and Kantian ethics. Instead, the ethics of care focuses on virtues and practices of "care," defined as "attending to and meeting the needs of the particular others for whom we take responsibility" (Held, 2006: 10). Thus, in contrast to "unrelated, independent, and mutually indifferent individuals assumed to be equal" (Held, 2006: 13), the ethics of care frames moral choices as "problems of human relations" (Gilligan, 1982: xix). Yet, as Held (2006: 46) clarified, the ethics of care does not refer to a universally applicable set of values and practices as such. Instead, it is a lens for reflecting on "whether and how and why we ought to engage in activities of care, [and] how such activities should be conducted and structured" in specific situations and contexts. Through such reflections, mobilizing the ethics of care not only surfaces how and why care emerges, but also

how and why organizational processes elicit carelessness (e.g., Branicki, 2020; Liedtka, 1996). Therefore, I argue that the ethics of care is useful for examining processes through which carelessness is produced in the organization of death.

Although the ethics of care does not reflect a unified body of virtues and practices, care can be broadly characterized by reference to Tronto's (1993) dimensions of care: attentiveness, responsibility, competence, and responsiveness. Attentiveness refers to "caring about," that is, being sensitized that there is a need for care. Responsibility includes "taking care of," that is, taking the need for care upon oneself and feeling that one should do something about it. Competence relates to "caregiving," that is, one's ability to provide care with adequacy relative to the demands of the situation at hand. Hence, practicing care or attempting to do so is not enough, as care must be practiced with adequacy in moments of interacting with the needy. In this sense, the ethics of care is partially a consequentialist ethics as well. Finally, responsiveness relates to "care-receiving," that is, assuring oneself that actors in need respond well to one's care-giving (Fisher & Tronto, 1990; Seven-huijsen, 2003; Tronto, 1993). Tronto's framework has been criticized for being "almost surely too broad [and for] not requir[ing] the sensitivity to the needs of the cared-for" (Held, 2006: 31). At the same time, prior uses of this framework demonstrate that it provides comprehensive guidance for identifying, conceptualizing, and challenging virtues and practices of care in a wide range of settings such as leadership (Gabriel, 2015), online communities (Kipp & Hawkins, 2022), education (Grant-Smith & Payne, 2021), cross-sector partnerships (Ryan, Geiger, Haugh, Branzei, Gray, Lawrence et al., 2023), crisis (Geiger, Galasso, Hangel, Lucivero, & Watts, 2023), research practices (Dobusch, Plotnikof, & Wenzel, 2025), and, importantly, the ethics of life and death (Péretzs, Fotaki, Shymko, & Islam, 2025).

Management and organization scholars have mainly used such understandings of the ethics of care to shed light on how care comes into being in organizations. For example, Lawrence and Maitlis (2012) argued that care is accomplished through narrative practices. Gabriel (2015) argued that care in leadership emerges as a product of myths and fantasy. Gittell and Douglass (2012) argued that care is enabled by relational forms of organizing. Antoni, Reinecke, and Fotaki (2023) showed how care workers juggle competing temporalities to enable the provision of care. Islam (2013) argued that care emerges as "employee recognition," an act that lends itself to restoring workplace dignity. Ehrnström-Fuentes, Böhm, Hagolani-Albov, and Annala Tesfaye (2025) showed how caring "webs of life" come into being through affective relationalities, vital doings, and ethical obligations. In their examination of conflict between caring for work versus coworkers, Antoni, Rein-ecke, and Fotaki (2020) showed how actors effortfully accomplished and renego-tiated caring responsibilities through boundary work. Hence, although care ethicists consider care a central ground condition for human existence (e.g., Gilligan, 1982; Noddings, 1984; Tronto, 1993), this body of work demonstrates that care is an accomplishment that has to be effortfully produced as part of organizational life.

While insightful, this work more or less implicitly treats care and carelessness in binary terms as present or absent categories, as if carelessness is no more than the "absence of care, neglect" (Ehrnström-Fuentes et al., 2025: 7). For example,

Driver (2023: 374) drew conclusions about situations "[w]hen care is present [and] when care is absent, [the latter being] a lack of organizational care to be covered over." Lawrence and Maitlis (2012) argued that formalized ways of organizing limit possibilities for care—a situation that, they proposed, can be overcome by establishing care through narrative practices. Accordingly, Peticca-Harris (2019) showed how restaurant managers narratively responded to the death of an employee in order to overcome an absence of care. Likewise, DeCelles and Anteby (2020: 1408) showed how correctional officers were able to "overcome barriers to care" in a prison setting that they described as careless. By asking "Caring or not caring for coworkers?," Antoni et al. (2020: 460) pitted care and carelessness against each other, implying that the effortful production of one implies the "absence" of the other. In this vein, scholars have called for the repair of seemingly "careless" organizational systems such as healthcare, higher education, and public services by infusing them with care (e.g., Cozza, Gherardi, Graziano, Johansson, Mondon-Navazo, Murgia et al., 2021; Dobusch et al., 2025; Fotaki, 2017; Grant-Smith & Payne, 2021; Lopez, 2019).

I argue that understanding carelessness as the mere absence of care is problematic. This is because just as care can be organized (Dutton, Worline, Frost, & Lilius, 2006), carelessness also comes into being through processes that participate in the fabric of organizing (Péretzs, 2021). I refer to this as "organized carelessness," that is, the production of insensitivity to and marginalization of others' needs. The intentions and intentionality behind producing carelessness vary. Among others, they may include the more or less willful ignorance of others' needs so as to reap personal gains (Held, 2006), protect oneself against exhaustion (Kahn, 1993; Schabram & Heng, 2022), and regain well-being (Navazhylava, Peticca-Harris, & Elias, 2023). Yet, the performance of processes through which carelessness comes into being may also transcend individual actors' intentions. This is because such processes reproduce field structures that are historically embedded (Vaara & Lamberg, 2016). For example, as Fotaki (2023: 13) argued, neoliberal ideologies that repudiate our connectedness with others through caring relationships are widely reproduced because they are "embedded in subjects' souls and inscribed on their bodies." Consequently, the processes that give rise to carelessness show up in many contemporary organizations (e.g., Branicki, 2020; Liedtka, 1996; Rynes, Bartunek, Dutton, & Margolis, 2012).

In summary, extant research provides us with a limited understanding of organized carelessness in general and in the organization of death in particular. Furthermore, examining this phenomenon involves focusing on the processes through which organized carelessness comes into being. I do so by pursuing the following research question: *How is organized carelessness produced in the organization of death?*

METHODS

I examined this research question based on grounded theory. In the version advanced by Gioia, Corley, and Hamilton (2013),[2] grounded theory is an approach to

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[2] In response to growing concerns about the template-like use of qualitative research methods (e.g., Harley & Cornelissen, 2022; Mees-Buss, Welch, & Piekkari, 2022; Pratt, Sonenshein, & Feldman, 2022), I adhered

qualitative research through which researchers build theory based on actors' views and experiences of phenomena under study. Central to this variant of grounded theory are the assumptions that, first, social and organizational life are socially constructed; and, second, that actors in the field are knowledgeable agents who are able to reflect on and articulate how and why they do what they do (Gioia, 2021). Therefore, while moving from data to theory with grounded theory, theoretical conclusions about phenomena under study remain grounded in actors' views and experiences.

Grounded theory is designed for empirical inquiries into concepts that are under-theorized thus far and reflect actors' experiences in the field (Gioia et al., 2013). The purposes of the current study, I argue, meet these criteria. As others have highlighted, both the organization of death and carelessness have yet to be examined more fully so as to gain a better theoretical understanding of them, while being grounded in the experiences of actors in contemporary organizations and society (e.g., Fotaki, 2023; Zilber, 2022). Therefore, I pursued grounded theory for the purposes at hand.

Case and Context

My interest in organized carelessness in the organization of death arose as I revisited qualitative data collected in 2013–14 in the field of funeral services in Berlin, Germany (see Wenzel, 2015; Wenzel, Wagner, & Koch, 2017). Funeral homes in Berlin were mostly family-owned small businesses. They often consisted of no more than one or two rooms with a few urns and coffins on display, chairs and desks for the counseling of the bereaved, photo folders illustrating aspects of a funeral, telephones and computers for taking orders and orchestrating funerals, and large shop windows —either covered with curtains or used to display coffins and urns—on which a phone number was given in large numerals. With about 150 funeral homes, Berlin had the highest density of funeral homes in Germany. Therefore, these businesses were a very salient part of the cityscape.

I originally considered this setting appropriate for understanding strategic persistence in the face of drastic market changes. Back then, the industry faced emerging (until today, mostly unrealized) opportunities such as alternative forms of burial and digital forms of commemoration (see also Dawdy & Kneese, 2022), as well as challenges such as the growth of a "discount" segment in the regional funeral market. This growth came along with a massive market consolidation among incumbent funeral homes. Nevertheless, this did not challenge the beliefs and assumptions developed by funeral directors in that region over half a century; namely, beliefs in their own counseling competence in response to presumed consumer nescience about what a decent funeral would include, and beliefs in their own

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to Köhler, Smith, and Bhakoo's (2022) advice to: select an approach that fits the research context, questions, and premises at hand; be transparent about one's methodological procedures; and adjust the approach to the needs of the research project in order to arrive at deep-level conclusions. For example, I reanalyzed my data years after its collection. This approach deviates from the convention of grounded theory to collect and analyze data simultaneously (Gioia et al., 2013), but complies with Köhler, Rumyantseva, & Welch's (2025) recently articulated account of a qualitative "reanalysis."

technical competence in orchestrating what they considered "decent funerals" in response to a presumed low willingness to pay on the consumer side. Yet, the richness of the data I collected elicited more themes, most of which remained unanalyzed.

As I revisited the data, it was clear from the outset that the funeral industry is *per se* a compelling site for examining the organization of death—one where this process can be well-observed in general (Zilber, 2022), but particularly so in Berlin due to the high density and salience of funeral homes in the city. Furthermore, as prior literature suggests that actors in the funeral industry ostensibly provide a death*care* service to the bereaved in need of an adequate farewell (Audebrand & Barros, 2018), I reanalyzed data with a broad interest in care in the organization of death. Yet, as my coding progressed, I realized that care*lessness* would more accurately characterize my observations. Given its widespread enactment, I focused on the processes that produced such carelessness across the entire field of funeral services in Berlin— which eventually culminated in what I called "organized carelessness." Therefore, through reanalyzing the data at hand, the field of funeral services in Berlin turned out to be a "revealing" case, one in which the production of carelessness in the organization of death was accessible to examination and could be well observed.

Data Collection

As advised (Suddaby, 2006), I drew on several data sources: newspaper articles, interviews, and direct observation. Table 1 provides a data overview.

To familiarize myself with the field of funeral services in Berlin, I began my data collection by gathering newspaper articles. Specifically, I interrogated the databases *LexisNexis* and *Wiso*, using keywords such as "funeral industry AND Berlin" and "funeral home AND Berlin." In doing so, I found thousands of articles. As I read these, I excluded the ones that provided me with limited insights into the context, such as obituaries and job postings. The remaining 399 newspaper articles helped me

Table 1: Data Overview

Data Type	Description	Use in the Analysis
Newspaper articles	Newspaper articles on funeral services in Berlin 399 newspaper articles in total	Gaining an understanding of discussed themes and the field's context
Interviews	Two rounds of semi-structured interviews 14 funeral directors, consultants, suppliers, and heads of industry associations 25 interviews in total	Making sense of participants' views on organized carelessness in the organization of death
Observation	Direct observation of those parts of the organization of death of which funeral homes in Berlin were in charge: counseling interviews with bereaved, ordering of funeral equipment, office work, ceremonies in cemeteries Recorded in detailed fieldnotes Ca. 40 hours of direct observation in total	Reconstruction of the production of organized carelessness in the organization of death

get an overall sense of themes discussed in the field of funeral services in Berlin at that time, such as new forms of burial as a broader trend as well as mediatized "scandals" around the "irreverent" treatment of dead bodies in some funeral homes. I did not systematically code these newspaper articles for the article at hand. However, they helped me to prepare for the ensuing interviews at the time of data collection by learning the jargon of funeral directors (see Gioia, 2021), and to refamiliarize myself with the field of funeral services when I reanalyzed the data.

Next, I conducted interviews so as to gain insights into participants' views on and understandings of the phenomena of interest (Strauss & Corbin, 1990). In the selection of interviewees, I aimed to talk to a broad range of participants in the field of funeral services in Berlin who were not only "knowledgeable" (Gioia, 2021), but also in a position to shape the field through their activities. I selected these interviewees from references made to them as "experts" on the work of funeral directors and employees in newspaper articles as well as from recommendations by industry associations. In this process, I was surprised by the openness of the field. When I contacted the field participants by phone, they all approved my request for interviews. As a result, I conducted two interviews each with fourteen experts: nine funeral directors (three of whom were also heads of industry associations, and one of whom was also a publicist), one head of an industry association (without a funeral business), one consultant, two suppliers, and one cemetery administrator.

In keeping with extant recommendations (Gioia et al., 2013), the interviews were semi-structured in nature. That is, I predefined broad themes to be covered in the interviews while leaving ample room for the interviewees to share their views and understandings. In addition to themes that alluded to my original interest in strategic issues in the field of funeral services in Berlin (e.g., opportunities and threats emerging in the field), the first round of interviews covered the following themes: the historical development of one's own business, critical events in the overall development of the field, and current issues in day-to-day work. These themes allowed the interviewees to share their views and understandings through "process stories" in rather open-ended ways ("Tell me about …"). Therefore, they elicited unexpected themes such as "care" (or, as recently specified in the data analysis, "carelessness"). In the second round of interviews, I asked what had happened since the previous interview, and further elaborated on themes that remained unclear. As I conducted three interviews jointly with two interviewees each, I ended up with twenty-five interviews in total, each of which lasted 87 minutes on average. The interviews were audio-recorded and transcribed, except for two interviews with one interviewee who preferred the conversations to be recorded in writing.

Furthermore, in order to gain a deeper understanding of day-to-day funeral work (and, by implication, the organization of death), I also observed such work in the field. Given the sensitive nature of funeral services, I was initially denied access to moments of observation. However, as the interviews helped me build further trust, the interviewees not only shared their views and understandings, but also recommended funeral homes that stood paradigmatically for the field of funeral services in Berlin, and whose directors would be open to providing me with further access. This led me to shadow ten funeral directors as they performed their day-to-day work.

Among others, these activities included ceremonies in cemeteries, office work, and counseling interviews with the bereaved. The funeral directors performed some of these activities jointly with their teams of funeral workers, for example, the provision of ceremonies. In extended field notes, I recorded what involved actors did when performing all these activities, how they interacted with others, the bodily and material arrangements of these interactions, emotional responses, as well as verbatim quotes. Hence, observations also allowed me to capture the views and understandings of the bereaved—either through verbatim quotes or through gestures and gazes through which they affirmed, challenged, or rejected issues at hand (see also Knight, Lok, Jarzabkowski, & Wenzel, 2025).

While being aware that it is impossible for an observer to leave no trace in the field (see Langley & Klag, 2019), I tried to be a "direct" rather than "participant-observer" throughout the fieldwork. Acknowledging the emotional peculiarities of the setting, I stayed in the background when the bereaved were in the room so that they would not feel disturbed by my presence, and only directly engaged with the funeral directors and their teams when the bereaved were not around. Other team members of the respective funeral homes were often in the room as well as working at their desks. Therefore, my sense was that my presence did not interfere with interactions between funeral directors and the bereaved. The funeral directors did not seem to notice any difference from my presence either. For example, at the end of my on-site fieldwork, one of the funeral directors "thanked me for '*keeping the promise to stay in the background*'" (fieldnote). Most of these periods of observation lasted for about an hour each. Two of the funeral directors allowed me to shadow their work for two full workdays each. In total, I recorded about 40 hours of direct observation.

Data Analysis

In order to develop theoretical conclusions from the gathered data, I "cycl[ed] between emergent data, themes, concepts, and dimensions and the relevant literature" (Gioia et al., 2013: 21). Specifically, my analysis proceeded as follows.

In the first stage, I refamiliarized myself with the data. That is, after a close reading of gathered newspaper articles, I went back to the interview transcripts and fieldnotes in order to remind myself of the themes and topics discussed and observed at the time of data collection, including "care." Given my broad interest in care in the organization of death, I then began to code instances in the data that related to care, without the theoretical baggage of prior literature on this topic. I identified these instances as ones where participants were sensitive or responded to the needs of the bereaved for an adequate farewell; or where I was surprised about the limited engagement with or marginalization of such needs in light of the presumed provision of death*care* by funeral homes (Audebrand & Barros, 2018). I coded these instances using "open coding"; that is, I assigned short phrases that were close to participants' language, or *in vivo* codes that reflected the exact wording used by participants (see Gioia et al., 2013). This generated an extended list of partly overlapping codes that had to be reduced to a condensed, nonoverlapping set of categories (Gioia, 2021). To do so, I generated data tables that helped me compare coded instances side by side. Whenever I identified codes that were similar in character and scope (Strauss & Corbin, 1990),

I merged and relabeled them. In doing so, I generated an initial set of "first-order categories" (Gioia et al., 2013), which were still close to the data.

Even in this early stage, I recognized that first-order categories such as "lack of visibility of the needs of the bereaved" did not hint at *care* as such, but as part of a *carelessness* that emerged both in interviews and fieldnotes. Therefore, in the second stage, I aimed to gain a theoretical understanding of what I had coded by considering "data and existing theory … in tandem" (Gioia et al., 2013: 21). Specifically, given the theoretical richness of the ethics of care and its usefulness as a lens for surfacing issues around care (Arnold & Ross, 2023), I juxtaposed my coding with concepts and insights from this body of work. This led me to recognize that parts of my first-order categories reflected the opposite of the dimensions of care that prior work had specified (e.g., Fisher & Tronto, 1990; Sevenhuijsen, 2003); namely, "inattentiveness," "non-responsibility," "incompetence," and "irresponsiveness." Therefore, I clustered these first-order categories around "second-order themes" (Gioia et al., 2013) that bear these labels, which are still grounded in but theoretically abstracted from the data.

In the third stage, I aimed to gain a deeper understanding of how "carelessness" was produced in the field of interest. Specifically, I coded instances in the interviews and fieldnotes in which participants referred to insensitivities to or the marginalization of the needs of the bereaved for an adequate farewell. In those instances, participants explained or justified such insensitivities or marginalization, either retrospectively (often in interviews) or *in actu* (in fieldnotes). This, again, produced an extended list of partly overlapping codes. Therefore, in order to identify opportunities for combining categories that were similar in character and scope (Strauss & Corbin, 1990) into "first-order categories," I used a data table to compare coded instances side by side. I then aimed to make sense of these newly created first-order categories in theoretical terms by juxtaposing them with the four previously identified second-order themes (that is, the four dimensions of carelessness). Specifically, I revisited the coded instances included in the newly created first-order categories to discern which dimension of carelessness was produced in each of those instances, and restructured the data table around these four dimensions. In doing so, I recognized that, in each cluster, the newly created first-order categories reappeared in similar ways across the entire data set and reflected broader patterns in the field of funeral services in Berlin. Therefore, I decided to introduce the term "organized carelessness" as a signifier of a broader outcome that is produced by processes as part of the fabric of organizing within the field. In order to theoretically distill these processes, I used the restructured data table to compare the newly created first-order categories within each cluster. In order to identify theoretical similarities between first-order categories, I returned to the literature on the organization of death (Giddens, 1991; Le Theule et al., 2020) so as to focus attention on the specifics of managing end-of-life situations. This theoretical guidance led me to generate four processes: sequestration, deauthorization, reskilling, and moralization. I considered these new second-order themes "processes of producing organized carelessness" and the previously identified themes as "outcomes" of these processes. Therefore, I assigned these two sets of second-order themes to aggregate dimensions whose

labels reflect these categorizations. Finally, the previously identified production of varying dimensions of carelessness by different processes guided the plotting of a framework for understanding the production of organized carelessness in the organization of death.

FINDINGS

In interactions with funeral directors, the bereaved partly explicitly voiced their need for "*a farewell that fits well with* [name of the dead] *and helps us live on*" (fieldnote, a bereaved). Ostensively, attending and responding to this need was a key reason for the field of funeral services in Berlin to exist. As a head of an industry association highlighted:

> *Sure, there are legal reasons why the bereaved come to us: You can't just bury the dead in your backyard, the burial must comply with certain standards, etc.* [However,] *our job is not just: cremation, burial, next. We take care of the needs of the bereaved. … At its core, the bereaved come to us because they are in need. They mourn the loss of a person and need some form of farewell that helps them live with the sorrow. There is also a therapeutic aspect to funeral services* (interview; underline indicates my emphasis throughout).

Likewise, the funeral directors and their employees highlighted the central role of attending and responding to the need of the bereaved for an adequate farewell in their day-to-day work. Formally dressed in black suits, white shirts, and black ties or scarves, they did so by emphasizing in their interactions with the bereaved that "*we are there for you*" (fieldnote, employee) and "*we will take care that you can bid farewell*" (fieldnote, funeral director), among other similar expressions. As such, the need of the bereaved for an adequate farewell continually emerged in the day-to-day work of funeral businesses.

However, despite these affirmations, moments of interacting with the bereaved elicited carelessness (see Figure 1). In such moments, this carelessness was manifested as muteness of the needs of the bereaved (*inattentiveness*), which was produced by separating death in its bodily manifestations from day-to-day work, and in the funeral directors emotionally distancing themselves from such needs (*sequestration*); the positioning of care as an obligation of others (*non-responsibility*), which was produced by displacing the task to psychotherapists (*deauthorization*); an inability to give care with adequacy (*incompetence*), which was produced by the specialization of funeral services around technical aspects at the expense of care-giving (*reskilling*); and offering value-guided funeral services at the expense of responding to the needs of the bereaved (*irresponsiveness*), which was produced by charging funeral services with values (*moralization*). The processes of producing carelessness were part of the fabric of organizing death in the field of funeral services in Berlin. Yet, they were not intendedly performed in all cases. Quite the contrary, the processes partly transcended individuals' intentions in that they reproduced broader structural features of the field of funeral services in Berlin as a whole; or were reflected by individuals' attempts to care, which accomplished the opposite effect in moments of interacting with the
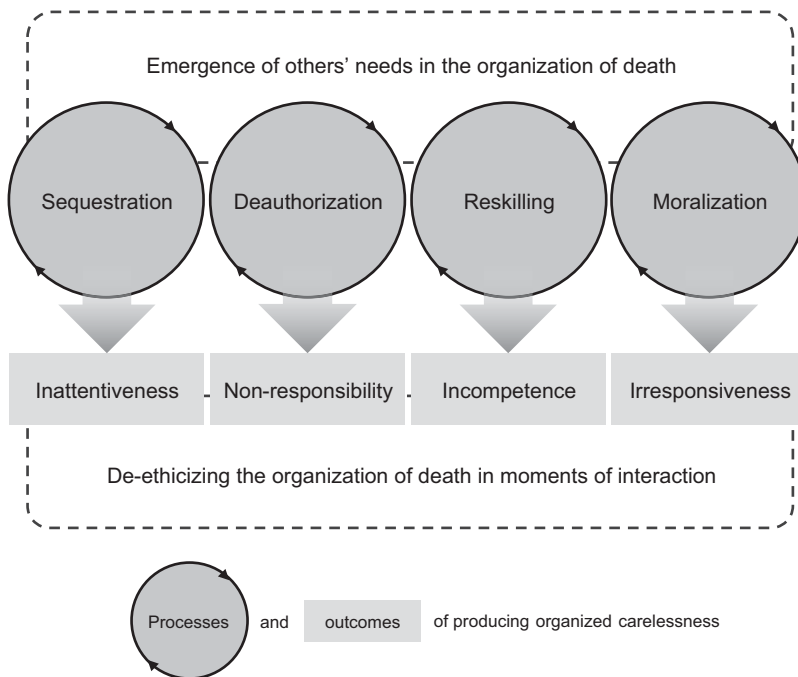
Figure 1: A Framework for Understanding the Production of Organized Carelessness in the Organization of Death

bereaved. However, whether or not they were intended, these dynamics contributed to "de-ethicizing" funeral services. That is, instead of leaving a choice about "right" and "wrong" forms of bidding farewell in relationships with the bereaved, funeral work deployed predetermined offerings with limited, if any, momentary sensitivity or responses to the specific needs of the bereaved for an adequate farewell.

Sequestration

"Sequestration" refers to the separation of death in its vivid bodily manifestations from the day-to-day organization of death. This separation strips away the emotional character of the organization of death, turning it into a routine, and partly even a "deadening" task.

In the field of funeral services in Berlin, sequestration reproduced a structural feature of the industry. Specifically, like in most regions in Germany, funeral businesses in Berlin were rather small, employing about six employees on average. The small firm size implies that most, if not all funeral homes in Berlin were unable to organize funerals on their own. This required a division of labor between various actors in the field. As a funeral director explained:

> *Funerals are a complex service. They raise a lot of questions: Inhumation or cremation? Which cemetery? What flowers? Which eulogist? Funeral feast: yes or no? If so, what should be served? And so on. It is impossible to offer all possible choices in-house. We have to collaborate with a lot of partners who are specialized in their areas* (interview).

Therefore, much of the work observed in the field involved conducting "*a lot of phone calls: with the crematorium, the transport service, the cemetery, and many others*" (fieldnote, employee). As such, a funeral was an orchestrated product of a division of labor between funeral homes, suppliers, mortuaries, crematoria, hospices, and cemeteries, as well as complementary services such as eulogists, transport services, florists, and body makeup artists.

Due to this division of labor, death itself—also in its vivid bodily manifestations—was strikingly absent in day-to-day funeral work. As a funeral director commented:

> *We* [funeral directors and employees] *hardly ever see dead bodies. When the bereaved call us after the decease, we call the transport service to pick up the dead body, and to bring it to the mortuary* (fieldnote).

The funeral director then explained how he would pick up the phone to ask complementary suppliers such as the transport service to bring the dead body to the crematorium, or a body makeup artist to prepare the dead body for a casket burial, so that he would not see the deceased at later stages either. As such, funeral services were provided through desk work without much contact with vivid bodily manifestations of death. As a funeral director explained: "*My work may have gripped me emotionally at the beginning, but no longer. This is a routine, deadening office job. … In our work, we rarely even think about death, and that's a good thing because you don't want to take these cases home with you*" (interview). Hence, funeral work was performed at an emotional distance to death and its partly tragic context. Funeral directors and employees needed this emotional distance to be able to perform their work at all. Yet, this emotional distance also contributed to the sequestration of death from the day-to-day work of funeral services. Specifically, death was separated from the day-to-day work of funeral homes not only in its bodily forms through a fine-grained division of labor, but also through a deadening emotional and thoughtless distance from it.

Sequestration Produces Inattentiveness

The sequestration of death from the day-to-day work of funeral services, then, set limits to the moments in which the needs of the bereaved could be voiced and heard. It, thus, contributed to "inattentiveness," that is, muteness of the specific needs of the bereaved for an adequate farewell in moments of interacting with them. Specifically, the funeral homes as orchestrators of funerals were the primary point of contact for the bereaved due to the division of labor in the field of funeral services. Yet, given the deadening provision of funeral services, this did not necessarily imply that the bereaved would bring their vulnerabilities to the funeral homes in the first place. As a funeral director and head of an industry association explained:

> *We* [funeral directors and employees] *have only limited contact with the bereaved. They come once or twice, and we might have a few phone calls. Therefore, it is important that the bereaved are mentally stable. If they can barely think in their mourning, it is difficult to make decisions. Therefore, we typically send them back home when they are too unstable and postpone the conversation* (interview).

Hence, the emotional nature of the needs of the bereaved for an adequate farewell stood in the way of delivering the funeral service in an efficient way ("limited contact," "difficult to make decisions"). Therefore, the funeral directors and employees asked the bereaved "*who seemed emotionally distressed in a phone call to stay home: 'There is no need to* discuss [the funeral] *today. Take your time. Just give me a call when you are ready*'" (fieldnote, funeral director). Such preoccupation with the mental stability of the bereaved may be considered an expression of care. Yet, in moments of interacting with them, avoiding contact muted their vulnerabilities.

Once the bereaved did come to the funeral homes, their needs to be attended played a limited role. Rather than elaborating on the specific needs of the bereaved for an adequate farewell, conversations about the aspired funeral involved a routine of orchestrating standardized parts. For example:

> [In the counseling interview, t]*he funeral director sought confirmation of remembering correctly that the bereaved asked for a cremation. When the bereaved nodded, the funeral director leaned toward the side of his desk and pulled a quote out of the drawer. The quote included all components and prices for <u>a prepackaged</u>* [cremation-based] *<u>funeral. They then went through each line of the quote</u>* [in that] *<u>the funeral director spoke and the bereaved listened. The bereaved eventually agreed to the offered package</u>* (fieldnote).

Hence, although the complexity of funeral services implied that decisions had to be made about the specific orchestration of funerals, "the bereaved listened" while the funeral directors and employees went through the elements of a standardized quote. In those encounters, the bereaved did vaguely mention their needs for an adequate farewell, for example, as in the quote above, through a bodily affirmation that they preferred "a cremation." However, they did not openly address their specific needs, nor were these rendered salient. As a funeral director explained, this routine "*is not really made for the bereaved to bring in their views, to be honest. They just want to get through this. … This is a technical process that we just have to get done to organize the funeral*" (interview). This technical process, thus, muted the specific needs of the bereaved for an adequate farewell. It aimed at "get[ting the funeral] done," and the discomforting nature of this process made the bereaved stay silent about their needs. Consequently, in moments of interacting with the bereaved, funeral work intendedly or unwittingly proceeded with inattentiveness to the specific needs of the bereaved for an adequate farewell.

Deauthorization

"Deauthorization" refers to the displacement of care to other actors. This displacement occurs by reference to care as a task of others.

In the field of funeral services in Berlin, this process also reproduced a broader structural feature of the industry. Specifically, as funeral work seemed inattentive to the specific needs of the bereaved, funeral services were increasingly complemented by psychological counseling. As a head of an industry association explained:

> *<u>Psychological counseling</u> has emerged as <u>an important addition to funeral services.</u> Fortunately, the bereaved are not left on their own* [with their] *farewell* (interview).

Likewise, in the field, I noted "*brochures and business cards of psychotherapists in a display stand next to the entry door*" (fieldnote). Hence, representations of psychological counseling were visibly present in funeral homes. This presence enabled the funeral directors and employees to point to others who could care for the needs of the bereaved for an adequate farewell.

In fact, the funeral directors and employees did refer to offers of psychological counseling in interactions with the bereaved. For example:

> *The funeral director had a phone call with a <u>bereaved person</u>. Apparently, the bereaved person was <u>very upset</u> …. He* [the funeral director] *then said: "<u>I can give you the phone number of a very good psychotherapist</u>. We work closely with her, she has helped many others before you. Do you have anything at hand to note down the phone number?*" (fieldnote).

As a cemetery administrator explained, "*in funeral homes, references to psychotherapists are quite common nowadays … as if they* [the funeral directors and employees] *had nothing to do with the mourning of the bereaved*" (interview). Hence, through references to psychotherapists as care-givers, the funeral directors and employees deauthorized themselves from responding to the specific needs of the bereaved.

Deauthorization Produces Non-responsibility

References to care as a task of others, then, set limits to the moments in which the funeral directors and employees could or wanted to assume responsibility for the needs of the bereaved. Thus, deauthorization contributed to "non-responsibility," that is, denying one's obligation to give care to the bereaved moments of interacting with them. Specifically, given that the funeral directors and employees displaced the work of engaging with the needs of the bereaved for an adequate farewell to psychotherapists, they did not feel that it was they who should do something about these needs in moments of interacting with the bereaved. As a funeral director explained:

> It's <u>not our job</u> to help the bereaved get over the loss. This is <u>what psychological counseling is there for</u> (interview).

In fact, other than "*express*[ing] *their 'deepest condolences' whilst making a bow*" (fieldnote, employee), I did not observe moments of consolation of the bereaved as such. Central to the counseling interviews was to recommend trusted psychotherapists as care-givers. Such recommendations could be considered an attempt to care, as they were partly intended to direct the bereaved to more appropriate care-givers. Yet, in moments of interaction, such recommendations also invoked irritation. For example, I witnessed "*irritated gazes from the bereaved when the funeral director recommended consulting a psychologist and opened the door for them to leave*" (fieldnote), as if the bereaved were expecting to be cared for in that moment. A head of an industry association reflected on and criticized this: "*Funeral homes are the primary point of contact for the bereaved, who are often in a vulnerable state when*

they arrive. Therefore, it is the responsibility of all funeral workers to address the needs of the bereaved. The bereaved do not want to be sent elsewhere. There is no excuse for this. Full stop" (interview). In fact, as a consultant explained, "*The bereaved don't want to tell their story over and over again to different people. They want to tell it just once and find their peace through an appropriate funeral*" (interview). Therefore, in moments of interacting with funeral directors and employees, the bereaved did not necessarily experience recommendations of psychotherapists as an act of care as such. In those moments, deauthorization contributed to rendering the funeral directors and employees non-responsible for responding to specific needs of the bereaved for an adequate farewell.

Reskilling

"Reskilling" refers to a process of organizing death that prioritizes technical skills at the expense of caregiving. It occurs through a functional specialization of the organization of death.

Reskilling with a focus on technical skills reproduced another structural feature of the field of funeral services in Berlin. Originally, non-responsibility for the needs of the bereaved for an adequate farewell was not an in-built feature of that field, as funeral directors and employees had considered responding to these needs as part of their job in the past. Specifically, as a consultant explained:

> *Funeral workers used to be all-round talents. In a way, they were craftspeople and pastoral workers at the same time. Yet, funeral workers never learned these skills through an apprenticeship, but on the job. All you need to open a funeral business is a trade license. After the German reunification, this attracted all kinds of people, also those who simply delivered a bad service. Therefore, the industry associations have been pushing hard to get funeral work acknowledged as a craft that needs certain skills to be performed well* (interview).

In keeping with these ambitions, I observed how a funeral director referred to their funeral business's "'*craft with tradition' while visibly clenching their fist*" (fieldnote) to display high quality standards.

In keeping with viewing funeral work as a "craft," the trade associations established a licensed, formal apprenticeship in which aspiring funeral directors and employees would learn the craft of funeral work. As a head of an industry association remarked:

> *We already have a training center in Münnerstadt* [a town in Bavaria]. *Funeral homes from all parts of Germany send their new employees to that training center. There, they learn all the details of funerals: the key components and how they combine into a coherent funeral. These aspects are technical, but they are needed to perform the craft of funeral services well* (interview).

Hence, as funeral directors and employees came to understand funeral work as a craft, they focused skill formation on the technical aspects of funeral services that pay into the skillful performance of that craft, that is, the orchestration of the parts of a funeral. As a consultant observed, with such a technical focus, "*funeral workers'*

set of skills have become highly specialized. … Funeral workers are certainly not pastoral workers anymore [that] *can give solace as part of bidding farewell*" (interview). Hence, funeral homes' focus of skill formation on the technical parts of their "craft" meant that funeral workers' abilities to give care in interactions with the bereaved were depreciated, if not erased. It, thus, contributed to the reskilling of funeral businesses with a prioritization on technical skills at the expense of care-giving in their day-to-day work.

Reskilling Produces Incompetence

Prioritizing technical skills in day-to-day work, then, set limits on responses to the needs of the bereaved. Specifically, reskilling contributed "incompetence," that is, an inability to give care with adequacy in moments of interacting with the bereaved. Hence, the notion of incompetence does not refer to funeral workers' skills in general, nor their willingness and attempts to give care. It rather relates more specifically to their responses to the need of the bereaved in moments of interaction. In fact, the funeral directors and employees recognized themselves that they were unable to do justice to the needs of the bereaved for an adequate farewell in such moments. For example, as one of them reflected:

> *Funeral services are a craft. Therefore, our skills lie in organizing decent funerals, not emotional support. A farewell is always emotional, and <u>we often experience situations in which</u> the bereaved need emotional support. Thus, ultimately, <u>we are unable to give what the bereaved need</u>* (interview, funeral director).

In view of this inability, another funeral director mentioned that "*It is not just convenient to refer the bereaved to psychotherapists. They can also take care of the bereaved much better than we can*" (interview). Hence, references to more competent care-givers may, again, be considered an act of care. However, in moments of interaction, situations such as "*The bereaved began to cry and hold their hands. In this moment, the funeral director left the room and came back with catalogues* [to which the bereaved reacted with] *irritated gazes*" (fieldnote) indicated that, from the perspective of the bereaved, their needs were not catered for with adequacy. As such, the management of end-of-life situations in the field of funeral services in Berlin elicited incompetence in terms of their ability to give care in moments of interacting with the bereaved.

Moralization

"Moralization" refers to infusing the organization of death with barely reflected-upon values. This elevates self-set values to a maxim for action in the organization of death.

Moralization was also deeply engrained in the field of funeral services in Berlin. Specifically, despite the highly technical character of funeral services, the day-to-day work of funeral directors and employees was not only guided by the skills of a "craft," it was also charged with values. Importantly, funeral directors and employees projected societal relevance into their work. As a head of an industry association argued:

We are sometimes called the grave diggers of the nation. But this is not true. We do not just bury the dead. We not only provide an important service to the bereaved, but also to society writ large. There's cultural value in the way we bury the deceased (interview).

Hence, recognizing the societal importance of funeral work meant projecting "cultural value" into one's own work. Therefore, as a consultant explained: "*It is important for funeral workers to feel responsible for offering good funerals*" (interview).

In judgments of what is a "good" funeral, the core value that funeral directors and employees highlighted was "piety." Berlin is also called "*the capital of the irreligious*" (newspaper article) due to the vast majority of Berlin's inhabitants being unaffiliated with any religion or community of faith. Therefore, contrary to conventional uses, the term "piety" rarely carried religious or spiritual connotations in the field of funeral services in Berlin. Rather, piety broadly stood for a reverential respect for and tactful consideration of the deceased. As a funeral director highlighted:

We stand for piety. But this is not really unique to our funeral home. Piety is what unites all of us [funeral homes]. *Funerals have to be respectful to the dead* (interview).

Hence, piety was a professional value of the field of funeral services in Berlin writ large. Given the importance of this value, "*'piety' was* [often] *emphasized in* [the funeral homes'] *window displays*" (fieldnote); and some funeral homes even carried "piety" in their brand names. However, in the interviews, the funeral directors were rarely able to specify their understandings of piety. In the words of a consultant, "*Funeral workers are unclear about what they mean by piety.* [In fact,] *they rarely even think about what it could mean*" (interview).

Despite or because of this lack of reflection and clarity, piety served as a reference for justifying choices in the organization of funerals. For example, I witnessed how a funeral director highlighted in a phone call with the bereaved that "*please be assured that the funeral will be reverent. … Piety is central to us*" (fieldnote), highlighting piety as central guidance in efforts to organize a "good" funeral. As a funeral director explained:

All parts of funerals that we organize have to stand the test for piety. Therefore, we continually refer to piety when selecting [these parts]. *Conversely, if a funeral is not reverent, we won't do it* (interview).

Hence, piety was crucial in deciding which parts should be included and which should be left out when organizing a funeral. In this sense, funeral services were moralized, being charged with piety as a central (though ambiguous) professional value in terms of what counts as a "good" funeral.

Moralization Produces Irresponsiveness

The moralization of funeral work, then, set limits on assuring that the needs of the bereaved would be catered for. Thus, this process contributed to "irresponsiveness," that is, a value-guided organization of death at the expense of responding to the

specific needs of the bereaved in moments of interacting with them. Specifically, given that the funeral directors and employees imbued their services with piety as a core value and delivered their service in line with their (tacit) understanding of this value, they prioritized piety in the orchestration of funerals: "*It is piety that counts. This is the most important thing*" (interview, funeral director). This prioritization, combined with a lack of reflection about it, then, generated an irresponsiveness to the specific needs of the bereaved. For example, as a funeral director argued:

> *In a way, <u>we know better than the bereaved</u> what they need* [smiling]. *Thanks to years and years of experience, we know <u>what type of funeral is appropriate and reverent</u>.* [The specific] *needs* [articulated by] *the bereaved play a lesser role in our consultations* (interview).

Hence, interactions between funeral workers and the bereaved, a sense of "knowing better" what the needs of the bereaved are and what a "good," reverent funeral would be marginalized the specific needs of the bereaved. Therefore, rather than attempting to find out what the specific needs of the bereaved were, the funeral directors and employees asked the bereaved to "*trust. … I will guide you through our reverent offerings*" (fieldnote, funeral director) that they themselves considered appropriate in line with their understanding of piety.

Even when the bereaved did voice specific needs, they were dismissed when they departed from the funeral workers' barely reflected-upon view on piety. For example:

> *One of the bereaved asked about "<u>space burials</u>"* [where some of the ashes are transported to and released in outer space], *commenting that "I have heard about these new forms of burial.* [The dead] *<u>would have like it</u>. A less conventional farewell would be very fitting." The funeral director, however, responded that space burials "are irreverent, as the ashes are blown apart. Believe me, you won't be happy with such a burial." The bereaved wordlessly looked at each other in a perplexed way. <u>The funeral director, then, drew their attention to one of the prepackaged funerals</u> in the catalogue which was located close at hand* (fieldnote).

Although barely reflected-upon and difficult to articulate ("Believe me, you won't be happy…"), elevating piety to a maxim for funeral directors and employees can be considered an expression of care, as it made sure that funerals would comply with minimal technical and cultural standards. However, in moments of interacting with the bereaved, this also led to refusals to respond to the specific needs of the bereaved for a farewell that they considered adequate, as well as expressions showing that these needs were not catered for ("The bereaved wordlessly looked at each other in a perplexed way"). In fact, as a head of an industry association clarified, "*it is our responsibility to deliver a reverent service … even if this means that we cannot fulfill every wish of the bereaved*" (interview), and even if such a "wish" might have reflected a specific form of bidding farewell that the bereaved considered necessary or appropriate in their mourning. As such, funeral work remained irresponsive to these specific needs in moments of interacting with the bereaved, prioritizing the funeral workers' views on piety over and above assurances that the clients' needs would be catered for.

Consequently, funeral services were "de-ethicized." That is, through the production of inattentiveness, non-responsibility, incompetence, and irresponsiveness, relations between funeral workers and the bereaved were replaced by an implicit *"hierarchy. These* [encounters] *don't take place at eye level"* (interview, consultant). In this hierarchy:

> *The bereaved don't have a real choice. The funeral is predetermined based on what they* [the funeral directors and employees] *have on offer* (interview, supplier).

Hence, funeral workers' offerings "predetermined" the outcomes of interactions with the bereaved. Given that these offerings reflected the funeral workers' understanding of a "good" funeral against the professional value of piety, those interactions left no choice about "right" and "wrong," that is, what form of bidding farewell would be adequate for the bereaved against their specific needs of bidding farewell. In this form, funeral work stripped away ethical choices in end-of-life situations—with limited, if any, sensitivity or response to their specific needs for an adequate farewell.

DISCUSSION

In this article, I set out to examine the production of organized carelessness in the organization of death. Based on my empirical analysis, I showed how organized carelessness comes into being through four processes: sequestration, deauthorization, reskilling, and moralization. As I showed, these processes produce inattentiveness, non-responsibility, incompetence, or irresponsiveness as dimensions of organized carelessness in interactions within the organization of death.

First, "sequestration" refers to the separation of death in its vivid bodily and emotional manifestations from the day-to-day organization of death. This separation contributes to turning the organization of death into a routine and partly even deadening task. The deadening nature of the organization of death, then, imposes limits on the moments in which the needy's needs can be voiced and heard. Sequestration, thus, produces "inattentiveness," that is, muteness of the specific needs of the dying, their carers, and the bereaved in interactions within the organization of death.

Second, "deauthorization" relates to the displacement of caring for the dying, their carers, and the bereaved to other actors. This reframes care as an obligation of other people, rather than being one's own responsibility. Such a reframing, then, imposes limits on the moments in which caregivers can or want to assume responsibility for the needy's needs. Deauthorization, thus, produces "non-responsibility," that is, denying one's obligation to give care in interactions within the organization of death.

Third, "reskilling" refers to a process of organizing death that prioritizes some (e.g., technical) skills through functional specialization. This specialization detracts from and partly even contributes to erasing caregivers' abilities to respond to the needs of the dying, their carers, and the bereaved in moments of interaction. Reskilling, thus, produces "incompetence"—an inability to give care with adequacy in interactions within the organization of death.

Finally, "moralization" relates to infusing the organization of death with barely reflected-upon values. This lack of reflection prioritizes self-set values as unchallenged maxims for action in the organization of death. This rather unconditional pursuit of one's own values, then, sets limits to ensuring that the needy's needs are catered for. Moralization, thus, produces "irresponsiveness," that is, a value-guided organization of death at the expense of assuring responses to specific emerging needs in interactions with the dying, their carers, and the bereaved.

Taken together, I show how the production of organized carelessness contributes to a "de-ethicizing" of the organization of death. Specifically, when organized carelessness comes into being, choices in end-of-life situations seem predetermined, stripping away ethical choices of what is "right" or "wrong" in relationships with others. This de-ethicization includes, but extends beyond a well-known challenge of being responsive, namely, an "I know what you need" attitude (e.g., Held, 2006; Tronto, 1993). Based on the present findings, I argue that the de-ethicization of the organization of death is a complex product of accomplishing all four dimensions of organized carelessness, culminating in limited, if any, sensitivity or responses to the needy's specific needs.

These findings provide contributions to research on the organization of death and the ethics of care in management and organization studies.

Carelessness in the Organization of Death

The first contribution of this study is to advance a deeper and more nuanced understanding of how carelessness is produced in the organization of death. Prior literature provides diagnoses of carelessness in the organization of death (e.g., Elias, 1985; Giddens, 1991; Smith, 2006) that are barely backed with understandings and explanations of this phenomenon (Fotaki, 2023). The few studies on the organization of death that do focus attention on carelessness mostly suggest that carelessness is a product of normalizing death through the technologies, discourses, and materialities that organizing provides, arguing that the routine engagement with death as a day-to-day, taken-for-granted concern dilutes care (e.g., Candrian, 2014; Clegg et al., 2013; Le Theule et al., 2020). This is at odds with the idea that care itself can be part of the normalized day-to-day fabric of organizing (Arnold & Ross, 2023; Held, 2006). Hence, care and the normalization of death as a day-to-day concern are not necessarily mutually exclusive.

In contrast, based on my empirical analysis, I show that carelessness in the organization of death cannot be explained by reference to the normalization of death alone. Specifically, I show how it comes into being through four processes: sequestration, deauthorization, reskilling, and moralization. "Sequestration" also relates to the routine-like taken-for-grantedness that tends to be associated with processes of normalization. Yet, it does not contribute to normalizing *death* as such. Rather, this process contributes to rendering death invisible in the day-to-day organization of death and turning the everyday work of managing end-of-life situations into a "deadening" task that is inattentive to the needy's needs for an adequate farewell. Likewise, "moralization" is associated with a lack of reflection. However, this does not relate to covering the intricacies of end-of-life situations by normalizing death as

such. Rather, moralization points to the taken-for-grantedness of professional values as maxims for managing such situations that does not assure that the needy's needs are catered for. Likewise, "deauthorization" and "reskilling" are not associated with the normalization of death either. Nevertheless, all of the identified processes contribute to producing varying dimensions of carelessness.

The discernment of these processes is important because it enriches our understanding of how the widely observed carelessness in the organization of death (e.g., Elias, 1985; Giddens, 1991; Smith, 2006) is produced. Specifically, this study deepens our appreciation of the plurality of ways in which carelessness comes into being (see Péretz, 2021), as it extends beyond more or less exclusive references to the normalization of death as an explanation of carelessness.

These observations, I argue, lead us to rethink or at least expand our understanding of the nature of carelessness in the organization of death. Instead of being a self-evident product of taken-for-grantedness alone, I show how carelessness comes into being through processes that produce different dimensions of the phenomenon by diminishing or undermining attempts to be sensitive and respond to others' needs. This, then, leads us to a deeper, more complex, and nuanced understanding of carelessness in the organization of death.

Organized Carelessness and the Ethics of Care

The second contribution of this study is to introduce and elaborate the notion of "organized carelessness," that is, the production of insensitivity and non-responses to others' needs. Management and organization studies have made advances in understanding how care is effortfully accomplished in and through organizational processes (e.g., Antoni et al., 2020; DeCelles & Anteby, 2020). Though insightful, this literature seems to relate carelessness to care in simplistic binary terms: carelessness exists where care is absent (e.g., Driver, 2023; Lawrence & Maitlis, 2012). As a result, prior work provides limited insights into drivers and motives that give rise to carelessness (Fotaki, 2023).

In turn, through my empirical analysis, I show how carelessness is "organized." Specifically, the findings reflect how various processes that participate in the fabric of organizing give rise to varying dimensions of carelessness. Through this, I show how these dimensions of carelessness do not necessarily come into being in response to outright careless activities. Specifically, I show that attempts to care are partly woven into the identified processes, such that carelessness may emerge as an unintended side effect of attempts to care. For example, in moments of interacting with the bereaved, funeral directors referred them to psychotherapists with presumably greater caregiving competences rather than assuming their own responsibility to give care. While partly meant as an act of care, the needs of the bereaved were left unattended in those moments.

These observations, I argue, are important because they lead us to a revised understanding of carelessness in organizational life, namely, as an organized accomplishment: Rather than just emerging where care is absent, the dimensions of carelessness come into being through varying processes that participate in the fabric of organizing. Such a view helps us make sense of the complexities and contradictions

inherent in dynamics of care and carelessness (see Fotaki, 2023). Specifically, the observation that carelessness partly even comes into being through attempts to care dissolves the binary of care and carelessness altogether. If attempts to care are woven into processes that give rise to carelessness, the most caring act may be to elicit carelessness in moments of interacting with the needy.

Such an understanding of carelessness has implications for the wider body of work in management and organization studies that attempts to locate care in areas such as leadership (Gabriel, 2015), stakeholder relations (Wicks, Gilbert, & Freeman, 1994), corporate social responsibility (Freeman & Liedtka, 1991), social movements (Reinecke, 2018), and social entrepreneurship (Shepherd, 2015), but tends to diagnose the opposite when measured against idealized values of care (Becker & Peticca-Harris, 2025). I argue that, just as care must be understood based on its performance within contextual confinements (Held, 2006), carelessness cannot be understood and evaluated without devoting nuanced attention to the processes through which it comes into being in specific situations and contexts. Hence, even if situations and contexts of leadership, social entrepreneurship, social movements, and so on, elicit carelessness, they may partly come into being through acts of care.

These insights also have practical implications for attempts to counteract the widely observed carelessness in funeral services and the organization of death in particular (e.g., Elias, 1985; Giddens, 1991) as well as organizations and society more generally (Branicki, 2020). Reproducing the binary of care and carelessness, such efforts aim at overcoming diagnosed carelessness by infusing organizations and society with care (e.g., Cozza et al., 2021; Rynes et al., 2012). Yet, if carelessness cannot be understood as the mere absence of care, just "doing" care in these domains is insufficient. Instead, when understood as an organized accomplishment, it is at least equally important to "undo" carelessness by gaining a deep understanding of the processes that produce carelessness. This, then, enables organizational actors to work against parts of those processes that unequivocally contribute to carelessness, while nurturing those parts that elicit care. Given that attempts to care may, again, give rise to carelessness in later iterations, reaching a deep-level understanding of the processes that produce carelessness and making adjustments are a continuous task. Hence, attempts to counteract carelessness place high and continual demands on organizational actors to engage in critical reflection. Therefore, in addition to embedding care in the organization of death as well as organizations and society more generally (Lawrence & Maitlis, 2012), it seems necessary to establish the "undoing" of carelessness as a continually performed organizational practice.

The introduction of the notion of "organized carelessness" opens up promising directions for future research. To begin with, I encourage future research to examine how the "undoing" of organized carelessness is accomplished—a process that has remained underexplored so far. Relatedly, future research on the ethics of care in management and organization studies could complexify our understanding of how care comes into being by focusing on the interplay between counteracting carelessness on the one side and fostering care on the other side. Furthermore, given that both care and carelessness are organized, they may emerge simultaneously, such that

actors in organizations may be both "care-ful" and "careless" at the same time. Thus, future studies may shed light on the simultaneity of care and carelessness, examining the conditions for and outcomes of this simultaneity as well as how actors may deal with it.

Directions for Future Research

As Zilber (2022: 1) highlighted, the study of the organization of death "can also teach us much about … organizational dynamics more generally." In fact, carelessness is a widespread contemporary phenomenon in organizations and society that extends beyond the organization of death (e.g., Branicki, 2020; Rynes et al., 2012). Therefore, I argue that my theoretical conclusions are useful for drawing conclusions about carelessness in organizational life outside of the organization of death. Nevertheless, it is important to reflect on the limitations of this study, which offer starting points for future research.

First, I empirically focused on the field of funeral services in Berlin as a whole, as well as on central actors who were knowledgeable about and partly even shaped the process and practices of the organization of death in this field (see Gioia et al., 2013). In doing so, I was able to discern broader processes of producing carelessness as part of the fabric of organizing death within this field. This led me to add greater nuance to our understanding of how carelessness comes into being in the organization of death. However, a deep dive into a single funeral home might have produced even greater nuance. Because of limited access due to the sensitivity of delivering funeral services, it was impossible to collect data within a single organization that would have been rich enough for drawing theoretical conclusions. Perhaps, future research could focus on a single organization to further elaborate the patterns advanced in this article.

Second, my theoretical conclusions about the production of organized carelessness in the organization of death emerged in the provision of funeral services. Such services are part of the broader array of settings in which end-of-life situations are managed before, during, and after death (Zilber, 2022). Yet, funeral work differs from work performed in hospices, palliative consultation, and other areas where end-of-life situations are managed. This raises questions about the transferability of my findings to other contexts. The identified processes and outcomes of producing organized carelessness in the organization of death are grounded in, but theoretically abstracted from the specific case and context in play (see Suddaby, 2006). Therefore, I argue that the theoretical concepts also manifest in other settings in which end-of-life situations are managed. For example, it seems plausible that efficiency-driven sequestration in palliative care may culminate in inattentiveness to the needs of the dying person; or that infusing palliative consultation with dominant values through moralization may lead to irresponsiveness to such needs in moments of interaction. I do, however, encourage future research to theorize the specifics of other contexts that may enable or constrain the emergence of organized carelessness in the organization of death. Here, I see potential in examinations of organized carelessness in various religious and spiritual settings. Religion and spirituality played a lesser role in the context of Berlin, but they may be more pertinent in other settings. As religion

and spirituality can both enable and undermine caring relationships (Held, 2006), it is worth reexamining the production of carelessness in the organization of death with a view on the contributions of religion and spirituality.

Third, I theorized the observed invisibility of death in its bodily and material manifestations as an important part of "sequestration." In the context of the organization of death, this observation seems counterintuitive. Therefore, it may raise interest in future research. I encourage future research to probe alternative methodological approaches in such inquiries. The basic idea of grounded theory to examine processes of social construction (Strauss & Corbin, 1990) led me to identify varying processes through which organized carelessness is accomplished. Yet, the very focus on *social* construction may overemphasize social at the expense of material realms (Orlikowski & Scott, 2008). Future research may, therefore, elaborate more fully the role of bodily and material dynamics in the production of organized carelessness.

Finally, future research may shed more light on the perspective of the bereaved. Due to their vulnerability, conducting interviews with them seemed inappropriate. Instead, I inferred their views and understandings through observations of their verbal and nonverbal interactions with funeral workers (see also Knight et al., 2025). Through these observations, I gained insight into the bereaved's needs and their views on whether or not they were cared for when affirming, challenging, or rejecting the funeral workers' statements, either verbally or nonverbally. However, the specific needs of the bereaved were largely undiscussed or marginalized in these interactions—an observation that is part of my elaboration of organized carelessness. With due respect for ethical considerations (see Islam & Greenwood, 2023), future research may build on these insights by focusing attention on how and why vulnerable groups accept not receiving care from ostensible caregivers despite their legitimate claims to care.

In summary, this article advances a deeper and more nuanced understanding of the production of carelessness in the organization of death. I hope that these insights inspire further work on carelessness and the organization of death as areas of utmost societal relevance.

Acknowledgements

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