

Sample Student Research Paper

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Effectively “Managing” Grief

Based on a real-life disaster, the terrorist bombing of an Air India plane in 1985, Bharati Mukherjee’s short story “The Management of Grief” depicts the sorrow of several Indian immigrants to Canada who lost family members in this tragedy. One character who tries to help these immigrants, government counselor Judith Templeton, sees “the management of grief” as an administrative procedure in which the bereaved follow certain rules of behavior. Consulting “textbooks on grief management,” she expects the anguished immigrants to go through set stages of mourning, and she despairs when not all of them stick to this schedule. The mourning process of the narrator and main character, Shaila, is in fact quite individualistic. When her husband and sons are killed in the bombing, Shaila realizes that the “terrible calm” she first experiences is not typical of her native culture. She even tells Judith that “By the standards of the people you call hysterical, I am behaving very oddly and very badly.” Through much of the story, actually, Shaila is haunted by the images and voices of her deceased family, and only when she believes they have freed her does she feel able to resume her life. Meanwhile, however, she conceals her torment from Judith and others. Overall, Shaila’s style of mourning demonstrates the truth of a statement that she makes to Judith: “We must all grieve in our own way” (621). If Shaila achieves “the management of grief,” she does so in the sense that she is able to overcome her sorrow in a manner that suits her own personality. By contrast, Judith’s vision of “the management of grief” is more institutional and impersonal, failing

SOURCE: John Schilb and John Clifford, *Making Arguments about Literature: A Compact Guide and Anthology*

to take adequate account of each mourner's particular feelings and needs.

Differences between personal and administrative ways of managing grief can arise in other situations of disaster. For example, such differences emerged in the wake of the September 11, 2001 destruction of New York City's World Trade Towers. Government agencies and private companies in Manhattan assumed that many people who lost family members or witnessed the terrorism would need psychological help. Therefore, several of these institutions hired various counseling firms to provide such therapy. Hundreds of so-called experts trained by the firms came to Manhattan, ready to offer their assistance. In particular, they practiced and valued an approach known as psychological debriefing. Yet the ability of these counselors to improve New Yorkers' mental health turned out to be surprisingly limited. In general, the aftermath of the World Trade Towers disaster shows that it can be presumptuous for people to believe that an administrative "management of grief" will prove helpful. Organizations that want to help victims of trauma must avoid a "one therapy fits all" approach and recognize that these individuals may have their own particular ways of coping.

Grief is not the only human emotion that institutions are currently rushing to address. In her book *The Commercialization of Intimate Life*, sociologist Arlie Hochschild observes that people increasingly look to outside experts for help with personal relationships and family matters that previously they might have tried to handle within their private lives. She notes that these experts now range from daycare workers to professional party planners to TV and radio talk show hosts. In general, Hochschild points out, people are being "invited to *manage their needs more*" (14), with "management" in this case meaning the discipline provided by professional consultants who may have their own agenda. Hochschild does not refer to the experience of dealing with large-scale,

unforeseen trauma such as the World Trade Towers disaster. But included among the kinds of experts she refers to are “professional therapists” (14), and the destruction of the Towers was yet another instance in which they arrived on the scene to take charge of other human beings’ mental recovery. Because many of these counselors were trained and employed by firms, the therapy they sought to provide can even be seen as an extension of the corporate “management” they encounter back at headquarters. Probably Hochschild would see their work as taking her notion of needs management to a new bureaucratic level.

Can these corporate theorists actually heal grief, especially when it stems from mass tragedy? The question becomes more and more important as increasing numbers of these counselors swarm to sites of horror like Ground Zero. As psychiatrist Martin Deahl points out, “The last decade has witnessed the emergence of a ‘disaster industry’” (931). Deahl is not the only writer who uses the word “industry” to describe these service providers. Physician Jerome Groopman entitled his magazine article about them “The Grief Industry.” As a term, “industry” implies that these providers are very much a capitalist enterprise, comparable to more blatantly profit-seeking institutions such as stores, manufacturers, and banks. There is, in fact, profit of various sorts to be gained in offering the promise of psychological cure. In part, Deahl suggests, teams of grief counselors are proliferating because they reap benefits from this work: “Indeed research grants, as well as the livelihoods of individuals employed by companies contracted to provide debriefing services, might depend on it!” (931). Of course, the industry may still be well-intentioned, desiring genuinely to help people. But the capitalist interests of these firms, along with their sheer increase, should lead us to evaluate carefully their effectiveness.

The Towers tragedy has turned out to be an important test case, for researchers found that quite a few of the grieving were able to recover without much assistance from the armies of corporate-trained therapists. The number of such therapists who came to New York City was certainly large. In a journal article dealing with this invasion, Richard M. McNally and his coauthors report that one firm, Crisis Management International, filled a Manhattan hotel with 350 of its employees (45). Psychologist Lauren Slater adds that "There were, by some estimates, three shrinks for every victim" (48). Obviously this statistic is rough, and surely it includes counselors already in New York as well as those sent to the city by organizations that are purely charities. Still, at least this figure reminds us that commercial firms were a major force in the therapy offered, so the issue of whether or not they proved effective is quite significant.

Ironically, there is no proof that their big presence helped a lot of the bereaved recover. As McNally and his coauthors report, actual use of these services was much less than authorities had anticipated, one possible reason being that many New Yorkers traumatized by the disaster relied on their own inner resources and on the assistance of friends as well as relatives (46). Perhaps, like Shaila, they were able to "manage" their grief without depending on a corporate model of coping. Actually, there is evidence that a lot of these sufferers succeeded in regaining their mental stability not long after September 11. Groopman reports that even just a month or two afterward, phone interviews with 988 adults found that merely 7.5 percent were experiencing Post-Traumatic Stress Disorder, and that a similar survey the following March found just 1.7 percent of New Yorkers in this condition. To be sure, we must acknowledge that exact causes of the wide-scale recovery have yet to be pinpointed. Nevertheless, "the grief industry" seems to have played little role in it.

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Even if significant numbers of people tormented by September 11 had used this industry's services, they may not have benefitted much from its favorite kind of therapy. Usually referred to as psychological debriefing, the treatment involves bringing victims of trauma together in a group and asking each member to recall his or her horrible experience in detail. Reviewing much of the research done on this approach, McNally and his coauthors report that while some studies indicate psychological debriefing is good, other studies find its benefits less clear-cut, and there are even studies that suggest it can cause harm. Therefore, McNally's team concludes that this method's effectiveness is highly questionable (64). In addition, Deahl has arrived at the same judgment after conducting his own research review (933). Indeed, he and McNally's team undertook their reviews in the first place because debriefing is a controversial approach in their field as a whole.

Of course, logically it seems possible for corporate-trained grief counselors to develop a variety of methods, deciding which suits a particular client best. Yet many institutions that buy a grief counseling service probably want it to use one approach, believing that this efficiency will keep the institution's costs down. As Deahl points out, "A single, stand-alone intervention is clearly popular with employers anxious to discharge their 'duty of care' as inexpensively as possible" (932). Furthermore, probably grief counselors are easier and less costly for their own employers to train if the model of therapy involved is standardized.

Whatever the economic issues, we should critically examine the work of therapists who participate in the corporate "management of grief," especially those who are fond of psychological debriefing. We need not assume they are evil people. Nor must we assume that their style of therapy has been completely discredited. Clearly much research remains to be done on the effectiveness of debriefing and other methods. But, as Bharati Mukherjee

suggests in her story, it is important for us to keep in mind that victims of trauma may recover in ways unpredicted by manuals. The counselor who has a wide assortment of methods for dealing with grief will be in a better position to accommodate these victims' individuality.

Works Cited

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