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GRIEF

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GRIEF PROCESSORS--

SERVICE TECHNOLOGY COULD KILL OUR SENSE OF COMMUNITY

EDITOR'S NOTE: Professional counselors are now being trained to aid people grieving the loss of a loved one. PNS commentator John L. McKnight argues that "grief technology" and other "services" may do us more harm than good. McKnight is a professor of Urban Affairs and Policy Research at Northwestern University.

by John L. McKnight, Pacific News Service

There is a new technology called "bereavement counseling." It is a tool forged at a great university, an innovative technique to meet the needs of those experiencing the death of a loved one. Now a whole new group of professionals is being trained to "process" the grief of people.

No bereavement counselor has yet visited my small home town of Prairie du Sac, Wisconsin. When farmers and townspeople mourn the death of a mother, brother, son or friend, they are still joined by neighbors and kin. They meet grief together in lamentation, prayer and song. They call upon the words of the clergy. They surround themselves in community. Their grief is common property, an anguish from which the entire community draws strength -- and gives the bereaved the courage to move ahead.

My dark prediction, though, is that a mere generation after the counselor does arrive with the new grief technology, confidently displaying diploma and certificate, our mourning community will have

disappeared. I fear the counselor's new tool may throw aside kinship, care, neighborly obligations and ways of coming together.

Bereavement counseling is but the latest example of a "service technology" that promotes belief in the expertise of an authority, and fosters client-hood where citizenship once grew.

There are those who argue that a good society should scrap its nuclear generators and recast them into plowshares of service. They would replace the technology of goods with the technology of service -- modern medical centers, universities, correctional systems, nursing homes. And bereavement counselors. But before we create more and bigger service technologies, perhaps we should ask some key questions.

-- How much will it cost?

E. F. Schumacher, author of "Small is Beautiful," helped us see the great social, political and environmental distortions that come when we cover our land with concrete in the name of transportation.

In the same fashion, we are now investing 12 percent of our national wealth in medical care technology that blankets most of our communities with an artificial understanding of well-being. We create costly "health-making" environments -- usually large, windowless rooms filled with immobile bicycles and dreadfully heavy objects said to be beneficial when lifted.

-- Is it effective or harmful?

There is a growing body of evidence showing that some service technologies are now so counterproductive that abolishing them would be the best way to achieve their stated aims. Take, for example, an experiment in Massachusetts. Since the juvenile correctional institutions were closed, youthful criminality has declined, while in comparable states it has increased.

But perhaps the most telling example of counterproductivity is our Medicaid program, which is intended to provide health care for the poor. In most states, the amount spent on this program is now greater than the cash income provided those poor people.

In other words, a low-income mother is given \$1 in income and \$1.50 in medical care -- when it is perfectly clear that the single greatest cause of her ill-health is her low income. The response to her poverty is an ever-growing investment in medical technology -- an investment that now consumes her income.

-- Does it rob us of knowledge?

During the first half of this century technocrats -- called pediatricians and obstetricians -- decided that manufactured formula was better for babies than mother's milk, and persuaded a generation of women to give up breast feeding for this more "healthful" way.

Fortunately, in the 1950s a few women in a Chicago suburb, who remembered that babies could be fed by breast, started a club that multiplied itself into thousands of small communities and became an international association of women dedicated to breastfeeding, the LaLeche League. This movement finally reversed the views of even the service technologists themselves. A few years ago, the American Academy of Pediatrics finally took the official position that breast feeding is the preferred way to nurture infants.

-- What is the "hidden curriculum?"

The invisible message when a professional interacts with a client is, "You will be better because I know better."

Our modern experience with service technologies tells us that it is difficult to recapture space the professionals occupy. A vivid

current example is a trend within the hospice movement. Those who created that movement were attempting to take dying away from the hospital, to allow a death in the family. Yet only a decade later, we can see the rapid growth of "hospital-based hospices," and new funding legislation tying hospices to hospitals, with physicians employed as "care-givers."

If we are to cultivate community, we must become wary of service technology, like bereavement counseling, which turns grief, a condition, into a commodity. We need to develop a healthy suspicion of the manager, who values hierarchy over common approaches.

And we would do well to remember the words of E. F. Schumacher. "The guidance we need," he wrote, "cannot be found in science or technology, the value of which utterly depends on the ends they serve; but it can still be found in the traditional wisdom of mankind."

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