The medicalization of grief in Western capitalist economies

Clara Atwell

Department of Social Sciences, Cal Poly, San Luis Obispo

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Dr. Coleen Carrigan

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I. The weight of grief — Introduction

It's 9:30 on a quiet Wednesday morning when your mom calls. Her shaky silence sends you spiraling in a matter of seconds. You know what this silence means, and it carries you to your first loss of innocence. The knock on your bedroom door when you were eleven and saw your 16-year-old brother shattered for the first time. The deep fear of losing someone you love too soon has since followed you through every tragedy that has taken a young person from your small hometown. At this point, the ratio of young deaths to population is incomprehensible. Half the boys from your sister's preschool photo are gone. So, when you hear that silence on the other end, your mind is creative. You take note of where your family members are and how they could have been hurt. As you start building out scenarios of life without them, you realize your mom is speaking. It takes a moment to process her muffled voice on the other end. It's your childhood best friend. He died in a motorcycle accident last night.

I don't remember meeting Connor; he was just always there. When I was little, I imagined I spent the first six months of my life waiting in anticipation next to his mom's pregnant belly. He was my mom's best friend's son and my sister's best friend's little brother. My childhood was colored by his bright red hair and adventurous spirit. We grew apart around middle school. However, I never doubted he would be in the crowd at both my wedding and funeral.

My first thoughts when Connor died were "how long will it take me to get over this?" and "How will this interfere with me finishing school?". In short, "how will this death impact my productivity?". As much as I feel guilty for this response, I am left wondering if it is not the response we are programmed to have. After flying home for a week to spend time in the only place I could get work done, I was torn apart in my first in-person interaction with a professor.

They were quiet and passive for the first three minutes of the conversation, but finally they erupted. I missed three classes and was told no student had ever taken that much time for bereavement. They asked if I had *even* taken my class-partner into consideration when choosing to go home. This professor has known me personally since freshman year. Yet, in this moment, they tied my character to my ability to overcome grief with productivity. I left the meeting in tears and called my mom who told me that in the 'real world' you are only given three days of bereavement leave. My time to get over him was up.

I spent the rest of the morning on a furious search of WebMD attempting to figure out what was wrong with me, our culture, or both. It was clear I was not following the five stages of grief. I just felt waves of anger, numbness, and isolation, and I was confident I was self-sabotaging my relationships and academic career. However, as much as I felt there was something medically wrong with my grief, I was also struck by how wrong it felt to diagnose such an individual process because it was impacting my productivity.

In this paper, I seek to expose how the medicalization of grief in the early 1900s is tied to the rise of capitalism, and how these two factors shape grief experiences in contemporary North America. I use critical medical anthropology to analyze how conventional wisdom, like the five stages of grief, has reduced this inevitable human experience to a set of simple stages and symptoms. I then target my research question through a critical analysis of the medicalization of grief, the economic impact of grief on the labor market, and constructed grief norms.

I write this essay in part from a place of anger. I am outraged by how my grief was treated by the people I love and some of my mentors. I have never felt so lonely, angry, and crazy. At the same time, I can't honestly say I would've acted differently from them if I was in their position. I'm tired of blaming others for their discomfort with grief. So, I also write to heal.

I want to understand why our society shuns grief and treats such a normal part of life with awkwardness and pressure. In understanding the systems of power that have impacted my grief work, I have begun to experience the complexity of emotions that follow loss with less and less judgment.

I. The Five Stages of Grief

The 2022 CNN article "The five stages of grief and how to get through them," captures modern popular discourse on grief processing in the discussion of the Kübler-Ross five stages of grief. This model was introduced in the 1969 book *On Death and Dying,* and lists the stages of grief as denial, anger, bargaining, depression, and acceptance (Rogers, 2022). Although pop-psych articles such as this note that grief is both an individual process and might not follow these stages linearly or at all, they still depend on the narrative of models or symptoms to describe the bereavement process. This categorization of grief simplifies the complexity of the process and normalizes certain reactions over others. The rhetoric of normal symptoms or reactions follows any grief related Google search. In the VITAS Healthcare article, "The Normal Physical and Mental Symptoms of Grief," symptoms are displayed in the same way they would be if one looked up "are my periods normal?" or "are my headaches normal?". While abnormal periods or headaches can be quantifiable and the result of severe medical conditions, the line between normal and abnormal grief is socially constructed.

This conventional view of grief as a set of symptoms or stages is both incomplete and misleading. Grief comes in many forms and is experienced differently across time, culture, and personality. It cannot be reduced to stages or symptoms because it is not a medical condition. Grief is a core aspect of any human life. However, unlike non-medicalized human experiences like falling in love, community building, or young adulthood, grief, like old-age, ADHD, and menopause, impacts human productivity and therefore economic output. Our conception of grief

as a medical phenomenon that ranges from normal to complicated is therefore situated within the context of core western countries with developed capitalist economies.

II. Literature Review

This paper looks to scholars across academia to give comprehensive critical analyses of the medicalization of grief within Western capitalist economies. Together, the perspective they provide addresses the roots of conventional wisdom on grief and its impact on the social construction of grief norms. Because no previous literature provides an anthropological perspective on the medicalization of grief, I looked to social science researchers who applied interdisciplinary and critical methodologies for the bulk of my research. The only paper used that was not critical in nature was van den Berg and Vikström (2017). This article takes a strictly economic approach to understanding grief and echoes the cultural norms the other sources deconstruct.

The Medicalization of Grief

Critical grief psychologist, Leeat Granek, defines medicalization as "the process by which human conditions or problems become medical problems to be solved," (Granek, 2016, p. 122). Medicalization transforms aspects of everyday life into pathologies, narrowing the range of what is considered acceptable, and "focuses the source of the problem in the individual rather than in the social environment," (Conrad, 2007, p. 7-8). Granek contextualizes the medicalization of grief in the early 20th century within the rise of modernism and a shift in Western culture away from religion towards positivist science (Granek, 2016).

Between the late 1800s and mid-1900s, death transformed into a taboo topic among Westerners (Wood and Williamson, 2003). Historically, American attitudes towards death and dying have been defined by a Puritan mentality. Although the experience was very personal,

Puritans had deep interpersonal and community connections. With the rise of Capitalism, this historical view quickly lost its ground and was replaced by a deeply individualized understanding of death. This extreme shift can be seen in a cultural fear of aging, a distaste of discussing death with the sick or elderly, the placement of the elderly to nursing homes, the medicalization of the human condition, and the rise of the funeral home industry (Wood and Williamson, 2003, p. 21).

Where religion historically provided structure, ritual, and community support to the bereaved and meaning to death, modernism offers a "narrative that emphasizes happiness, innovation, and a forward moving mentality while denying sadness and mourning," (Granek, 2015, p. 106). This historic change privatized grief (Granek, 2008, p. 173). The expectation to grieve in private that followed modernization also came with the expectation to seek private care "in order to heal as quickly as possible" (Granek, 2015, p. 107).

> The task of the griever is to do 'grief work' and get back to the job of living full, productive lives as soon as possible. If the griever is not able to 'move on' fast enough or 'well enough,' it is their responsibility to seek professional help, which often takes the shape of a therapist or a prescription for medication (Granek, 2015, p. 106).

Complicated, pathological, prolonged, or traumatic grief are disorders proposed by Western researchers to be put in the Diagnostic and Statistical Manual of Mental Disorders. These forms of grief vary from 'normal' grief in their intensity and duration. However, otherwise they look the same (Granek, 2016, p. 112). Diagnosing these 'disorders' therefore requires Western psychologists to define what a normal grief experience looks like. Neimeyer's short 2005 piece, "Defining the New Abnormal: Scientific and Social Construction of Complicated Grief," addresses the "social process of reality construction" (p. 95) that establishing new

diagnoses requires. Definitions of normal versus abnormal grief depend on *who* is defining what normal means. Psychology's definition of 'normal' is situated within a Western oriented discipline historically focused on white middle class grief (Harris, 2010).

> At issue here is not the existence of grief as a 'real' phenomenon, but rather the social construction of its meaning by competing groups both within the professions (e.g., psychiatry, psychology) and beyond them, from various sociological, anthropological, humanistic, religious, and indeed (a plenitude of) lay perspectives (Neimeyer, 2005, p. 95).

A single definition of normality disregards variance in individuals' grief, creating a culture where grief becomes uncomfortable, isolating, embarrassing, and requires medical attention if it varies from Western psychologists' conceptualization of normal. "The grief industry" is an industry that profits off the cultural idea that medical intervention from psychologists, psychiatrists, and pharmaceuticals is necessary to healthily process grief (Granek, 2016, p. 116). There is little empirical evidence that grief counseling is effective, and although grieving patients have historically been excluded from being diagnosed with clinical depression, they can now be up to two weeks after a major loss (Granek, 2016, p. 116). This shift in diagnoses would open the market of antianxiety and antidepressants to the bereaved and in turn profit the pharmaceutical industry (Granek, 2016, p. 117)

In the introductory chapter to *Medicalization of Society,* Conrad, a medical sociologist, further builds the connection between medicalization and capitalist profit. He argues the rapid increase in diagnoses of mental and behavioral health conditions does not correspond with a mental health crisis but is tied to the rise of pathologizing problems that do not require medical intervention. This is demonstrated by the doubling of physicians per person between 1950 and

2006 and the United States increased healthcare expenditures. Since 1950, the percentage of our GNP spent on health care has increased from 4.5% to 19.7% (Conrad, 2007, p.4 and CMS.gov, 2020). There is an undeniable economic incentive to the medicalization of human experiences. The biomedical industry profits from pathologization.

Grief Economics

The death of a loved one is one of the most excruciating human experiences. It transforms an individual's world for months, if not years, and it shifts one's lens on what matters in life. However, in the U.S., individuals are entitled to just three days of bereavement leave for the death of an immediate family member, and there is no official policy for the death of a friend or non-legal partner (OPM.gov). The goal of such a policy is to curb the inevitable loss of economic productivity that follows grief.

The medicalization of grief and privatization of grief practices not only benefits the biomedical industry, but also serves economic interests from a labor perspective. As demonstrated by Swedish economists, van den Berg and Vikström's, 2017 analyses of the long-run economic impact of children's death on their parent's labor income, grief has a direct impact on labor productivity beyond the initial period of loss (p. 1811). In Sweden, the loss of a child leads to an average annual loss of 12.5% and 8.8% of earnings for mothers and fathers respectively (van den Berg and Vikström, 2017, p. 1824). Grief poses a direct economic threat, and the language of this article implies that the economic costs of a child's death are more impactful than the emotional distress of the death itself.

> One may argue that the economic manifestation of grief is of second-order importance, coming after emotional distress. However, effects on labour market outcomes may be persistent. For example, the individual may experience a temporary loss of productivity,

> resulting in a lower occupational level which in turn leads to a loss of human capital that makes the reduction in productivity permanent. As a result, labour market outcomes may be affected long after the emotional distress of grief has subsided (van den Berg and Vikström, 2017, p. 1795).

The long-term economic impact of grief portrayed by van den Berg and Vikström shows there is a vested interest in reducing emotional grief responses. The regulation of grief norms through the biomedical industry provides means to do this. Although the impact of loss beyond the three days of bereavement given is publicly acknowledged, normal responses to grief are those practiced in private with a minimal impact on productivity. Harris (2010) argues this 'normal' experience of grief is one that views death as failure of the medical system, allowing individuals to decouple the loss they are experiencing from their own inevitable mortality. Additionally, this experience is governed by a set of social rules that dictate "who, when, where, how, how long, and for whom people should grieve,'" (Harris, 2010, p. 245). These norms are not derived from a system of belief, but from capitalism — a system that views loss of productivity due to grief as a threat to its very structure.

Social Construction of Grief Norms

As Neimeyer (2005), Granek (2008, 2015, and 2016), Wood and Williamson (2003), and Harris (2010) have demonstrated, grief experiences are situated within a specific social, historical, economic, and political context. Within these contexts, grief responses are expressed through a set of culturally constructed norms (Silverman, 2021). Traditional psychological models of grief, including the five stages of grief, naturalize this culturally specific process (Silverman, 2021, p. 2). Silverman et al.'s 2021 ethnography "demonstrate[s] the ways in which mourning is part of iterative processes of cultural production," (p. 5). This next section builds off

Silverman et. al's analysis to address how the medicalization of grief and the social construction of grief impact grief experiences that deviate from the norm — a form of grief Dokka has coined as disenfranchised grief (Doka, 2002).

> Grieving rules govern what losses one grieves, how one grieves them, who legitimately can grieve the loss, and how and to whom others respond with sympathy and support. These norms exist not only as folkways, or informally expected behavior, but also as laws (Doka, 2002, 6).

Grieving rules have a profound impact on the experience and psyche of disenfranchised grievers, who may come to judge their grief and see it as unwarranted. Disenfranchised grief is a sociological, psychological, and biological view of grief that "results when a person experiences a significant loss and the resultant grief is not openly acknowledged, socially validated, or publicly mourned" (Doka, 2008, p. 224). Doka argues that the strict regulation of who gets to grieve for who results from factors including the organization of Western society into nuclear family units, the burdens of workplaces regulating paid time off (as seen in van den Berg and Vikström), whether the individual who passed is responsible for their death or illness, and the race, class, gender, religion, and sexuality of the individual who passed.

Poole and Galvin look at disenfranchised grief through a critical race lens in their 2021 chapter "Grief Supremacy: On Grievability, Whiteness and Not Being #allinthistogether." In their extensive cross-disciplinary literature review, the authors found that grief was often written about in terms of the economic impact of the bereaved or "was conceptualized as an individual's ability to cope with loss" (Poole and Galvin, 2021, p. 65). The literature, however, did not address the systematic factors that impact individual expression of grief. The concept of grief supremacy looks at how discourse on grief has been co-opted by white supremacy, and its values

of capitalism, consumerism, individualism, and meritocracy (Poole and Galvin, 2021, p. 63). Through this system of white supremacy, white loss and grief responses are amplified over those of people of color.

> [Grief supremacy] privileges tidy grief responses that are time limited, appropriate, rational, quiet and do not impact capitalism. It decides who is deserving, who died a supposed hero and how mourning should look and feel. It favors the private and sanctioned. It is always operating, always present and is, as we detail below, the architect of whiteness-saturated diagnostic practices that problematize extended grief as well as public and organizational policies that limit bereavement leave to three days (Poole and Galvin, 2021, p. 67).

The Diagnostic and Statistical Manual of Mental Disorders notes that clinicians should take culturally variant grief experiences into account when assessing a patient. However, it leaves this cultural assessment up to the clinician's own judgment (Poole and Galvin, 2021, p. 69). The medicalization of disenfranchised non-white grief is then placed in the hands of psychiatrists trained in a Western-dominant discipline.

IV. Conclusion

Scheper-Hughes and Lock's (1987) foundational work of medical anthropology uses the framework of 'the three bodies' to illustrate the three levels at which a body exists within culture. These bodies are fluid in their interaction. The individual body describes one's experience of self. The social body describes one in relation to the environment and their community. The body politic is a product of one's body's interaction with the structures of power within their culture.

In the concluding section of this paper, I look to Scheper-Hughes and Lock's framework to synthesize my analyses of how capitalism/modernism/white supremacy have influenced cultural experiences of grief within modern Western economies. Grief is a deeply personal experience at the level of the individual body. However, our responses to grief and displays of grief are regulated through a set of cultural norms reinforced by the social body — cultural discomfort with public displays of strong feelings, short work-leave bereavement periods, and the medicalization of grief experiences that deviate from a prescribed normality. Capitalism/modernism's "adherence to a progress narrative that emphasizes happiness, innovation, and a forward-moving mentality while denying sadness and mourning," (Granek, 2015, p. 106) acts as the central structure of power from which grief norms were constructed, grief policy was written, and 'non-normal' grief became medicalized. This is the body politic. Quiet grief reactions that are dealt with in private spheres, medication, or psychological intervention benefit the biomedical industry and the economy at large. In a system that prizes individual productivity over health (in all senses of the word), our first response to the death of a loved one is supposed to be: "How will this death impact my productivity?".

V. Future works/So what?

This paper sought to demonstrate how individual experiences of grief in contemporary Western cultures has been regulated by capitalism's influence on the medicalization of grief. I came to understand the connections between capitalism and grief within my own experience of grief through a lens of feminist critical medical anthropology. Yet, I was unable to find literature from this perspective. Medical anthropology is rooted in methodology that seeks to understand how systems of power — capitalism, the biomedical industry, positivist science, etc — have

impacted the lives and health of disenfranchised communities. From this work, I hope to establish the medicalization of grief as a topic in critical need of future investigation.

While my work builds a modest foundation, I write it from a position of privilege. My grief, and anger with reactions to my grief, was allowed because I am white, educated, cis-gender, and middle-class. Although my grief was ostracized, I was still able to quietly manage it through culturally appropriate norms. I saw a grief counselor for free who catered to my cultural and spiritual understanding of death and grief. This service was free and culturally appropriate because I live in a white wealthy community. Although my productivity was valued over my emotional distress by some, other professors granted me grace in my time of grief, and my place of work allowed me to take time off to fly home.

As crazy as I may feel in the moments of my deepest grief, my grief has been contained. Many don't have this privilege. Black mother's grieving their son's death at the hands of white police officers do not have the privilege of grieving their sons without the constant questioning of their mothering and son's moral character. Laborers working paycheck to paycheck do not have the privilege to take a week to month off to grieve without slipping into deeper poverty. These individuals' expressions of grief risk being pathologized when their loss forces them to step away from their role as laborers and question the systems through which their grief is regulated. A future medical anthropological paper that uses a combination of studying up and ethnography must address these disenfranchised grievers. For it has the potential to transform the way in which grief is viewed and understood in Western culture.

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