



Fear Not
by
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The therapeutic sensibility in American culture, long a target of liberal social critics for transforming important public issues into mere personal troubles, has recently drawn fire from conservatives. By constructing people as hapless victims, they argue, the therapeutic worldview undermines self-reliance and personal responsibility. These critics lament, among other things, the vacuous self-esteem remedies of educationists; the entrepreneurial intemperance of grief counselors and other purveyors of psychological advice; the transformation of ordinary sadness into clinical depression or bad behavior on the highways into “intermittent explosive disorder;” and the relentless spread of the addiction metaphor. More generally, they worry about the medicalization of everyday life and its vicissitudes, in matters of physical as well as mental health.

These ideas and practices have earned the scorn heaped upon them, but the historical and sociological misconceptions critics bring to the table frequently hamper understanding and promote undue alarm. Therapy as a way of life did not originate in the 1960s, and Carl Rogers and Abraham Maslow are not chiefly to blame for it. Humanistic psychology did not, in fact, depict human beings simply as fragile, easily wounded victims unable to face life except with the help of benevolent therapists. “Self-reliance” is, like Herbert Hoover’s “rugged individualism,” as much myth as historical reality. So is the emotional stoicism for which critics wax nostalgic. The success of giant pharmaceutical companies in “branding” new medical conditions rests in part on long-established cultural tendencies. The highly visible activities of contemporary therapeutic activists and entrepreneurs do not represent the tip of an iceberg of moral decline, but one tail of a distribution of ideas and arguments around a still vital center.

We can conveniently (if too simply) mark the beginnings of the therapeutic sensibility in the United States with Dr. James Beard’s publication of *The American Nervousness* in 1880. Confronted with the fast pace, noise, stress, and marked social transformations of the emerging industrial world, some middle class Victorian ladies and gentlemen developed “nervous exhaustion” and took to their beds. Help was available, both from physicians who saw neurasthenia everywhere and from an emergent popular therapeutic movement known as “Mind Cure.” This approach sought relief through positive thinking: forward looking and cheerful thoughts provided all that was needed for the cure of both psychic and physical ills.

The therapeutic sensibility, now as then, offers a Janus-faced portrait of the individual: always at risk of injury by society, yet possessing an awesome potential for personal growth and social transformation. Likewise, the therapeutic regimes of licensed professionals continue to vie with the remedies of popular psychology. “Mind Cure” responded to the damage that modern life inflicted on bodies and selves by encouraging the bourgeoisie to find cures in positive thoughts. Present day educators postulate an epidemic of low self-esteem caused by competition and unfair evaluations, and propose to remedy it by administering praise. In both instances, widespread but imaginary problems are held to be amenable to cheap and easy solution, with plenty of room for do-it-yourself cures.

The antiquity of this worldview should allay contemporary fears that we are on our way to a kinder, gentler hell in a therapeutic hand basket. Fervent expressions of it are not evidence for the decline of “self-reliance” or the institution of new forms of emotional tyranny. Instead, they represent a strand that has long been interwoven with the dominant warp of instrumental individualism in the fabric of American culture. The therapeutic sensibility provides the principal contrasting weft, a contemporary expression of communitarian and expressive themes. It advises people now, as it has done historically, to be content with life as it is and not pin their happiness on financial and social achievement; that the pursuit of what William James called the “bitch-goddess” of success can be injurious to physical and mental health; that the interests of the community sometimes must trump individual rights; and that the social world owes the individual a respectable place and respect for occupying it. Moreover, it is worth noting, the emotional expression sometimes demanded by the therapeutic sensibility has much in common with evangelical and charismatic traditions in American Christianity. Confessing and emoting take a variety of forms in addition to the therapeutic one.

Much criticism of the therapeutic sensibility rests on a misconception of how people in their everyday lives use the ideas they get from teachers, the mass media, therapeutic entrepreneurs, and professional healers. Critics assume that people easily absorb and follow the advice of self-esteem advocates or the cloying presence of grief counselors; that they are eager to make use of “the abuse excuse” and to accept it from others; that “sickness” has replaced “badness” in their moral vocabularies; and that they readily seek physicians and therapists rather than police and clergy as agents of social control.

There is little hard empirical evidence to support these assumptions and ample reason to doubt them. Epidemics of mental illness are far less common than mental health advocates predict. Absent specific mechanisms that encourage a psychiatric diagnosis and reward it as a rational choice, most people get over their troubles and get on with their lives. When therapeutic language is used, it is frequently devoid of content: “self-esteem,” for example, can mean almost anything. Most teachers I have talked to resent having to spend time on exercises that supposedly bolster self-regard, and Doonesbury readers everywhere viewed the California self-esteem commission as a joke. The intended recipients of grief counseling and other forms of unwanted psychological help

frequently resist. Ordinary Americans of my acquaintance seem aware of the moral slippage inherent in the “abuse excuse,” take responsibility for their actions, have a practical sense of ethics and morality, and their mantra for losing weight is “diet and exercise” and not “metabolic syndrome.” When they refer to themselves as “chocoholics” they do so with tongue firmly planted in cheek. They call the Sheriff and not the psychiatrist when they witness a crime.

There are other reasons to doubt that the therapeutic worldview dominates everyday words and deeds as much as feared. Psychologists, psychiatrists, alternative medicine advocates, new age philosophers and Eli Lilly and Company do provide a plethora of terms that people can use to comprehend themselves and their world. But so do Bible-believing friends, fundamentalist clergy, Roman Catholic bishops, bloviating talk show hosts, political pundits, social critics, environmentalists, and the National Rifle Association. Some people still approvingly read Norman Vincent Peale; some think Ann Coulter is a rational being. It’s a cacophony out there.

People respond in differing ways to these competing ideas. Some steep their psyches in the moral philosophy of Carl Rogers or Rush Limbaugh, imagine themselves as they are instructed, and act accordingly. The majority, however, do what the members of a complex society must do in the face of clashing vocabularies of motive, self, and morals. They compartmentalize. Although psychological mechanisms help keep conflicting ideas safely segregated from one another, the achievement is mainly a social one. People use different excuses, justifications, or explanations depending on the situation, the audience, and their purposes. They have common sense understandings of who will accept what words, and how these words will affect future possibilities. Particular formulations – “I lusted after under-age Congressional pages because a clergyman molested me as a child and, moreover, I’m an alcoholic” or “The blood of Christ washes away my sins” – tell us little about the conditions under which people actually form their conduct, or about the hiatus between reasons privately avowed and those offered to others. So it has always been and will always be.

Panic about a “therapeutic society” is thus unwarranted, for the majority of Americans in the pragmatic middle are as resilient as ever. Some of them are content merely to get by, others to risk all, achieve wealth, triumph over adversity, follow their muses, be skeptical about grief counselors, shake their heads at the latest medical scare, climb aboard the therapeutic wagon and fall off, get religion, get drunk, get laid, and otherwise enjoy life, claim their liberties, and pursue their happiness.