
Etceteras . . .

We're All Sick, and Government Must Heal Us

In recent decades a portentous cultural change has been gathering momentum in the United States, giving rise to dangerous social and governmental developments. Increasingly, Americans have embraced a *therapeutic ethos*. Actions previously understood as irresponsible, imprudent, immoral, or even evil have come to be understood as symptoms of underlying diseases that ought to be treated or cured rather than condemned or punished. More and more people have been declared, or have declared themselves, “victims.” They take themselves to be suffering, if only from hurt feelings, because others—parents, schoolmates, coworkers, people at large—have somehow infringed their asserted personal right to health and happiness. To a growing extent, governments have become involved in “treating” these newly perceived ills, and in doing so they have in effect asserted a novel *raison d’être*, a new justification for their claims to legitimacy. Because the governments’ new claims to legitimacy have comported so well with the public’s own understandings, little resistance has arisen to the proliferating therapeutic programs at all levels of government.

James L. Nolan, Jr., has written an impressive and disturbing book about these developments, *The Therapeutic State: Justifying Government at Century’s End* (New York: New York University Press, 1998). Nolan’s study is conceptually well motivated and empirically well validated; his presentation is soberly balanced and smoothly written. Sociological research does not get much better than this. Notably, Nolan concludes the study by considering the implications of the developing therapeutic ethos for liberty, and he finds those implications unsettling.

The Therapeutic Ethos

Everyone will have noticed some aspect of the emerging therapeutic ethos. Where once we had Alcoholics Anonymous and its twelve-step program, we now have countless XYZ Anonymous groups, each with its own twelve-step remedy. No longer is heavy drinking, cocaine use, or pummeling one’s spouse merely indicative of unwise or cruel choices by the perpetrators; instead, such behavior is indicative of an underlying disease. Hence it would be improper, even pointless, merely to censure or penalize

the perpetrators. Rather, those who suffer from the diseases of alcoholism, drug addiction, or violent abusiveness of a spouse should be treated, and a government operative—a social worker, a judge, a public health doctor—is an appropriate agent to administer the treatment. Along the way it will prove essential that the sufferer recognize and admit that he has the disease. To do otherwise would be to remain “in denial,” perhaps the most abominable and unacceptable condition in the eyes of those who embrace the therapeutic ethos.

Sit Still, Johnny

In the new world of the therapeutic ethos, curing the children plays a leading part. In olden days, some children chafed under the discipline and regimentation of the schools. Some kids just wouldn't sit still; others were downright naughty. No longer. Now they, along with any others who fail to respond with zombie-like responsiveness to the school regulations, are diagnosed as victims of attention deficit disorder (ADD). (Look it up. The official guide is the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised* [commonly called the DSM III-R].) For ADD, which “experts” believe afflicts 5 percent of all children, the prescribed treatment is a drug called Ritalin. In some cases children have been refused admission to schools, which the law requires them to attend (*gotcha!*), because their parents objected to the children's taking Ritalin. (Nolan cites Diane Divoky, “Ritalin: Education's Fix-It Drug,” *Phi Delta Kappan* 70 [April 1989]: 599–605.)

Build Self-Esteem

For an astonishingly wide spectrum of behaviors, adherents of the therapeutic ethos view the underlying disease as itself the product of deficient self-esteem. To anyone under the impression that the self-esteem movement is little more than another flaky California fad, Nolan's documentation will prove shocking. It seems that everything from mathematical ineptitude to teen pregnancy to first-degree murder is now viewed as stemming from insufficient self-esteem.

By the middle of 1994, some thirty states had enacted a total of over 170 statutes that in some fashion sought to promote, protect, or enhance the self-esteem of Americans. The majority of these (around seventy-five) are, not surprisingly, in the area of education. There are additionally at least twenty self-esteem-related statutes in health care, over forty in welfare or social services, and approximately sixteen in the area of corrections or criminal justice. (Nolan, *The Therapeutic State*, p. 157)

Besides uncountably large numbers of touchy-feely Democrats, such prominent Republican figures as Jack Kemp, Barbara Bush, and Colin Powell have come out in support of the self-esteem movement.

Not to be outdone by the states, a number of federal government agencies have issued regulations making reference to the building of self-esteem (Nolan, pp. 324–26). Believe it or not, one such regulation was the Commerce Department's 1986 "Northern Anchovy Fishery: Notice of Final Harvest Quotas" (51 FR 32334, cited by Nolan, p. 325). Is nothing sacred?

The Experts Tell Us . . .

In parallel with the spreading therapeutic ethos, psychologists have established themselves as bona fide experts, and they have played an expansive role as courtroom advocates of tort remedies for persons claiming to have suffered emotional distress. Beginning in 1946 and ending in the 1970s, all the states adopted licensing statutes for psychologists. "Often, state courts justified the admittance of psychologists as expert witnesses on the basis of the licensing statutes passed by their state legislature. Somehow licensing codes gave credence to the idea that the psychologist was a legitimate expert" (p. 70).

One upshot is that nowadays "therapeutic practitioners, with unprecedented 'expert' authority, provide the courts with psychologically inspired interpretations about human behavior, motives, criminal activity, and truthfulness" (p. 76). In such judicial proceedings "the state becomes involved not only in the evaluation of behavior but in an assessment of the internal processes of individual psyches" (p. 297).

Therapy Will Win the War (on Drugs)

State and federal prisons brim with persons convicted of drug offenses. Those prisoners have become abundant grist for the mills of the therapeutic state. In 1962 the U.S. Supreme Court ruled that "states could compel offenders to undergo drug treatment." In 1966 the federal Treatment and Rehabilitation Act "gave the courts statutory authority to commit drug offenders involuntarily to residential and outpatient treatment programs as an alternative to incarceration." As Nolan remarks, "With these changes, the stage was set for the conflation of criminal law and therapeutic drug treatment. A number of organizations and agencies sprang up to fill this opening" (p. 81).

One such newcomer was the so-called drug courts, which have been established in hundreds of jurisdictions across the country. Despite the failure of these special courts to reduce recidivism, their popularity has grown merely because of their approach, which is to treat drug offenses as pathological outcomes rather than ordinary crimes. A drug court transforms a judge into a sort of police-backed hyperintrusive schoolmarm who scolds, praises, or threatens the "clients," depending on how well they play along with the program (pp. 78–112, 295–96).

In 1966 the Narcotic Addict Rehabilitation Act required treatment for federal drug convicts in prison, and by 1990 more than 218,000 prisoners were enrolled in related counseling programs (p. 113). In the state prisons, by 1990, more than

42 percent of the inmates were enrolled in a therapy or counseling program of some sort (p. 115). Although the programs take various shapes, common threads include “emphases on the primacy of self and the centrality of emotions, the view of the inmate as a patient in need of healing, and the assumption that abusive and victimized pasts predispose one toward crime” (p. 120). Not even the get-tough-on-crime reaction of recent years has deflected the application of the therapeutic ethos to the operation of the prisons.

Kid Stuff

In the schools, as in the prisons, the central objective is now to “cure” the children by promoting their self-esteem. According to Rita Kramer, the author of *Ed School Follies*, “Self-esteem has replaced understanding as the goal of education” (quoted by Nolan, p. 150). One must admit that the schoolteachers and counselors have had a large measure of success in their main endeavor. Although in international comparisons American students rank very low in math, science, and other educational attainments, they rank very high in their own evaluation of their abilities (p. 169).

Although saving the children has long served to justify extraordinary governmental measures, this rationale has become well-nigh universal in recent years. Among the sacred cows of the child-savers, the Head Start program, begun in 1964 as part of the War on Poverty, commands special veneration. Among other achievements, Head Start gave rise to a program known as “Telephone Friends,” allowing lonely old people to talk to young children on the telephone. According to Congressman Ben Erdreich, this “truly gratifying endeavor” improved “self-worth and self-esteem for both seniors and children alike” (quoted by Nolan, p. 216).

Nolan observes that “the state’s role toward children was viewed [in Congressional debates] as most appropriate when some form of therapeutic assistance was provided” (p. 217). That legislative perspective no doubt contributed to the authorization of federal funding for Parents Anonymous (PA), established in 1974. “Based on the self-help model of AA, the program provided a forum where parents with the ‘sickness’ of child abuse could get help. Not surprisingly, the help they sometimes needed was assistance in attaining a higher view of the self” (p. 219). One wonders whether any member of Congress has ever introduced a bill to establish Tenth Amendment Violators Anonymous (TAVA)—the desperate need for such a group seems obvious.

Don’t Worry, It’s Good for You

Every smart ruler understands that the best kind of state coercion is the kind that subjects do not regard as coercive. By resorting increasingly to just that sort of coercion, American governments have succeeded in expanding into whole new domains of private life while provoking scarcely a word of protest.

The ideals of a “scientifically” based, therapeutic understanding of the world are so embedded in American culture that overt coercion is rarely necessary. Instead, most citizens naturally comply with programs and policies based on therapeutic rationales, because they are so “obviously” plausible. The basic nature of the coercive and expanding state, then, has not changed. What has changed is the source of legitimation by which the state justifies its continued expansion—an expansion that, through use of therapeutic symbols, can move into realms of societal life once left untouched by the state. (p. 298)

Thus, while many freedom-loving citizens have been fighting the growth of government at the front door—and even imagining that they are winning the fight—governments at all levels have been streaming through the back door. Having supposed that Orwell’s *1984* has been averted, people may yet wake up to find themselves situated in Huxley’s *Brave New World*.

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