

Justifying

Government at

Century's End

T H E T H E R A P E U T I C

state



James L. Nolan, Jr.

The Therapeutic State

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*Justifying Government
at Century's End*

James L. Nolan, Jr.



NEW YORK UNIVERSITY PRESS

New York and London

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Library of Congress Cataloging-in-Publication Data

Nolan, James L., Jr.

The therapeutic state : justifying government at century's end /
James L. Nolan, Jr.

p. cm.

Includes bibliographical references and index.

ISBN 0-8147-5790-1 (cloth : acid-free paper).—ISBN

0-8147-5791-X (paper : acid-free paper)

1. Political culture. 2. Political psychology. 3. Political
culture—United States. 4. Law—United States—Psychological
aspects. I. Title.

JA75.7.N65 1997

306.2'0973—dc21

97-21234

CIP

New York University Press books are printed on acid-free paper,
and their binding materials are chosen for strength and durability.

Manufactured in the United States of America

10 9 8 7 6 5 4 3 2 1

To Cathy

Contents

<i>List of Tables</i>	<i>xi</i>
<i>Acknowledgments</i>	<i>xiii</i>
1 The Therapeutic Culture	I
The Emancipated Self	2
The Emotivist Ethic	5
A New Priestly Class	7
The Pathologization of Human Behavior	9
Victimization	15
The Therapeutic Ethos	17
2 Legitimation of the State	22
Theoretical Considerations	23
Older Sources of Legitimation	27
State Expansion	38
Public Disenchantment	40
The Therapeutic Alternative	45
3 Civil Case Law	46
Personal Injury Law	46
The Doctrinal History of Emotional Damage Cases	55
Recovery of Emotional Damages in the New Legal Climate	62
Psychologists as Expert Witnesses	68
Litigation Reform: Therapeutic and Utilitarian Defenses	72

4	Criminal Justice	77
	Drugs and Crime	78
	The Historical Antecedents to Therapeutic Justice	80
	Courtroom Therapy	83
	Prison Therapy	112
5	Public Education	128
	The Colonial Period	129
	Universal Free Education	132
	Compulsory Education	138
	The Progressive Era	140
	The Cosmopolitan Era	146
	Therapeutic Education	150
	School Counselors	151
	In a State of Esteem	172
6	Welfare Policy	182
	Congress and the Well-Being of Children	183
	Child Labor Laws and the Children's Bureau (1906-1912)	184
	The Sheppard-Towner Act (1921)	191
	Social Security and Emergency Wartime Aid to Children (1939-1945)	199
	Head Start and Operation Good Start (1965-1970)	207
	Head Start and Child Abuse Bills (1985-1990)	213
	Welfare Reform: Rejection or Extension of Therapeutic Welfare?	220
	Excursus: The Clarence Thomas and Anita Hill Hearings	226
7	Political Rhetoric	235
	The Therapeutic President	235
	Political Oratory	241
	The Lincoln-Douglas Debates	244
	The Kennedy-Nixon Debates	252
	The Reagan-Mondale Debates	259

The Clinton-Bush-Perot Debates	266
The Talk Show Debate	269
The Therapeutic Candidate	273
The Triumph of Therapeutic Discourse	275
Summary	279
 8 The Therapeutic State	 280
Therapeutic Utilitarianism	283
A Postmodern State?	286
An Assessment of the Continuing Dialogue	291
Therapeutic Coercion	292
Legitimation Reconsidered	297
The Problem of Consent	300
The Paradox of Unintended Consequences	304
 <i>Appendixes</i>	 309
<i>Notes</i>	329
<i>Selected References</i>	383
<i>Index</i>	391

List of Tables

- 3.1 Personal Injury Cases, Decennial Digest (20th Century) 49
- 3.2 Personal Injury Cases, Decennial Digest (1971-1991) 51
- 3.3 Psychological/Emotional Injury Cases, New York and
California (1981-1994) 53
- 3.4 Psychological/Emotional Injury Cases as Percentage of
Reported Personal Injury Cases, New York and California
(1981-1994) 54
- 3.5 Current State Court Standards for Awarding Emotional
Damage Claims 65
- 3.6. Decade When States First Admitted Psychologists as Expert
Witnesses 69
- 3.7 Decade When States Adopted Licensing Statutes for
Psychologists 71
- 4.1 Locations and Starting Dates of Drug Courts in the
United States 88
- 4.2 Drug Courts in the United States (as of May 1995) 89
- 4.3 Prisoners Enrolled in Counseling Programs in State Correc-
tional Facilities 113
- 4.4 Prisoners Enrolled in Counseling Programs according to Type
of Program 114
- 4.5 Percentage of Total State Correctional Inmate Population
Enrolled in a Therapy/Counseling Program 115
- 4.6 Prison Treatment Programs in the Fifty States 116
- 4.7 Implementation of State Prison Drug Programs 117
- 4.8 Modes of Treatment within Therapeutic Communities 120
- 5.1 Counselor Regulations in State Public Schools 154
- 6.1 *Congressional Record* Citations of *Self-Esteem* 215
- A.1 Federal Social Welfare Expenditures, 1960-1990 309
- A.2 Percent Voting in Presidential Elections 311
Percent Voting in Off-Year Congressional Elections 312

A.3	Trust in Government	314
	Disenfranchisement from Government	315
	Government Responsiveness	316
	Political Efficacy	317
A.4	Confidence in Government	318
	Objections to Politics and Government	318
A.5	State Self-Esteem Legislation	320
	Federal Self-Esteem Regulations	325

Acknowledgments

I benefited greatly from the input and assistance of many throughout my work on the various stages of this project. In particular, I'm grateful to James Davison Hunter, Gianfranco Poggi, Mark Lupher, and Steven Tipton, whose support and scholarly advice aided in the progress and completion of the work. I'm especially indebted to James Hunter, whose intellectual creativity and scholarly ambition have been sources of inspiration for some time. Finishing the work in a timely manner was also aided by the generous support of the Graduate School of Arts and Sciences and the Postmodernity Project at the University of Virginia.

For input on my law chapters I was aided through discussions with Carter Pilcher and James Nolan, Sr.; research assistance from Jeff Tatum; and helpful guidance and direction from Kent Olson at the University of Virginia Law School. For aid in the aggregation of the National Elections Study data used in Chapter 2 and the Bureau of Justice Statistics survey used in Chapter 4, I have Paul Bergan and Rick Holt at the Social Science Data Center to thank. And for practical tips on developments in education, Bruce Aster offered valuable input.

Helpful during the very final stages of the book project was the support I received from my colleagues in the Department of Anthropology and Sociology at Williams College. I also profited from my association with many during my years at the University of Virginia. Spurred by their own scholarly efforts and practically aided through advice on mine, I have gained much from having, among others, Joe Davis, Beth Eck, Daniel Johnson, Karin Peterson, Kimon Sargeant, and Sandra Westervelt as colleagues. Conversations with others have also helped to clarify my thinking on different parts of the project. Though I cannot here name all who have assisted in this way, I would be remiss not to mention the help I received through discussions with Ty Buckman, Sally Ennis, Chris Jensen, Wade Luhn, Ken Meyers, Scott Roulieau, and Chuck Slater. I owe a special thanks, too, to Anne McIlhaney for reading

and commenting on an early draft of the manuscript; to Donna Chenail for her input on a much later draft; and to Niko Pfund at New York University Press for his helpful editorial guidance and advice.

Finally, and most importantly, I thank my wife, Cathy, without whom the completion of the project would have been considerably more difficult, if not impossible. For her companionship, patience with the practical demands of research and writing, willingness to endure many readings of various chapters, and indefatigable support and good humor I am infinitely grateful.

The Therapeutic Culture

In the city of Washington, D.C., one walks into a federal district court and finds a judge with microphone in hand, roaming the floor of the courtroom rather than sitting behind her bench. Like a therapist or social worker, she asks personal questions of the offenders turned “clients” before her and encourages them in their battles against drug dependency and other criminal behaviors. In the same city, the mayor has publicly aligned city goals with the goals of recovery. Regularly sprinkling his rhetoric with the language of therapy, Marion Barry advocates a citywide “transformation” and “rejuvenation.” After all, Washington’s mayor claims, “we, too, need recovery as a city, don’t we?”

Appeals to therapeutic themes are not limited to the local level. Just outside the Washington beltway, President Bill Clinton began his presidency in 1993 with a Camp David gathering of cabinet members and therapeutic facilitators. Participants “shared” intimate—and in some cases, embarrassing—aspects of their past lives in an effort to build trust and caring relationships. Similarly, in one of his first acts as Speaker of the House, Newt Gingrich employed the services of a corporate psychologist to help Republicans speak in a language that would resonate with the citizenry.

These examples of government adoption of the ideas, practices, and language of the therapeutic enterprise in the nation’s capital raise the question of whether the dalliance between the American political order and the therapeutic cultural ethos is a phenomenon of more widespread proportions. In other words, has the cultural impulse that Philip Rieff called the “triumph of the therapeutic” begun to institutionalize itself into the various functions of the political order? Through investigations of various dimensions of the modern American state, this book assesses on a comprehensive level, the extent to which the therapeutic cultural orientation has become a dominant feature of the American state.

Before turning to theoretical arguments about the state and to investigations into different arenas of state activity, let me first make clear what I mean by the cultural phenomenon of the therapeutic ethos. When I speak of the therapeutic perspective, I am referring not to the psychoanalytic emphasis within the discipline of psychology or to specific psychological or counseling enterprises per se but to a more widespread, cultural ethos or system of moral understanding. To be sure, it can be traced back to a psychoanalytic frame of reference, but it has spilled out into the culture more broadly. As Peter Berger explains, “Psychoanalysis has become a cultural phenomenon, a way of understanding the nature of man and an ordering of human experience on the basis of this understanding.”¹

In other words, the therapeutic perspective has become a taken-for-granted part of everyday life. It provides culture with a set of symbols and codes that determine the boundaries of moral life. The cultural manifestation of the therapeutic ethos, analyzed as it has been by a number of social scientists and cultural critics, has been variously described as “the psychological society,”² “the therapeutic culture,”³ “the triumph of the therapeutic,”⁴ “the culture of narcissism,”⁵ “the shrinking of America,”⁶ “the therapeutic attitude,”⁷ “the fall of public man,”⁸ and “the rise of selfishness in America.”⁹ One can derive from this literature several major defining features of the therapeutic ethos. I review these here not to level yet another jeremiad against America’s therapeutic culture but to delineate, within specific heuristic categories, the symbolic reference points of this cultural system. This is the necessary first step to prepare for an analysis of the extent to which the therapeutic ethos has penetrated the modern American state.

The Emancipated Self

First, and perhaps most important, the therapeutic ethos, unlike traditional moral orders, is at its heart self-referential. As I discuss in the next chapter, the conditions of industrialized capitalism effectively undermined older forms of moral authority. Consequently, the individual has been left to himself or herself to establish standards of moral interpretation. Where older moral orders looked to a transcendent being, to a covenantal community, to natural law, or to divine reason to provide the substantive basis for culture’s moral boundaries, the therapeutic ethos

establishes the self as the ultimate object of allegiance. The self has become, as Daniel Bell contends, “the touchstone of cultural judgment.”¹⁰

As such, cultural understandings of the self have been significantly transformed. Where once the self was to be brought into conformity with the standards of externally derived authorities and social institutions, it now is compelled to look within. Alasdair MacIntyre characterizes the situation in this way: “I cannot genuinely appeal to impersonal criteria, for there are no impersonal criteria.”¹¹ In other words, the contemporary cultural condition is such that externally derived points of moral reference are not available to individuals as they once were. Instead, cultural standards for judgment, guideposts for actions, understandings of oneself, and the tools for navigating through social life are likely to be rooted in the self.

This cultural understanding of the self departs from past cosmologies, which called for the denial of self in deference to the authority of social institutions and codes of moral understanding existing outside of the self. Sigmund Freud, in contrast, supplied the analytical tools to conceive of the self as independent of (though in conflict with) these formerly binding moral orders.

Contemporary understandings of the self, however, depart even from Freudian psychoanalysis in the way that it was conceived by its founder. Providing the mechanisms whereby the self could mediate against society rather than overturn it, Freud did not discount the need for socialization. The new psychologies of the self—the work of Carl Rogers, in particular—take a more negative view of the social world. Where Freudian psychoanalysis is essentially a therapy of adaptation, Rogerian client-centered therapy is one of liberation.¹² The former views a binding culture, oppressive though it may be, as something the impulses of the self must struggle against. The latter advocates the replacement of traditional culture with a culture dominated by impulses. No longer is society something the self must adjust to; it is now something the self must be liberated from. As Bell explains, “Where the earlier intention of psychoanalysis was to enable the patient to achieve self-insight and thereby redirect his life—an aim inseparable from a moral context—the newer therapies are entirely instrumental and psychologistic; their aim is to ‘free’ the person from inhibitions and restraints.”¹³ Where once the self was to be surrendered, denied, sacrificed, and died to, now the self is to be esteemed, actualized, affirmed, and unfettered.

Arguably, this concept of the self has its roots in the romantic strains of the French Enlightenment. It may have been Jean-Jacques Rousseau who first articulated the notion that has become so popular in the contemporary context, what he called *amour de soi-même*—or as it has been translated into English, “self-esteem.” According to Rousseau, self-esteem is a natural disposition that, along with the natural sentiment of compassion, produces virtue in the individual and contributes to the preservation of the society.¹⁴

The Rogerian conception of the self likewise sees the self as naturally inclined toward good (or as Rogers liked to say, as naturally bent toward becoming trustworthy, constructive, and responsible). Rogers himself recognized how this understanding of the self was a departure not only from traditional religious views of the self but from a Freudian psychoanalytic perspective as well. Where Freudian therapy sought to hold in check the untamed forces of the id, Rogers believed that “the innermost core of man’s nature, the deepest layers of his personality, the base of his ‘animal nature,’ is positive in nature—is basically socialized, forward-moving, rational and realistic.”¹⁵

It is this view of the self—the liberated rather than the adaptive—that is increasingly evident in contemporary American culture. It is not surprising that with such a cultural understanding of the self, more attention is paid to the self. When the individual’s basic nature was viewed as less than naturally virtuous, efforts to realize, esteem, and analyze the self would understandably have been less popular. Why would one want to be so familiar with that which was considered evil by nature? If, however, virtue or responsibility rests in the natural goodness of the self, then a greater preoccupation with the self makes perfect sense.

This, generally speaking, is what we see happening in modern America. Social institutions no longer bind and determine the self as they once did. More and more areas of life (vocation, beliefs, sexual identity, etc.) are now areas of choice, determined by the individual self. The therapeutic ethos is thus characterized by a conspicuous self-referencing.

It is only in this context that a magazine called *Self* could flourish. *Self* magazine, first published in 1979, now has a total circulation of more than 1,250,000 readers.¹⁶ Another indicator of the cultural absorption with self is the number of books published on the topic. In

1994, more than 720 books in print had titles that began with the word *self*. There were 619 books under the subject heading “self-help technique,” 365 under the heading “self-esteem,” 292 under “self-actualization,” and 126 under “self-realization.” In total, the subjects of at least 2,421 books in print had something to do with the self.¹⁷ This is a fairly substantial increase over the 1978 level, when only 209 titles began with the word *self*, and the 1950 level when a mere 35 titles began with the word *self*.¹⁸

Observers of America’s increasingly therapeutic society have variously depicted the self in the contemporary context as the “imperial self,” the “saturated self,” the “unencumbered self,” the “emotivist self,” and the “authentic self.”¹⁹ The self has moved to a more central place in American culture. In short, as Philip Rieff observes, “the best spirits of the twentieth century have thus expressed their conviction that the original innocence, which to earlier periods was a sinful conceit, the new center, which can be held even as communities disintegrate, is the self.”²⁰

The Emotivist Ethic

With the viability of external reference points increasingly undermined and the emergence of the self as the “new center” of the social world, it becomes clear why another feature of the therapeutic ethos has appeared. If one is discouraged from appealing to religious symbols or even to divine reason in the classical sense, one is left with one’s own feelings. This emphasis on emotions, or what Alasdair MacIntyre calls the “ethic of emotivism,” has become an important trait of the therapeutic culture. The emotivist motif is also salient to contemporary life in that it represents a “high-touch” departure from the “high-tech” harshness of the instrumentally oriented public sphere.

In a certain sense, then, the emphasis on emotions appears to be a reaction against the highly impersonal nature of bureaucratized modern structures. Yet it is probably more accurate to characterize the rationalization of the modern world as the necessary foundation for or precursor to the emergence of therapeutic emotivism. As Richard Sennett observes, “The celebration of objectivity and hardheaded commitment to fact so prominent a century ago, all in the name of Science, was in reality an unwitting preparation for the present era of subjectivity.”²¹ The objec-

tivity of the industrialized world undermined the authority of traditional moralities, preparing the cultural soil for a more widespread concern with emotions.

Thus, though the therapeutic ethos (and the emotivist ethic in particular) represents an attempt to break out of the Weberian “iron cage”—out of the alienating existence of life in the machine—it does so without referencing back to traditional cultural systems and without challenging the fundamental structure of the capitalist order. Life in the machine has made appeals to these older systems of meaning increasingly implausible. Instead, the individual is encouraged to escape from within and to refer to the language of emotions. The emotivist motif, then, is the “dictum that truth is grasped through sentiment or feeling, rather than through rational judgment or abstract reasoning.”²² It encourages a particular ontology that replaces the Cartesian maxim “I think, therefore I am” with the emotive “I feel, therefore I am.” This emotivist understanding of the self shapes the way in which individuals participate and communicate in societal life. In the contemporary context, as Jean Bethke Elshtain observes, “all points seem to revolve around the individual’s subjective feelings—whether of frustration, anxiety, stress, fulfillment. The citizen recedes; the therapeutic self prevails.”²³

One feature of this societal concern with the place of emotions is that these feelings, once identified, are to be expressed openly. When this is done correctly, emotions are revealed without constraint or discrimination. As Edwin Schur writes, “Every emotion has value. . . . We must recognize all feelings, express them, open them up to the people around us.”²⁴ Increasingly, this is how Americans communicate. As early as 1975, Thomas Cottle observed that “our entire society seems to be leaning toward more and more divulging and exposing, and less and less confidentiality and withholding.”²⁵ To fail to express is to be in denial or to be dishonest. In this sense, the very notion of honesty is redefined, because the basis for honesty becomes one’s willingness to be in touch with and to express one’s feelings. It is not honesty in the sense of truthfulness to an objectively measured empirical reality or to an external worldview that enjoins the individual to hold certain things as true and adjust his or her behavior accordingly; nor is it the honesty of intellectual deference to reason or even, in some instances, to conventional protocol. It is honesty defined by the open communication of one’s feelings.

This understanding of honesty parallels the cultural shift from

“honor” to “dignity” that Peter Berger talks about and the movement from “sincerity” to “authenticity” that Lionel Trilling discusses.²⁶ The true or real person is the one who begins with the self, as opposed to social institutions outside the self, and “honestly” and “authentically” emotes his or her inner tides outward. In the contemporary context, emotions serve as a new barometer for making decisions, for relating to others, and for understanding oneself. In short, as MacIntyre argues, “emotivism has become embodied in our culture. . . . We live in a specifically emotivist culture.”²⁷ This is not to say that all Americans or even a majority of Americans appeal primarily to their emotions to determine how they should function within society. But it is to say that the social conditions increasingly militate against other forms of moral referencing and self-understanding.

A New Priestly Class

A third major feature of the therapeutic ethos is the emergence of a new elite in the psychologically defined moral universe. Once religious leaders operated with considerable “occupational prestige” and respect in society; but their role has declined along with the cultural systems they represent. As Rieff explains, “The professionally religious custodians of the old moral demands are no longer authoritative.”²⁸ Replacing them are the psychiatrists and psychologists of the therapeutic ethic. These are the ones who understand and can decipher the emotivist language emanating from the authoritative self. Replacing the “pastors of the older dispensation,” the psychoanalyst has assumed “the role of a ‘secular spiritual guide’.”²⁹

Bernie Zilbergeld, Ellen Herman, and others have documented the growth of this new “priestly” class, revealing the substantial aggregate influence of psychology on society. For example, between 1968 and 1983 the number of clinical psychologists in America more than tripled, from twelve thousand to over forty thousand.³⁰ The number of clinical social workers likewise, grew from twenty-five thousand in 1970 to eighty thousand in 1990.³¹ In all, by 1986 there were 253,000 psychologists employed in the United States, more than one-fifth of whom held doctoral degrees.³² The National Science Foundation projected in 1986 that civilian employment in psychology would increase between 27 and 39 percent by the year 2000 a growth rate approximately fourteen to

fifteen percentage points higher than that forecast for all other occupations.³³ America has more psychiatrists than any other country in the world. In 1983 there were an estimated ninety thousand licensed psychiatrists in the entire world; one-third of them were in America.³⁴

Between 1965 and 1981, the number of annually conferred doctorates in psychology more than tripled while the number conferred in all fields only doubled.³⁵ In 1986 there were 133 more doctorates in psychology alone than in all the other American social sciences combined. Likewise, in 1993 more bachelor degrees were awarded in psychology than in all other social science fields and in most other natural science disciplines as well.³⁶ Membership in the American Psychological Association grew from 2,739 in 1940 to 30,839 in 1970 and to over 75,000 in 1993.³⁷ It has been estimated that some eighty million Americans have now sought help from therapists, with a recent average of around ten million per year doing so.³⁸ Furthermore, the number of new books published annually in the area of psychology tripled between 1960 and 1980. This rate of increase was higher than that in the book publishing industry generally.³⁹ Over 325,000 copies of *Psychology Today*, a magazine that began publication fewer than twenty-five years ago, are sold each month.⁴⁰ The monumental increase in the psychologization of modern life is also evident in the fact that there are more therapists than librarians, firefighters, or mail carriers in the United States, and twice as many therapists as dentists or pharmacists. Only police and lawyers outnumber counselors, but only by a ratio of less than two to one in both instances.⁴¹

These psychologists, psychiatrists, counselors, therapists, and social workers have been granted a high level of prestige and social recognition in American society for their ability to help individuals make sense of life in the modern world. They interpret individual behavior and social interactions with an authority that was once conferred on individuals associated with other vocations in American society. Christopher Lasch explains that “the authority of parents, priests, and lawgivers, now condemned as representatives of discredited authoritarian modes of discipline,” has been replaced by “medical and psychiatric authority.”⁴² Thus the priests of traditional moral systems have “given way . . . to their logical and historical successors, the psychologizers”⁴³ of the therapeutic age. The modern individual now turns to the growing supply of “therapists, not priests . . . or models of success like the captains of

industry . . . in the hopes of achieving the modern equivalent of salvation, 'mental health'." ⁴⁴

That a growing number of individuals need this new form of "salvation" is fostered by a social situation in which an increasing number of behaviors are interpreted on the basis of healthiness or sickness, rather than on the basis of whether actions are good or bad, moral or immoral, right or wrong. Many behaviors once interpreted through a religious frame of reference are now viewed in terms of health, which of course makes more essential the role of the therapeutic practitioners. The role of the new priest, as such, depends in part on the redefinition of human behaviors in pathological rather than moralistic categories.

The Pathologization of Human Behavior

Another defining feature of the therapeutic ethos, then, is the growing tendency to define a range of human behaviors as diseases or pathologies. Within the therapeutic enterprise the therapist is, of course, concerned with healing or curing the afflicted patient. As the therapeutic perspective has spilled into the culture more broadly, so has the belief that a growing number of human actions represent diseases or illnesses that need to be healed. Behaviors that were formerly described at face value or interpreted in moralistic terms have increasingly been portrayed as pathologies. "The psychiatrist," as Christopher Lasch observes, "has translated 'everything human' into 'mental terms of illness.'" ⁴⁵ That many Americans have accepted this pathological redefinition of behavior is evident on several fronts.

One important carrier of this mind-set is the popular self-help group format of Alcoholics Anonymous (AA). Widespread involvement in AA and in treatment hospitals such as the Betty Ford Clinic, CompCare, and Fair Oaks helped foster the now common view that alcoholism and drug use are illnesses that require therapeutic treatment for recovery. A 1987 Gallup poll reported, for example, that 90 percent of Americans believe alcoholism is a disease. ⁴⁶

Americans have not always held this view. During the colonial period, when per capita drinking was much higher than it is today, family gatherings at local taverns typically involved much alcohol consumption. However, this consumption was informally regulated by the social fabric

of community life, indulged in within the context of eating meals, and generally perceived as a normal part of daily life. The description of rum by the colonial Puritan Increase Mather as “the good creature of God” is just one indication of the more benign role alcohol was believed to play in early American society.⁴⁷ When drunkenness did occur, it was the individual, rather than the alcohol, who was seen as the problem.

With industrial urbanization and massive European immigration, consumption of alcohol became disengaged from community regulation. Urban saloons replaced the family taverns. During the nineteenth century, alcohol consumption became the perceived culprit behind a number of social ills. The good creature of God became the “demon rum,” and the favored political party among immigrants was denounced as the party of “rum, Romanism and rebellion.” The temperance movement, made up of Protestant, middle-class, nativists took on the “evil” of alcohol with great force. By 1920 they were able to secure legally the prohibition of alcoholic consumption in the United States. Opposition to the use of alcohol during this period, however, was largely conceived of in moralistic rather than pathological terms.

Even the original AA fellowship established by Bill Wilson and Robert Smith in 1935, although a mix of “pseudomedical, psychological, and religious”⁴⁸ sentiments, arose from the evangelical roots of the Oxford Group. This is certainly evident in AA’s well-known twelve steps, where God is mentioned six times and where prayer and meditation, repentance, and public confession and restitution are encouraged. However, it was out of the AA subculture that a view of alcoholism as a disease eventually came forth.⁴⁹

But AA provided only the first step in a longer process of reinterpreting many other behaviors as diseases. Other self-help groups based on the AA model, such as Alateen (AA for teenagers), Narcotics Anonymous (NA), and Parents Anonymous (PA, for parents struggling with abusive behavior toward children), have emerged around the country. Also following AA’s lead are the codependency groups CoDependents Anonymous (CoDa), Adult Children of Alcoholics (ACOA), and Al-Anon (for spouses of alcoholics), whose members’ identities are based on their dysfunctional or codependent relationship with an alcoholic family member.⁵⁰

Today self-help groups exist for any number of habitual behaviors.

Recovery groups have arisen for gamblers, overeaters, compulsive shoppers, smokers, those involved in compulsive sexual behaviors, and sufferers of agoraphobia (fear of open places).⁵¹ Other self-help groups include Debtors Anonymous, Workaholics Anonymous, Dual Disorders Anonymous, Batterers Anonymous, Victims Anonymous, and Unwed Parents Anonymous, to name only a few.⁵²

In addition to the disease labels of those involved in self-help groups, a number of other behaviors have been reinterpreted as illnesses. One indicator of this is the list of disorders in the *Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised* (DSM III-R), put out by the American Psychiatric Association. DSM III-R is the most prominent mental health classification system in the United States. It has been “widely accepted in the United States as the common language of mental health clinicians and researchers.”⁵³ A survey of diagnostic experts in fifty-five countries found that seventy-two percent of them used this classification system.⁵⁴

Among the classifications in DSM III-R are “Impulse Control Disorders,” which include “Pathological Gambling” and “Intermittent Explosive Disorder.” The latter refers to “discrete episodes of loss of control of aggressive impulses resulting in serious assaultive acts or destruction of property.”⁵⁵ DSM III-R also has diagnostic classifications for “Adjustment Disorders,” which are pathological responses to major life changes such as divorce, losing one’s job, going to school, or getting married. Included in this category is “Adjustment Disorder with Anxious Mood,” which features the symptoms of “nervousness, worry, and jitteriness.” The symptoms of “Adjustment Disorder with Mixed Emotional Features” include “a combination of depression and anxiety or other emotions.” Someone suffering from this disorder might be an “adolescent who, after moving away from home and parental supervision, reacts with ambivalence, depression, anger, and signs of increased dependence.”⁵⁶ A son’s or daughter’s initial departure from home has always involved some degree of anxiety, excitement, or apprehension. A period of adjustment and of getting one’s bearings is fairly typical. What is new is the interpretation of one’s emotional response to this often difficult transition as a disorder.

Among the so-called personality disorders in the DSMIII-R is “Narcissistic Personality Disorder,” which refers to someone who has “a grandiose sense of self-importance”; “Avoidant Personality Disorder,”

which refers to someone who has a “pervasive pattern of social discomfort, fear of negative evaluation, and timidity”; and “Dependent Personality Disorder,” which refers to a person with a “pattern of dependent and submissive behavior.”⁵⁷

Not long ago these behaviors were understood quite differently. Someone with Narcissistic Personality Disorder was known as someone who was overprideful or conceited, but not necessarily as someone with a pathology. An individual with Intermittent Explosive Disorder was someone who at best had a bad temper, at worst was considered violent. A person suffering from Avoidant Personality Disorder was a little shy. The victim of Dependent Personality Disorder could have been considered faithful or loyal. And the nervous bride with Adjustment Disorder with Anxious Mood, was said to have cold feet or was simply excited about her wedding. Again, it is not necessarily the behaviors that have changed but the cultural understandings of them.

Among other behaviors pathologically redefined by the DSM III-R is academic underachievement.⁵⁸ Perhaps the most popular DSM III-R disorder is “Attention Deficit Disorder” (ADD) or “Attention Deficit Hyperactivity Disorder” (ADHD), which refers to what used to be called hyperactivity or even rowdiness. It generally applies to children who have a hard time focusing on their work, although adults are also now included among those suffering from ADD. This disorder category even has its own self-help group network, Children and Adults with Attention Deficit Disorders (CHADD), which was founded in 1987.

CHADD now has more than twenty-eight thousand members in forty-eight states. Literature put out by some of its chapters list illustrious figures who may have suffered from ADD, including Winston Churchill, Benjamin Franklin, Socrates, and Isaac Newton.⁵⁹ “Experts” claim that as many as 3.5 million young Americans suffer from ADD, or up to 5 percent of Americans under eighteen years old. One account of the ADD phenomenon noted that “fifteen years ago, no one had ever heard of ADHD. Today it is the most common behavioral disorder in American children.”⁶⁰ Again, what has changed is not just the behavior among children but the social definition of behaviors.

Just as physical illnesses often require pharmacological remedies, so, too, do many of these new behavioral pathologies. In addition to participating in self-help groups, many victims of ADD are prescribed the therapeutic drug Ritalin. Use of Ritalin has grown 390 percent in the last four years and has been prescribed for such ADD symptoms as “is

easily distracted,” “has difficulty following directions,” “talks excessively,” and “fidgets and squirms in their seats.”⁶¹

The adult parallel to Ritalin is the psychotherapeutic drug Prozac. First introduced on the market in 1988 by the Eli Lilly pharmaceutical company, Prozac now boasts over \$1.2 billion in annual sales. It is estimated that over six million Americans have used Prozac. Though officially listed as a remedy to depression, Prozac has also been prescribed for premenstrual syndrome (PMS), panic anxiety, fear of public speaking, gambling, eating disorders, and dysthymia (chronic discontent).⁶² The most often reported success of this form of psychopharmacology is its ability to raise an individual’s self-esteem.⁶³

The increase in the number of individuals for whom Ritalin or Prozac have been prescribed is just one indication of the increasing percentage of Americans who are now considered to have some type of pathology. In addition to the 3.5 million sufferers of ADD, it is believed that anywhere from twenty to thirty million Americans are alcoholics and that more than eighty million Americans suffer from some type of codependent or coalcoholic disease. Moreover, more than thirty million Americans are said to have anorexia or bulimia. Add to this obesity and some eighty million Americans suffer from eating disorders. Additionally, many of the 30 percent of Americans who still smoke reportedly suffer from cigarette addiction, and as many as fifty million Americans suffer from depression or chronic anxiety.⁶⁴ The National Association on Sexual Addiction Problems estimates that nearly twenty-five million Americans suffer from sex addictions, and the National Council of Compulsive Gamblers claims that twenty million Americans are “addicted to games of chance.”⁶⁵

The 1977 President’s Commission on Mental Health found that one-quarter of all Americans suffer from “severe” emotional distress and that thirty-two million Americans need psychiatric help. By another estimate, 20 percent of Americans claim to suffer from a diagnosable psychiatric disorder, costing society \$20 billion annually. Add to this drug and alcohol addictions and the estimated cost is more than \$185 billion a year.⁶⁶ It would seem that everyone has some disease or illness. Leaders in the codependency movement and other psychological enterprises appear to make just such a case. John Bradshaw, for example, insists that 96 percent of American families are dysfunctional in one way or another. “In modern parlance, we are all,” as Martin Gross observes, “to some extent sick.”⁶⁷

The important point here is not that everyone is sick or that everyone understands himself or herself to be sick. Certainly, many would find these sweeping pathological reclassifications a bit excessive. What is important to recognize is that it is increasingly acceptable, on a cultural level, to understand oneself and to speak of oneself according to these categories. Such an understanding of the world is particularly appealing given the alienating, or to use Max Weber's apt phrase, disenchanting, conditions of a citizenry disengaged from the rationalized and impersonal world of politics, a condition that Elshtain refers to as a "politics of displacement." The therapeutically derived sickness view of the world provides a type of moral understanding or cultural explanation for this condition. As Elshtain explains, "Politics in our time is displaced and a therapeutic worldview, one which constitutes the subject as a client or a patient, as well or ill, as neurotically miserable or happily fulfilled, is part and parcel to a politics of displacement."⁶⁸ Within this cultural condition, then, the sickness, disease, and addiction concepts serve as increasingly acceptable symbolic reference points.

Appeals to these reference points are often subtle. Consider, for example, the way in which Americans offer pathological interpretations of a range of social behaviors. It is not uncommon to hear of someone who is obsessive-compulsive, is in denial, has repressed things from the past, suffers from low self-esteem, is acting out, has an inferiority complex, is going through a midlife crisis, or comes from a dysfunctional family. The pathological reinterpretation of human behavior has become an observable tendency within American society. Stanton Peele contends that "no other nation has taken the implications of disease theories of behavior as far as the United States or applied the disease model to as many new areas of behavior."⁶⁹

The concern about whether one is happy and healthy now challenges in importance whether one is good or bad or even right or wrong. It is not just that behaviors have changed, though in some instances this may be the case; what has also changed is how behaviors are defined in American culture. How Americans view alcoholism and other behaviors is a reflection of our cultural values, of the reigning zeitgeist. We are, as Herbert Fingarette explains, victims of our beliefs just as those in the past were "victims of their beliefs."⁷⁰ To call Americans victims of their beliefs is particularly appropriate in the contemporary context, where the victim mind-set increasingly has become part of the way we understand ourselves and our relationships with others.

Victimization

The tendency for individuals and groups to understand themselves as victims of their abusive pasts or of the oppressive social environment that surrounds them appears to be on the rise.⁷¹ The victimized mentality, of course, closely relates to the central place of the self and the growing cultural proclivity to interpret behavior in pathological terms. The self is not the perpetrator but the victim of a disorder. Implicit in the very definition of a disease is the belief that it is not the individual's fault but that someone or something else is to blame. As Stan Katz and Aimee Liu, authors of *The Codependency Conspiracy*, explain, "The diseased person is cast as a victim of the infectious agent, a person who is powerless over his or her disease and has no responsibility for its onset."⁷² Just as a patient with acquired immune deficiency syndrome (AIDS) is a victim of human immunodeficiency virus (HIV), so, too, are those within the self-help culture victims of their codependent relationships: this is how leaders in the movement portray it. For example, Melody Beattie, author of *Codependent No More*, argues, "Alcoholism and other compulsive disorders turn everyone affected by the illness into victims."⁷³

But if not the "victim," then who is to blame for whatever the "illness?" For the codependent, it is usually the alcoholic family member. Likewise, the alcoholic is a victim either of a biological predisposition, inherited from alcoholic parents, or of an abusive past. This victim predilection is, in a certain sense, the conflation of the various traits of the therapeutic culture with what Mary Ann Glendon has described as "rights talk." The sick self not only speaks with the language of emotions but blames someone else for infringing on his or her rights to health and happiness. One can be a victim in several respects. First, one can be a victim of one's disease, as discussed above. Second, one can be a victim of discrimination because of one's disease. And finally, one can be a victim of discrimination because of a number of other character traits, regardless of whether or not one is "sick."

In premodern moral orders, pain, suffering, and injury were viewed as a part of life. They were understood to contribute toward the refining process that helped the individual to surrender self and grow in virtuous character. A misfortune was viewed not as the fault of another but as the consequence of fate or divine allowance. This was the basic understanding of pain and suffering within classical and Judeo-Christian

traditions. Marcus Aurelius, for example, in his *Meditations*, viewed as impious the “man who is afraid of pain,” and it was because of Job’s highly virtuous life that the God of ancient Judaism allowed him to suffer so greatly. Previous moral traditions provided interpretations for small inconveniences and for larger calamities: they were an expected part of the natural order of things. With the undermining of traditional cultural systems and the advance of science and technology, “society began to lose its belief in both the inevitability of suffering and the need for stoicism in the face of adversity.”⁷⁴ Less evident today are what Weber described as the theodicies that provided cultural explanations for suffering and death.

With the devaluing of these older moral orders and the greater cultural emphasis on the self and on individual rights, Americans today are more inclined to blame someone or something else for whatever difficulties they face. Indeed, today many groups claim the status of victim, for any number of reasons. They are victims because of their race, gender, sexual orientation, physical or mental impairment, and so on. Even Evangelical Protestants, the ones some blame as the malefactors of their victimhood, have recently taken up the victim banner. Decrying “intolerance” and “religious bigotry,” some politically active Evangelical Christians portray themselves as victims of the discriminating views of the media and the “cultural elite.”⁷⁵

This is not to say that most persons, on the level of individual consciousness, necessarily think of themselves in this way, though the cultural climate may encourage cognitive understandings of oneself to move in this direction. Again, the important point here is that the language of victimhood is increasingly visible in American culture, which makes appeals to it, in spite of one’s cognitive disposition, more likely.

This might help explain why Senator Bob Packwood, after being accused of sexual harassment by more than a dozen former associates and employees, publicly committed himself for alcoholism treatment; why Washington, D.C., mayor Marion Barry, after being caught smoking crack cocaine in an FBI sting operation, claimed to be the victim of racist white federal agents and later turned himself in to a clinic for alcoholism treatment; why Richard Berendzen, former president of American University, after being caught making a number of obscene phone calls, blamed his behavior on his abusive childhood and checked himself in for psychiatric treatment; and why Michael Deaver, former aide to President Ronald Reagan, attempted to defend himself against

perjury charges by arguing that “his memory had been clouded by alcoholism.”⁷⁶

The victim mentality has provided the basis whereby individuals have defended a number of interesting actions. In a Pennsylvania school district, a man was fired from his job for consistently arriving late to work. He sued his former employers, arguing that he was a victim of “chronic lateness syndrome” and thus had no control over his tardiness.⁷⁷ An American foreign service officer in Uruguay was dismissed after engaging in public sex acts with several local prostitutes. The officer claimed that his dismissal constituted discrimination toward his handicap of “acute alcohol addiction” and a “schizoid personality disorder.”⁷⁸ Two Marine Corps officers claimed that they were the victims of discrimination when they were discharged for being, as they claimed, “chronically overweight.”⁷⁹ In Orlando, Florida, a man was given a bad haircut, which led to a “panic-anxiety attack.” The victimized patron sued his hairdresser for depriving him of his “right to enjoy life.”⁸⁰ After twenty-six years of marriage, a man brutally beat and killed his wife. His defense was that he was the victim of husband abuse and of his culture (one that discouraged divorce). The jury agreed and convicted him of manslaughter rather than first-degree murder.⁸¹

Granted, these are extreme examples. But the fact that individuals can plausibly invoke the language of victimhood is indicative of its greater visibility and availability today than in the past. Thus, as Robert Hughes observes, “The all pervasive claim to victimhood tops off America’s long-cherished culture of therapeutics.”⁸²

The Therapeutic Ethos

The therapeutic ethos—with the victim pathologies of the emotivist self interpreted for us by the priestly practitioners of the therapeutic vocations—offers itself as a replacement to traditional moral codes and symbols, worn out by the effects of modernization. In Bourdieuan terms, it is a form of “cultural capital” that has, in the contemporary cultural context, a high exchange rate. This is not to say that traditional ideological systems have no cultural value. But, given the apparent strength of the therapeutic impulse, it would seem that even those who align themselves with traditional cultural systems or who view with skepticism some of the sensational extremes of the therapeutic culture

are sometimes compelled to exchange the symbols associated with the older moral orders for the stronger currency found in therapeutic ideals.

The therapeutic ethos is a system of meaning that is right for the times. As Peter Berger writes, “If Freud had not existed, he would have been invented.”⁸³ Modernization and the various processes associated with it helped prepare the cultural soil for the germination and widespread fruition of therapeutic tendencies. A brief review of the major social processes commonly associated with modernization helps illustrate this point.

Consider, first, what social scientists refer to as “structural pluralism,” or the historically unique societal arrangement of a defined bifurcation between the private life of domesticity and family and the public world of industry, work, and large-scale bureaucratic institutions.⁸⁴ Sociological accounts of this modern arrangement point not only to the significance of the physical distance between work and home but to the cultural distance between a highly rationalized, impersonal, and alienating public realm and a private world of religious practice, “brotherly love,” family, sexuality, and identity—one effect of which is the privatization of traditional moral systems.

The therapeutic ethos provides an ostensible antidote to the tensions created by this arrangement. That is, it offers to reintegrate the disparate private and public spheres effected by the processes of modernization. As Berger observes, the therapeutic ethos occupies “an unusually strategic position in our society” in that it can “accompany the individual in both sectors of his dichotomized life.”⁸⁵ The private therapist who counsels the individual on his failing marriage or sexual identity problems speaks the same basic language as the business consultant who gives seminars on conflict resolution and stress management within the work environment. It is a worldview that cuts across the public and private, offering the individual a unifying cosmology. The therapeutic ethic, as such, is uniquely constituted to relieve this dichotomized modern condition, or at least to make it less cognitively dissonant.

Another feature of modernization that undermined the plausibility of traditional codes of moral understanding and prepared the way for the therapeutic ethic is what social scientists refer to as “cultural pluralism,” or the joining together of individuals and groups from a variety of cultures, bringing with them the various belief systems and customs represented within each.⁸⁶ As a consequence of massive immigration to America’s growing urban areas, beginning in the early nineteenth century

and continuing into the twentieth century, individuals and groups from a wide range of cultural backgrounds were brought into close proximity to one another. The coexistence of diverse cultural systems challenged the hegemony of the moral codes and symbols that had traditionally provided the boundaries for American cultural life and legitimated the early American state. Questions of what constituted the common good subsequently became increasingly problematic and, at times, issues of significant cultural discord, not just between various religious sects but between those with more progressive orientations and those with more traditional religious sensibilities.⁸⁷

Again, the therapeutic code of moral understanding is uniquely suited to assuage the tensions of modern pluralism. It is both a derivative of the modern “scientific” discipline of psychology and quasi-religious in nature. With the cultural authority granted science through the process of modernity, it makes sense that a new cultural system would have to be rooted in some kind of scientific enterprise. Yet the language, organization, and personal nature of the therapeutic ethos are also reflective of religious sentiments, usefully absent their sometimes divisive and sectarian qualities. Thus this ethic transcends the modern chasm between science and religion and offers to those from culturally diverse faith and nonfaith communities a religion-like system of collective meaning.

Consider, finally, the modern process of rationalization. The increasingly rationalized and bureaucratic tenor of the state and other social institutions played an important role in devaluing the plausibility of older systems of collective meaning.⁸⁸ Rationalization, or the shift from substantive rationality to functional rationality, made irrational those elements of life that could not be subjected to empirical observation, uniformed criteria of utility, and routinized bureaucratic processes. Such an orientation, with its disregard for the mystical and magical dimensions of social life, eventually made less plausible the appropriation of traditional moral codes to justify societal institutions. Though the plausibility of belief has been challenged, the need to believe or to make meaningful sense of the world, as Weber and others contend, remains. Life in the machine is too harsh, but the once-dominant cultural systems, undermined as they have been by the processes of rationalization, cannot be resurrected as plausible remedies to this modern condition. The therapeutic model, however, with its unique synthesis of scientific and religion-like qualities, offers itself as the most suitable antidote to the difficulty of life in a highly mechanistic world.

Though sometimes portrayed as a reaction against utilitarian capitalism, the therapeutic cultural impulse does not directly challenge or threaten the utilitarian orientation of the capitalistic order. To the contrary, the therapeutic ethic appears to complement the utilitarian ethic. It offers to soften the harshness of life in the machine without removing the machine. In fact, it is often defended as a viable source of action because of its purported efficacy. Though these two dispositions seem intuitively disparate, they may actually be complementary.

Both orientations, for example, embody the perceived limitlessness with which those in the modern world approach life. The utilitarian perspective tells us that the natural world has no limits, that we can control it and re-create it. The therapeutic ethos tells us that our psyches have no limits, that, in the vernacular of Friedrich Nietzsche and Richard Rorty, we can re-create ourselves. Both the internal and external worlds are mutable and open to transformation. Thus, though seemingly antithetical, the therapeutic and utilitarian orientations may actually be different sides of the same coin. The therapeutic cultural system may actually be providing a capitalistic order and its commitment to technology a well-suited cultural complement.

Drawing on Daniel Bell's terms, the axial principle of the economy, "efficiency," neatly coexists with the axial principle of the culture, "self-realization." Embodied in this system, then, are the unlikely bedfellows of the therapeutic and utilitarian orientations. Philip Rieff alludes to this interesting harmonious coexistence when he argues that "psychological man, freed from all suspicions of divinity, can continue to work efficiently in all kinds of institutions, but without permitting his feelings to be entrapped by institutional service."⁸⁹ The therapeutic orientation provides a personalized remedy to a highly impersonal, rationalized, bureaucratic system, but without fundamentally altering the system.

Again borrowing from Bell's analytical framework, we recognize that the axial principles of the economy (efficiency) and of the culture (self-realization) do not exist in isolation from the axial principle of the polity, namely, "legitimacy." That is, historically, the state has drawn on the cultural symbols that prevail in a particular social context to legitimate itself to society. Given the dominance of the therapeutic ethos in American society, I anticipate finding elements of this cultural impulse in state efforts to legitimate itself in the late twentieth century. Before investigating this proposition through analyses of various arenas of state activity, I discuss in the next chapter, in greater detail, the theoretical

concept of state legitimation. In addition to devising an analytical approach that takes seriously the important place of culture in the ongoing process of state legitimation, I also review those codes of moral understanding that legitimated the early American political order. Finally, I review in Chapter 2 empirical evidence that highlights the apparent gravity of the American state's legitimacy problem.

Having considered the theoretical concept of legitimation, I turn in Chapters 2–7 to an investigation of the extent to which the therapeutic cultural ethos has infused the modern American state, thus offering the state an alternative source of legitimation.

Legitimation of the State

Standing on the floor of the United States House of Representatives on March 21, 1995, Congressman Robert Clement expressed a concern many in America have come to share: a pronounced disquietude about the credibility of the American political order. “Mr. Chairman,” Clement started, “I believe restoring America’s trust in government is the single greatest challenge facing this Congress. The American people are perilously close to losing their faith in this institution and its members’ ability to effectively govern.”¹ Congressman Clement was echoing a theme touched on two years earlier by the first lady of the United States, Hillary Rodham Clinton, when she told a crowd in Austin, Texas, that “all of us face a crisis of meaning” and that “the signs of alienation and despair and hopelessness” can be seen “popping through the surface.” We need a system, Clinton argued that “gets rid of micromanagement, the regulation and the bureaucracy, and substitutes instead human caring, concern, and love.” This sentiment was similarly articulated in 1979 by President Jimmy Carter, when he spoke of the “general disrespect for government” and the “crisis of confidence” that “strikes at the very heart and soul and spirit of our national will.”

All three of these public figures noted the distance and disillusionment Americans experience in relationship to the late twentieth-century American political order. The views expressed in all instances are indicative of what social scientists have described as the problem of state legitimation, which refers, in part, to the way in which the policies, practices, and behaviors of the state are somehow incongruous with the disposition of the culture. Be it a crisis, a problem, or a deficit of legitimation, what the literature generally depicts is a modern state that is failing to justify itself vis-à-vis the interests, orientation, and expectations of society.

Theoretical Considerations

In the social scientific literature it was Max Weber who first spoke of legitimacy in relationship to state authority, in his typological depiction of charismatic, traditional, and legal-rational forms of domination. Weber's conceptualization has provided the analytical framework for most analyses of state legitimation since and has generated no small measure of confusion regarding the concept.² As Weber is most commonly interpreted, societies have evolved from political orders based on charismatic and traditional types of legitimation to a modern state legitimated primarily on legal-rational grounds, where laws are accepted because of their having been established according to particular procedures.³ As understood from this theoretical vantage point, the very process or "accustomed manner" by which a law is enacted engenders confidence in its legitimacy.⁴ The law, as such, is self-legitimizing. Jürgen Habermas, among others, takes issue with Weber (and Niklas Luhmann) on this point, questioning the viability of legal-rational authority detached from any form of moral or philosophical justification.⁵ According to Habermas, legal-rationality cannot stand alone as an independent source of legitimacy: "A procedure can . . . legitimize only indirectly, through reference to authorities which, for their part, must be recognized."⁶ Habermas believes Weber's assumption that legal-rationality stands as an "independent, morally neutral . . . legitimating force" has simply "not stood up" to historical verifiability.⁷

Though a number of scholars have persuasively questioned the viability of proceduralism absent the important role of moral justifications,⁸ it is David Beetham who most clearly deciphers the confusing elements of Weber's ideas on legitimation and offers a revised typological framework that adequately stresses the symbolic or justificatory component of state legitimation. According to Beetham, Weber's three terms—*charismatic*, *traditional*, and *legal-rational*—actually represent components of legitimacy, rather than historically specific ideal types. He argues that throughout the history of political arrangements, legitimate power has been based on three features: *validity* (the way in which state actions are sanctioned by written laws), *justification* (the cultural symbols that justify these laws), and *consent* (the manner in which subordinates demonstrate their adherence to authority). Thus legal-rationality approximates just one component of legitimation, namely, what Beetham calls "validity." Without accompanying sources of justification, legitimation is not

complete. As Beetham explains, “On its own, legal validity is insufficient to secure legitimacy, since the rules through which power is acquired and exercised themselves stand in need of justification.”⁹

That this reformulation opens up the possibility for a uniquely cultural interpretation of political legitimation is evident in the way it so agreeably blends with the theoretical model of cultural analysis put forth by Peter Berger and Thomas Luckmann.¹⁰ According to Berger and Luckmann, culture and social institutions exist in a dialectical relationship with each other. The collective values of culture are externalized, or poured out into the world (a component of the dialectical process that approximates Beetham’s idea of justification). These externalized cultural sentiments are institutionalized or objectified into social structures (in this case, the state); or, in Beetham’s terms, they are written into law, thus making valid corresponding state authority. Finally, the institutionalized laws and government policies act back on society. They are consented to (Beetham’s phrase) or internalized (Berger and Luckmann’s). And this, of course, is not a static process. The dialectical relationship continues as culture and, correspondingly, social institutions change and influence each other.¹¹ Figure 1 summarizes the cultural approach to the dialectical process between the state and culture put forth here.

As understood within this model, the symbols and moral codes that permeate a given culture invariably objectify themselves into society’s

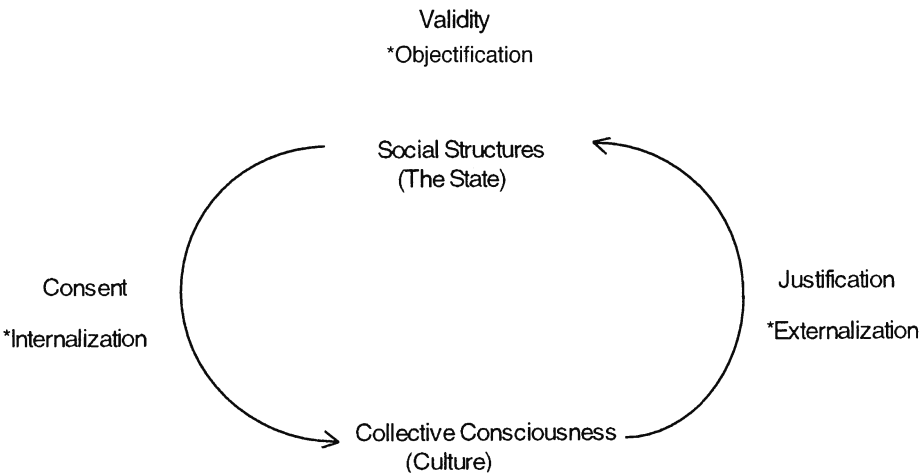


Fig. 1. State Legitimation

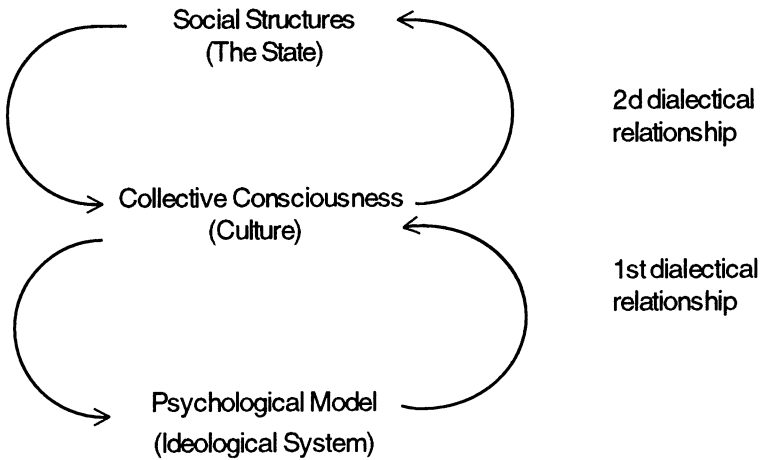


Fig. 2. The Two Dialectical Relationships of Legitimation

structures, including the state. However, the relationship between the state and the culture is just one of the dialectical processes that is occurring in the larger drama. Another dialectical relationship exists between culture, or the collective consciousness, and a “psychological model,” which could also be called an ideological system.¹² Just as social structures shape and are shaped by the culture, the culture influences and is influenced by particular ideological systems or psychological models. These models, once created and adopted by the culture, are in turn institutionalized into social structures.

Understood in this way, Chapter 1 highlighted one dimension of the latter dialectical relationship, that is, the impact of a psychoanalytic ideological system on American culture. The next part of this chapter reviews the ideological systems of meaning that once more profoundly informed American culture. The primary concern of this book, however, is with the former dialectical relationship—the relationship between the state and the culture—which will be the focus of Chapters 3–7. Figure 2 illustrates the coterminous dialectical relationships.

If the literature on the modern state has neglected considerations of the substantive influence of culture on political legitimation, most cultural analyses have neglected systematic empirical investigations into the changing language of large-scale institutions such as the state. By merging the two theoretical paradigms this work aims to fill these gaps.¹³

When I speak of state legitimation, then, I conceive of it as necessarily

containing a value or ideological component. Consistent with Beetham's reformulation of Weber's typology and in keeping with Berger and Luckmann's parallel understanding of the term, *legitimacy* here refers to *the cultural ideas and value systems that undergird the practical functions of the state*. Specifically, I focus on the sources of legitimacy that give moral and philosophical justification (or "normative dignity") to the laws, policies, and programs of a given state system.

Though Beetham's tripartite typology is useful for conceptual purposes, the distinction between "justification" and "validity" is not always so clear in the practical realities of the modern state. Oftentimes actual laws—particularly court rulings but even statutory language—contain within them justifications for the existence of the given law; the same applies to certain government programs. As such, the types cannot be easily separated. Often represented in a single legal document, policy statement, or program are both dimensions of Beetham's heuristic formula. As noted above, the major focus of this book is on the first part of the dialectical process: the externalization of cultural sentiments and their institutionalization into the legal and political processes of the state. In Beetham's terms, then, I focus on the justification and validity components of the legitimation formula, the changing laws and programs of the state and the "master symbols" that are invoked to justify them.¹⁴

It should be noted that the Beetham-inspired reconceptualization does not necessarily call into question the general movement that Weber identifies toward the increasingly instrumental shape of the social order generally and the political order specifically. Beetham himself concedes that

the Weberian concept of "rational-legal" authority, or procedural correctness in the creation and application of legal rules, may effectively characterize the distinctive mode and temper of modern officialdom in contrast to traditional types of administration, but it cannot provide us with a sufficient criterion or account of political legitimacy in the modern world. For that we need some understanding of the principles and beliefs that give the rules their justification.¹⁵

The problem with the ideal typical evolution toward legal-rationality, then, is not whether it occurred but whether it signifies a transformation in types of political legitimacy. Even when legitimacy is conceived as it is by Beetham, it is not unrelated to the shift in the mode of administration that Weber identifies.

Thus, though Weber's evolution toward legal-rationality may not appropriately signify a shift in types of legitimacy, it and the concomitant processes of cultural and structural pluralism discussed in Chapter 1 are relevant to understanding how former legitimations have been undermined and how the cultural conditions were established for the emergence of distinctly new ideological impulses, such as the therapeutic ethos. Again, framing the analysis of state legitimation in this way allows the researcher to compare the different sources of legitimation that have historically been employed to justify the American state. Toward this end, I turn now to a brief consideration of the cultural systems of collective meaning that preceded the emergence of the therapeutic culture in American society.

Older Sources of Legitimation

If there is disagreement about the analytical substance of legitimacy in post-Weber considerations of the topic, there is general agreement that the state is in a current condition of crisis, or at least of "legitimation deficit." A legitimation deficit arises when older sources of justification have been undermined, that is, when the philosophical reasons for state authority have been made implausible.¹⁶ Given this condition, the problem of legitimation remains and is, in fact, intensified.

According to Habermas, the modern state must—"like the pre-capitalist state—be legitimated, although it can no longer rely on residues of tradition that have been undermined and worn out during the development of capitalism."¹⁷ What, specifically, were the sources of legitimation that justified the state prior to the rationalizing and secularizing influences of modernization?

In attempting to answer this question, I turn more to the political philosopher than to the sociologist to describe the substance of the political ideas (or the sources of legitimation) that once justified the American state. Sociological treatments of legitimacy seldom move beyond the realm of abstract theory and even less often delineate those sources of legitimation that have served to justify state laws and actions. Considerations of these ideological systems are presented not as an argument that early American participants in societal life were all Enlightenment philosophers, Christian believers, or classical republicans or as an attempt to critique their truth value but as an effort to unpack the