# Policy Review

June & July 2010
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## The Rise of the Caring Industry

By Ronald W. Dworkin

*Can we talk?*

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Today in the U.S. there are 77,000 clinical psychologists, 192,000 clinical social workers, 105,000 mental health counselors, 50,000 marriage and family therapists, 17,000 nurse psychotherapists, and 30,000 life coaches. Most of these professionals spend their days helping people cope with everyday life problems, not true mental illness. More than half the patients in therapy don't even qualify for a psychiatric diagnosis. In addition, there are 400,000 nonclinical social workers and 220,000 substance abuse counselors working outside the official mental health system yet offering clients informal psychological advice nonetheless.

Compare this to the late-1940s, when there were only 2,500 clinical psychologists and 30,000 social workers in the U.S. Marriage and family therapists numbered less than 500 in those days, counselors worked mostly in vocational guidance, and

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Policy Review
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nurse psychotherapists and life coaches didn't even exist. We've experienced a more than 100-*fold increase* in the number of professional caregivers over the last 60 years, although the general population has only doubled.

What accounts for this great change? True, professional caregivers aggressively promote themselves, but that fails to explain why their services are in such high demand. For example, restrictions on who can "care" creates a shortage that credentialed caregivers eagerly fill. Yet life coaches, who lack licenses and a state-awarded monopoly, have increased at the same rate as licensed caregivers.

*People want to be able to go about their daily lives with the knowledge that someone is there for them.*

The answer lies in the people themselves — in the general culture. The American people want professional caregivers. And yet the conventional cultural explanation for their desire is equally flawed. Many conservatives view psychotherapy with suspicion; they think it encourages self-absorption, which leads to more emotional trouble that can only be treated with more therapy. Hence, the growth in the number of therapists. This view predates Christopher Lasch's *The Culture of Narcissism* (1979), but it's a view that Lasch, although not a conservative, popularized. Many conservatives have accepted this narrative, most recently Sally Satel and Christina Hoff Sommers in *One Nation Under Therapy* and Joyce Milton in *The Road to Malpsychia*.

Yet this narrative is only half true. Many people who go to counselors share nothing with the stereotypical self-absorbed neurotic. On the contrary, they are average people with conventional values who face real-life problems but have no one to talk to. Fully a third of the American population has undergone some form of psychotherapy. It strains the imagination to think that the majority of them are narcissists.

Moreover, psychotherapy has undergone enormous change over the years, with most of its narcissistic tendencies having been stripped away. Traditional long-term psychoanalysis, where a therapist spends years poring over the most insignificant details of patient's life, has given way to what is called "short-term therapy" — therapy conducted over a period of 20 sessions and typically lasting no more than six sessions. Traditional psychotherapy seeks to explain a person's problem in depth; short-term therapy seeks only to solve that problem, whether or not an explanation for the problem can be found, and so requires less time. Most psychologists, social workers, counselors, and life coaches operate these days within the short-term therapy framework. By focusing on a person's problem, short-term therapy mimics the experience of real friendship. People don't expect a real friend to psychoanalyze them when they have a life problem; they expect a friend to suggest a course of action, or to at least raise their spirits. They expect a friend to advise them or help them feel better.

In fact, this new therapeutic style is key to understanding the growth in the number of caring professionals and, indeed, the rise of an entire "caring industry." Today's caring professionals offer the same service to lonely, unhappy people that friends and relatives once did. They do so because so many Americans are lonely and unhappy.

Recent scholarship confirms the sad state of affairs. In 1985, 10 percent of Americans had no discussion partner of any kind; by 2004, that number had increased to 25 percent. In 1985, 15 percent of Americans had only one person to talk to about a life problem, which even optimists call inadequate social support, since it makes a person very vulnerable to losing that lone relationship. By 2004, that number had increased to 20 percent.


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Half of all Americans today are lonely. Not only lonely but also unhappy. An estimated 20 percent of the population exhibits symptoms of anxiety and depression, and in some states the prevalence of symptoms is closer to 30 percent. An estimated 95 percent of Americans have low self-esteem. Consistent with these trends, at least 15 percent of Americans are now on a psychoactive drug at any given moment.[1]

People want to be able to go about their daily lives with the knowledge that someone is there for them. This basic truth led to the rise of the caring industry. Millions of unhappy people use professional counselors to compensate for having no one to talk to about their everyday problems. Separated and divorced women use psychotherapy most of all. Because the caring industry arose so swiftly, and because the caring relationship approximates the experience of real friendship, and because the "caring solution" to mass loneliness and mass unhappiness seems to work, it doesn't bother people very much.

Nevertheless, the caring industry is an artificial creation without historical precedent. The wheels of life keep rolling around with an alluring smoothness in America — people still build businesses and go to work — but the wheels do not roll of themselves. The skill and care of trained professionals are needed to keep them going, and the task is no light one. Under our very noses a revolution has occurred in the personal dimension of life such that millions of Americans must now pay professionals to listen to their everyday life problems.

## Back to the 1950s

Students of american culture have felt the necessity of going back to the origins of today's sensibilities, but none of them has ever arrived there. They consistently stop at the turbulent 1960s, but to understand the rise of the caring industry they must go back another decade, to the seemingly placid 1950s, when mass happiness and mass loneliness began.

*The peer groups described by the sociologists of the 1950s were typically composed of authority figures, relatives, and friends.*

So great was people's unhappiness during the 1950s, and so suddenly did it emerge, that both the political and medical authorities called it a "mental health crisis." Rates of alcoholism and juvenile delinquency skyrocketed during the decade, which popular magazines dubbed the "Age of Anxiety." The signs and symptoms of mental illness were rampant. In Manhattan alone, 82 percent of the population showed evidence of anxiety or depression. Of the 1.4 million Americans in hospitals on any given day in the 1950s, 730,000 of them were in mental hospitals, with half of these inpatients new each year. It was estimated that one out of three American families would have to admit a family member to a mental hospital at some point during the decade. Another 300,000 people sought help annually in outpatient psychiatric clinics. Thousands more were turned away for lack of mental health personnel. The afflicted were not just military veterans but people from all walks of life; they included anxious housewives, frustrated businessmen, and rebellious teenagers, many of them following a course of life repugnant to their minds. Even if they did succeed in stifling the reproaches of their consciences, they still were unable to conquer their anxiety and fears.

This mental health crisis has never ended. The Age of Anxiety in the 1950s became the Age of Depression in the 1970s, 80s, and 90s. Although the media have shifted emphasis, it remains the same crisis.

Mass loneliness emerged shortly afterward. During the postwar period, Americans became more mobile than ever before, such

that by 1970 a fifth of all Americans lived somewhere other than their hometowns. Also, the nature of that mobility had changed: Rather than trek in a group, Americans typically moved to new towns by themselves, and they knew no one when they arrived. The 1960s also witnessed urban renewal projects that tore down impoverished but vibrant inner-city neighborhoods composed of extended immigrant families and friends and replaced them with public housing or luxury high-rise apartments. The former inhabitants of these neighborhoods moved to the suburbs, where sprawling distances rendered tight-knit "urban villages" impossible. As a third example, the number of Americans attending church or synagogue weekly dropped by almost 40 percent from the previous decade, leaving many Americans without the peer group sustained by organized religion.

A revolution in interpersonal dynamics further compromised people's social lives. The peer groups described by the sociologists of the 1950s were typically composed of authority figures, relatives, and friends. During the 1960s and 70s, resentment against authority figures reached intense levels of collective fury. Policemen were "pigs," soldiers were "baby killers," clergymen were scorned, and professors were shouted down in the classroom. That some of these authority figures seemed infected with self-doubt only worsened their impotence. Family breakdown also increased during this period, whether because of the rising divorce rate or the "generation gap" causing relatives to drift apart. Finally, the new economy drew large numbers of women into the workforce, while Americans in general began working longer hours. Life grew hectic. Already isolated by suburban life, many people found themselves with neither the time nor the energy to listen sympathetically to a friend's problems. With the waning of traditional authority figures and the added stresses on families and friendship, peer groups collapsed.

*With the waning of traditional authority figures and the added stresses on families and friendship, peer groups collapsed.*

Yet even mass loneliness has its roots in the 1950s, just as today's mass unhappiness does. The mass loneliness that began in the 1960s and 70s, and that continues on through this day, is an exterior loneliness. But an interior loneliness had already begun in the 1950s. This fact is often ignored, since groupthink and conformism were thought to dominate that decade so thoroughly. In a society like 1950s America, where peer groups at home and work policed virtually every aspect of life, loneliness would seem to have been impossible. Even sociologists of the 1950s barely wrote on the subject, focusing instead on conformism. Much of the sociology written during the 1950s ceased to be read after the end of that decade because the aggressive individualism of the 1960s and 70s made conformism the least of society's problems. Because this aggressive individualism led to exterior loneliness, a serious problem in its own right, the problem of mass loneliness was naturally dated back to the 1960s and 70s, and the more subtle interior loneliness of the 1950s was forgotten.

Yet the title of the most famous sociology book of the 1950s is *The Lonely Crowd*. Although its authors actually mention loneliness only five times in the book, devoting most of their analysis to the opposite of loneliness — for example, people's obsession with being popular, or the oppressiveness of the peer group — they do discuss loneliness on the book's very first page, noting how the new American character paradoxically "remains a lonely member of the crowd because he never comes really close to the others [his peers] or to himself." This is interior loneliness. It captures the paradox of a friendship without any real connection between people.

Mass unhappiness and mass loneliness triggered the rise of the caring industry. Indeed, it is why the caring industry began its exponential growth during the conservative 1950s rather than in the liberal 1960s. It was in the 1950s, not in the 1960s, that psychotherapy became wildly popular in the U.S. Therapy's novelty alone cannot explain its sudden popularity in the 1950s. Freud introduced psychoanalytic ideas to America during his visit to the country in 1909. For the next four decades, journalists,

artists, and intellectuals hotly debated his ideas in the public space. Yet it was not until the 1950s that those ideas penetrated the popular culture.

To some degree the caring industry had no choice but to intervene. The mental health crisis and mass loneliness were revolutionary events that spawned real turmoil. People found themselves with more emotional problems than ever, and no one to talk to. It was an intolerable situation. Thus, the creation of the caring ethos, the caring industry, and the thousands of caring professionals who define it.

Forty years ago, in his now-classic book *The Triumph of the Therapeutic*, sociologist Philip Rieff sensed that a great change had come over the West. A "therapeutic culture" grounded in psychotherapy, he wrote, had replaced the "ethos" of traditional society. Rieff did not know what this change signified. Nor did he know whether such a society would long endure. He could not know, for he published his book in 1965, when mass unhappiness and mass loneliness had just taken hold. But now we know. What Rieff had observed were the first stirrings of a new social order, one that would rest on a nation-spanning network of caring professionals. Today, countless institutions and millions of people are dependent to one degree or another on the caring industry. Therapy is no longer just a "culture." In the form of professional caring, it has become our way of life.

## The caring industry in daily life

The caring industry now stands in alter ego fashion alongside virtually every organized unit of state and society in the U.S. Wherever there is a corporation, school, church, prison, nursing home, or military installation, there is also a unit of the caring industry. This is irrespective of whether the institution falls in the "liberal" or "conservative" camp. Sometimes a caring unit is an official part of the institution — for example, a company's department of human resources. More typically, it works on a consultant basis, to be invited in as problems arise. I describe here just two examples: the military and the schools.

*The military*. The caring industry's growing role inside the military — a relatively conservative institution — is a case in point. Psychologists have been associated with the military ever since they tested soldiers for combat readiness during World War I. Yet well into the Vietnam War-era most military psychologists worked on military-related projects such as officer selection or special operations. Psychiatrists and psychologists played an important clinical role during and after the Second World War, helping soldiers cope with the psychological effects of battle and, later, with readjustment to civilian life. However, it was not until the 1970s, after the Vietnam War, when demobilized soldiers again showed problems readjusting to civilian life, that psychiatrists and clinical psychologists awarded these disabled veterans their own mental illness, called post-traumatic stress disorder (ptsd), leading to a new and enduring kind of intervention by the caring industry.

Conservative critics of psychotherapy have called ptsd, in part, a political artifact of the antiwar movement, a way to portray Vietnam veterans as psychiatric victims of an unjust war. At the very least, the diagnosis had political ramifications. The women's movement, for example, enthusiastically supports the concept because it creates a diagnostic niche for victims of rape, domestic violence, and child abuse. Indeed, the rate of ptsd in the *civilian* population is now almost four percent. Yet ptsd is also very real, as evidenced most recently by a direct correlation between the incidence of ptsd during the Iraq war and the number of firefights a soldier has been involved in.

*Today, countless institutions and millions of people are dependent to one degree or another on the caring industry.*

The problem is not with ptsd, but with the cover that ptsd has given the caring industry to penetrate the military for the purpose of managing general life problems. Family-related crises and issues of well-being originate less in battle trauma, and more in today's epidemic of mass loneliness and unhappiness, which explains why these crises affect everyone and not just soldiers.

Mental health data collected during the 1990s, before the wars in Iraq and Afghanistan, show what is happening. In "Mental Disorders Among U.S. Military Personnel in the 1990s," published in the *American Journal of Psychiatry*, the authors examined the rates of hospital and outpatient mental health treatment among all military personnel, which at the time represented one percent of the entire working adult population between the ages of 18 and 45. Hospitalizations do not concern us here, as our focus is on everyday life problems, and not true mental illness. Outpatient psychotherapy for major depression can also be ignored, as major depression is a serious medical problem, and not an everyday life problem. More relevant is the frequency of outpatient visits for ptsd and minor mental health problems. The latter includes "depression not otherwise specified," a catchall term that includes everyday unhappiness; dysthymia, which is chronic depression less intense than major depression; stress; and substance abuse.

From 1996 to 1999, ptsd was responsible for only 18,000 outpatient visits, a small number compared with 28,000 visits for dysthymia, 60,000 visits for depression "not otherwise specified," and 350,000 visits for alcohol and drug abuse. Acute stress resulted in 5,000 visits, "unspecified stress" in 16,000 visits, and generalized anxiety disorder in 6,000 visits. These numbers don't even include the 106,000 visits for the indefinable category of "all other mental disorders," of which everyday unhappiness is certainly a part.

In sum, far more soldiers sought help for minor mental health diagnoses than for ptsd during this period. Taken together, these non-ptsd, nonmajor depression, and nonbipolar disorder diagnoses account for more than half of all outpatient visits among soldiers in the 1990s. Moreover, the authors conclude that the incidence of minor mental health problems among soldiers roughly tracks their incidence among the general population. Thus, the notion that caring professionals have attached themselves to the military to manage ptsd and other mental illnesses unique to combat, such as the psychological effects of traumatic brain injury, is simply wrong. They are dealing with the same everyday life troubles affecting people's performance in other walks of life in America.

*The caring industry has used the wars in Iraq and Afghanistan to justify an expanded role for caring professionals in the military.*

If anything, the wars in Iraq and Afghanistan have clouded the caring industry's true role in the military. In 2008, the rand corporation published "The Invisible Wounds of War" to demonstrate the psychological toll the wars have exacted on soldiers. Reportedly one third of military members returning home from a combat zone have mental health problems. Another study published in the *New England Journal of Medicine* confirms this figure, noting that roughly 27 percent of returning combat troops report mental health symptoms.

Yet this same study reports that *before deployment*, almost 21 percent of soldiers had mental symptoms. A significant portion of the post-deployment increase was due to ptsd, especially in Iraq, where roughly 90 percent of soldiers report having been shot at, as compared to only 30 percent in Afghanistan. This increase in ptsd is to be expected, and demands a therapeutic response. Yet much of the caring industry's new interventions will be for the prewar 21 percent baseline — for those mental

health symptoms equally prevalent in the civilian population. In other words, for the same symptoms that compelled the industry to intervene during the halcyon 1990s.

The caring industry has used the wars in Iraq and Afghanistan to justify an expanded role for caring professionals in the military, which already employs more psychologists than any other company or organization in the world. New policies include more training of clinical psychologists within the military, as well as the hiring of psychologists, social workers, and counselors as civilian contractors. A Center for Deployment Psychology has recently been established within the military to step up contacts between caring professionals both inside and outside the military, the word “Deployment” implying that it was the wars and not any problem in civil society that led to the sudden urgent need for mental health services. In fact, these professionals will spend most of their time caring for the same everyday problems that have gripped both soldiers and civilians since the 1970s, and that beg for resolution in an age of mass loneliness and mass unhappiness.

*The schools*. A similar change has occurred in education. Professional psychology’s earliest link to education was called “school psychology.” Trained mostly as educators, school psychologists during the first half of the 20th century focused more on vocational guidance and aptitude testing rather than on psychotherapy. When professional psychology reorganized itself in 1945, school psychology became a recognized division within psychology; yet, because they lacked doctorate degrees, most school psychologists were permitted to join only as associate members. School psychologists were almost an embarrassment to the American Psychological Association (apa), given the way clinical psychologists at the time preached how vital a doctorate was to the practice of psychology. The apa tolerated them simply because theirs was an uninteresting, barren terrain, full of testing children for this and that, without any real mental health responsibilities. Resentful of their second-class status, school psychologists broke from the apa in 1969 to form their own independent organization called the National Association of School Psychologists (nasp).

*In the early 1980s, American schools began to feel the effects of mass loneliness and mass unhappiness.*

The year 1975 brought change in the form of the Education for All Handicapped Children Act, which declared all disabled children entitled to a free and appropriate public education. School psychology prospered, as these children needed help entering the mainstream. However, clinical psychologists made no effort to retake the rebel field. So long as school psychology involved special education and not psychotherapy, the stakes seemed too low to merit a confrontation.

Change came again in the early 1980s, when American schools began to feel the effects of mass loneliness and mass unhappiness. This time clinical psychologists took notice. In the 1940s, the top three discipline problems in schools were talking, chewing gum, and making noise; in the 1980s, they were drug and alcohol abuse, teen pregnancy, and suicide. In 1999, the surgeon general reported that one in five American children would experience a significant mental health problem during their educations. Another report estimated that three to six million children suffered from clinical depression. A third study showed that ten percent of all children between the ages of six and 12 had experienced depression severe enough to interfere with daily functioning. Educators blamed much of this new mental illness on the declining family, with divorced parents or two-income couples forcing children to be raised in comparatively unsupervised circumstances. Even physical mobility, with families constantly uprooting and moving around, thereby cutting people off from extended family support, played a role in increasing stress, educators argued.

As the focus in school psychology shifted from special education to children “at risk” for mental illness, clinical and counseling psychologists — an important part of the caring industry — schemed to take school psychology back, arguing that they were better trained to provide the new service. There was some merit to their claim. Like industrial psychologists, school psychologists had been caught unprepared by a mental health crisis now compounded by a social crisis. Even as late as 1984, school psychologists spent 70 percent of their time in assessment activities, and only ten percent in direct intervention with children; 71 percent of their time was still spent with disabled children. Without proper training, how could school psychologists practice crisis intervention or short-term psychotherapy? the caring industry asked. One caring professional ranked school psychologists on the same level as school bus drivers and secretaries, pejoratively describing their treatments as “homespun.”

School psychologists fought back, working through state legislatures to secure their independence. However, as the tide shifted in favor of the apa, a truce was reached, with school psychologists agreeing to earn doctorates and master’s degrees, and to refrain from setting up office practices. The result was an enormous extension of the caring industry’s clout in America’s schools. Today, 38,000 school psychologists work in tandem with the official caring industry to manage the everyday psychological problems of children and adolescents. In 1988, the ratio of school psychologists to students was 1:2000; in 2004 it was 1:1653 and today, the industry’s goal is 1:1000 — and that doesn’t even include the thousands of clinical and counseling psychologists, social workers, and mental health counselors who already intervene in children’s psychological problems.

## The problem with the caring industry

Although well-intentioned, the caring industry poses serious potential problems. First, the caring industry may signify the death knell for the traditional family. Almost all social conservative issues have something to do with preserving the traditional family. And while most liberals are more elastic in their definition of what constitutes a family, many of them nonetheless defend the concept of the family as an institution. The caring industry weakens and may destroy the family by making it superfluous. If people have caring professionals to talk to about their personal problems, they don’t need relatives. They don’t even need authentic friends. Caring professionals may form the peer group of the future.

Second, by pushing lay volunteers aside, the caring industry is leading ineluctably to a coarsening of everyday life in America. As professional caregivers expand their presence in society, lay volunteers inevitably disappear. To make matters worse, some laypeople no longer see it as their role to volunteer, or to even help people in their own circle, thinking instead: “That’s what the professionals are there for.”

Third, the caring industry continues the trend toward speech codes that curtail speech on the grounds that some of it is “hurtful” and can injure another person’s self-esteem. Many conservatives blame liberalism for such restrictions on speech, but they are wrong to do so, as evidenced by the fact that many liberals also dislike speech codes. As historian Elisabeth Lash-Quinn has shown in her book *Race Experts*, speech codes originated not in liberalism, but in the psychotherapy movement that allied itself with liberalism in the 1960s. By coalescing within the caring industry, these psychotherapeutic modes of thought are increasingly now woven into the fabric of American culture, and the speech codes they spawn will likely strengthen their hold on that culture.

Fourth, the caring industry is changing the dynamic in the struggle between the state and the individual. During the 20th century, the major political debate was over the correct degree of state power. One argument against strong state power was that it destroyed social and civic institutions that grew up naturally, including traditional peer groups, leaving individuals weak, powerless, and atomized. Yet through the state-subsidized caring industry, state power has shown that it can also be *caring*, on the most personal level; that it can provide a kind of substitute for the traditional peer group. State power carries with it the risk of an alienated and isolated citizenry that might revolt, while the caring industry it sponsors annuls that risk. Caring professionals

touch individual lives in ways that government bureaucrats cannot, and in a way that social and civic institutions, including the old 1950s peer group, once did. What they provide is not true friendship, but a credible substitute, one that meets the needs of lonely and unhappy people, and rids them of anxiety. Thus, the caring industry shores up the argument for aggressive state power at its weakest point.

Yet the most important consequence of the caring industry is the epoch shift it signals in Western society, one that has nothing to do with the old ideological divide between liberals and conservatives, one that has elevated Western society onto a new and strange summit. A world based on "caring" is emerging, replacing a world based on love. This shift in the West's cultural life is no less momentous than the decline of the nation-state now evident in foreign affairs. From a narrow policy perspective the caring industry arose to combat mass loneliness and mass unhappiness. But it also arose because of a change in Western civilization itself.

## The end of love

For centuries in the West, and until only recently, love has been the underlying essence in which the pulsations of existence had their being. People were encouraged to indulge in the daydreams of love, to love their lover, their family, their sect, their nation, and ultimately all mankind. When this civilization came crashing down in the first half of the 20th century after two world wars, the West had a vital interest in replacing a civilization based on love with something else. And it found that substitute in the new ethos of caring, of which the caring industry is the leading exponent.

The ideology of love began nine centuries ago in the era of courtly love. It seems natural to us that people should always have been obsessed with love, but this is not the case. Our code of etiquette that gives precedence to women seems natural, but it is a legacy of courtly love, and to this day is considered to be far from natural in Japan, say, or India. Prior to courtly love, the idea of marrying for love would have been unthinkable. Marriage was a union of property, a social calculation, and still is in many countries. In the West, marrying for any reason other than love seems crazy.

*It seems natural to us that people should always have been obsessed with love, but this is not the case.*

Rather than remain confined to the personal dimension of life, the love obsession quickly spread, first to art. An unmistakable continuity connects the troubadours of the Middle Ages with the great 19th-century novelists and even today's authors of trashy harlequin romances. It seems natural to us that love should be the commonest theme of literature, but it was not always that way. Ancient Greek literature mentions love, but the notion of happiness grounded on successful romantic love is absent. Love in the classical period is portrayed as either a superficial sensuality or a kind of tragic madness.

Love ideology then infected organized religion. Previously, Christianity had viewed sensual love as a kind of sickness. In the 12th century, love ideology began to penetrate Christianity, causing sensual love to lose its sinful quality. Over time, many clergymen envisioned a new alliance between religious love and sensual love, one that would let people enjoy the happiness of a private passion while, at the same time, forever coaxing them to widen their circle of romantic love to include all mankind, thereby spreading romantic love ever wider and wider, thus moving them closer to God's perfection.

This was the plan: Every man loves himself, which is natural and requires no incentive. Then he loves his lover, which brings

him comfort. Then he loves his children, who are his future hope; his parents, who reared him; and his tribe, which supports and protects him. Then he loves his race, which may not be so instinctive, but is also common.

From here, the love impulse faces a steeper climb. A man is encouraged to love his fellow countrymen, who speak his language and profess his traditions. Yet love for one's country is more of a fictitious semblance of real love, since, unlike a lover or a child, a nation is less concrete and involves loving strangers. At this aggregate of humanity, the man's power to love begins to wane; and yet, despite this deficiency, the man is coaxed to take one final step and expand his love to include all mankind, the universal entity. Man, having expanded his love from the individual to the family, and from the family to the race and nation, is encouraged to do so one more time, and to love all humanity, as God does, thereby escaping the hatred and strife that arises from the division of humanity into tribes, races, and nations.

*But it is impossible to know humanity in the concrete; humanity is a fiction, it cannot be loved.*

By the 18th and 19th centuries, secular thinkers had adopted organized religion's plan. Humanitarians, nationalists, and socialists alike saw in the new policy of an indefinite expansion of the kingdom of love an opportunity to build a new community of man where people lived for each other in peace. True, secular thinkers saw in religion's emphasis on God something superstitious and arbitrary; nevertheless, they accepted the basic framework of extending an individual's love ever outward until it included all of humanity. Their contribution was simply to rest the doctrine of love for humanity on a firmer basis than religion.

However, so long as people fell short of loving all humanity, the intensification of all these parochial loves, each supposedly a necessary step along the path to loving all humanity, destabilized society. People who selfishly loved their families were troubling, but even more troubling were the racists, the nationalists, the fascists, and the communists, all of whom built new political ideologies based on their respective idealized communities, each envisioning total strangers coming together and loving one another. The movement of contemporary life grew profoundly violent. During the First World War, Westerners pierced with the most intense pangs of devotion to strangers whom they had never met — their countrymen — shot at other strangers across deep trenches. Hundreds of thousands of soldiers died in the name of love of one's country.

Love ideology had revealed its fatal flaw. Clergymen, philosophers, artists, and politicians had encouraged people to intensify their passion for others, to join in consciousness with an ever-expanding number of individuals, with loving all humanity the final goal. But it is impossible to know humanity in the concrete; humanity is a fiction, it cannot be loved. Love ideology applied to politics had tried to build on the passion people felt for others in their personal life, but that love lost its efficiency as the objects of love grew more distant, and in the nation or the class reached its final limit, and could go no further. The concept of humanity evoked no feeling in man.

A disastrous situation quickly arose, with love ideology precipitating and intensifying the inevitable conflagration. With the rise of racism, nationalism, and classism, it became all the more essential to widen the sphere of love to include all mankind to preserve the peace. And yet the very attempt to satisfy this requirement, by calling on people to look beyond their personal lives toward some ideal community, only made matters worse, as the goal of loving all humanity could not be reached.

The disaster played itself out in the Second World War. Afterwards and throughout the West, family, sect, tribe, and country —

the bedrock allegiances in people's lives — were called into question. All of these institutions had been complicit in the West's failure. Their prestige had rested on faulty reasoning. In response, people grew anxious and cynical and lived in fear and self-doubt. Whom to love and what to love and why to love suddenly became questions without clear answers. They remain questions to this day.

*In romantic life people still want to fall in love as much as ever, and love ideology remains as strong as ever.*

In this unstable environment the caring ethos emerged as the preeminent solution. Love ideology had encouraged Westerners to keep enlarging their circle of love so that it included more and more people, with the dream of loving all mankind beckoning in the distance. It aroused a generous fervor and a massive piety that our cynical age can barely comprehend. Yet the price of falling short of the ideal was not just disappointment but disaster, for while the ideal of loving all mankind is an unselfish one, a love-obsessed civilization exacerbates the ordinary forms of personal selfishness so long as that ideal remains unfulfilled.

Rather than encourage people to love greater and greater numbers of people, the caring ethos helps people fulfill their deepest psychological needs without love — without friends, without families, without communities. The age of fraternities, brotherhoods, and fatherlands is waning; the days of strangers transmitting deep feelings to one another is over. We are witnessing the dawn of the lonely age.

In romantic life people still want to fall in love as much as ever, and love ideology remains as strong as ever, encouraged by the entertainment industry, but outside this sphere the caring relationship has displaced love as the framework of existence, outside of which no issue, however compelling, no passion, however profound, and no belief, however soaring, is of much account. Many people today meet their basic psychological needs, including self-esteem, fulfillment, and identity, not through a social system of friends, intimates, and communities, as people did in the age of love, but by working directly with a caring professional. Although lonely, they are psychologically stable, and society is spared the tumult of an earlier era when people satisfied these needs through loving communities.

In this way the caring industry exercises a double fascination — on the one hand as a sounding board for lonely, unhappy individuals, and on the other as emblematic of a new ethos of civilization. The age of caring is a more skeptical age, but also a more tolerant one, expressing a distrust of authority and an antipathy to old enthusiasms that wavers between laughter and disgust. It would be wrong to say that people today deny the world; they simply prefer to ignore it, presenting a blank wall of indifference to how people live and what they believe. They prefer meeting their psychological needs through a therapy session rather than through a community of blood brothers.

True, the caring experience lacks the intimate gusto and genuineness of feeling that marked life in a social system. Gone are the hysterics and absurdities, the waving of bullet-pierced banners and the singing of militant songs. Gone is the special pride that one religious sect felt against another. But society is more stable. Although many Americans still cleave to love, dream of love, and hope for love in their romantic lives, the other dimensions of life have been spared the tumult and violence that once haunted life when the love ideal reigned supreme and people bonded intimately with strangers.

But how can inequality and hardship, which will always be, be compensated for without the pleasure of some attachment? In the past, allegiance to a nation, a tribe, a city, a family, or even just a group of friends distorted reality such that people put up with

these burdens. A group provided the framework of one's whole being, within which was to be found all that life had to offer. It charmed reality; it made hard life easier to endure. Without this charming of reality, people will see life in all its horrible unfairness, fueling their anger and resentment. Winning romantic love in private life, already a matter of luck to begin with, will become an even more high-stakes game, since in a world governed by the caring ethos private life will become love's last bastion, and the only place in which to build a strong attachment. Without romantic love, and with the unfairness and injustice in life laid bare for all to see, people may grow violent. And because groups built around love will continue to decline, people will have fewer groups on which to focus their anger; instead, other unattached individuals will become the focus of anger. The Virginia Tech massacre is just one example.

In the middle of the last century a gulf was fixed — a narrow gulf, but a deep one. Since then that gulf has widened, and the vision we have of that earlier era is increasingly one of a strange and dead antiquity. Even the institutions that live on from that era have changed in spirit, reflecting the new sensibility. It will be hard to reverse this trend, but without a true understanding of how mass loneliness and the caring industry are related, it will be virtually impossible.

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[1] For statistics on loneliness, see Miller McPherson, et al., "Social Isolation in America: Changes in Core Discussion Networks Over Two Decades," *American Sociological Review* 71 (June 2006). For statistics on the prevalence of mental health symptoms, see Tara W. Strine, et al., "Depression and Anxiety in the United States," *Psychiatric Services* 59 (December 2008). For data on antidepressant drug use, which estimates over 10 percent of the U.S. population is on antidepressants, see Mark Olfson and Steven Marcus, "National Patterns in Antidepressant Medical Treatment," *Archives of General Psychiatry* (August 2009); for the prevalence of anti-anxiety drug use (roughly five percent of the population) see Federal Census data from 2003.

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