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"A General Revolt in the Name of the Soul": The Mind-Cure and Psychotherapeutic Movements in America

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Abstract | The incipient therapeutic movements of the late-Victorian and Progressive eras in the US are salient to understanding the ways in which the desire to heal and be healed has at once a subtle and far-reaching influence on how crisis is understood and social transformation is carried out. Historians of late have amply documented how lay, faith, and medical healers of these eras negotiated new forms of selfhood amidst a rapidly changing political and socioeconomic order. Yet the historical portrait remains incomplete insofar as critical examination has not been paid to the "crisis resolution" specific to this re-formation: the optimistic healing narrative that the sociomedical discourse on nervous diseases engendered. Such an investigation into this veritable birth of the therapeutic helps disclose how a dominant set of psychosomatic interpretations and healing modalities could cohere alongside both the evolving structure of monopoly capitalism and the designated roles people assumed within it.

Keywords | nervous diseases, healing, mind cure, psychotherapy, emotion, capitalism, neoliberalism

Presenting a paper on the technique of psychotherapy before the American Neurological Association in 1907, St. Louis neurologist Sidney Schwab made the case for assimilating this experimental practice into his profession's therapeutic repertoire. The case: a 35-year-old divorced woman victimized by an unhappy marriage, locked into a dreary

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"household regime", and suffering from symptoms of fatigue and irritability ("the not uncommon neurasthenia hysteria symptom-complex") as well as acute skin irritations over her ovarian region. Schwab detailed how he attempted to heal her by creating "*de novo* a social life" for her. Being a woman of some literary talent, he devised an admittedly "very artificial" social existence in order to give her a sense of importance, of fulfilling some purpose in life through employment, while ultimately providing her with an "ideal of living apart from the mental and physical sufferings which (she) had been so long accustomed". In this process, Schwab remarked how the small group of people of "robust personality and sane views" impressed upon her a new appreciation for "the tangible business of life", while her verse, published in the *Atlantic*, *Scribner's*, and the *Century*, lessened her "tendency towards self-minimization", and diverted her from dwelling on her neurasthenic symptoms. Completing the process, he attempted to "dissect former erroneous ideas and hopes (in order) to substitute a saner conception and a more definite appreciation of the whole scheme of existence". A year and a half later Schwab observed that, despite lingering symptoms of neurasthenia and hysteria, she acquired "a totally different feeling about herself" and is an "active, busy, and fairly happy and reasonably contented … member of society". Such a success as this, he concluded, meant that the "technique or system of psychotherapeutics must in the long run be made up of the accumulated wisdom of many such experiments" (1907).

Analyzing historical snapshots similar to this one, social and cultural historians have recently documented how lay healers, physicians, and other specialists of the late-Victorian and Progressive eras treated nervous diseases sensibly and, at times, more effectively than previously recognized. At the same time, they have convincingly argued how practitioners developed psychiatric techniques and psychotherapeutic healing principles prior to the introduction of Sigmund Freud's psychoanalytic therapy.[1] The

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[1] Notable examples of this historiography include: Theriot, 2001; Satter, 1999; Caplan, 1998; Gifford, 1996; Lutz, 1991; and Gosling, 1988. Also, similar arguments are advanced in Fuller, 1982 and G.T. Parker's *Mind Cure in New England: From the Civil War to World War I* (1973). Much of this historiography, moreover, revises earlier contributions, such as D. Meyer's *The Positive Thinkers: Religion as Pop Psychology from Mary Baker Eddy to Oral Roberts* (1980); R. Weiss's *The American Myth of Success: From Horatio Alger to Norman Vincent Peale* (1969); J. Lears's *No Place of Grace: Antimodernism and the Transformation of American Culture, 1880-1920* (1981), and "From Salvation to Self-Realization: The Therapeutic Origins of the Consumer Culture, 1880-1930" (1983), which link the self-help literature of the late-Victorian and

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sociomedical discourse of these periods, moreover, attests to the evolving meeting ground between practitioner and patient, one that encapsulated, as historian Beryl Satter recently argued, the enterprise of "fashioning new forms of gendered selfhood to fit a changing political and economic order" (1999: 254; cf. Lutz, 1991). Yet while this historical judgment gives due consideration to the transformative power that middle- and upper-class Americans of these eras exerted in shaping and adapting to large-scale social changes, it remains incomplete insofar as critical attention has not been paid to their preponderant desire to heal and be healed: the optimistic healing narrative that the discourse on nervous diseases engendered; or in other terms, the "crisis resolution" specific to this re-formation.[2] That lay, medical, and religious healers managed to transcend their cultural milieus, in this regard, tends to slight not only how they may have simultaneously precluded alternative ideas or experiential realities which otherwise transcended their own (Bessette, 2012); it also does not fully confront the function of this discourse and narrative within an industrialized, market-dominated society that accumulated wealth and misery in equal measure (Beatty, 2007). For to examine the self-help techniques crafted by naturalistic, faith-based healers up to the psychological

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Progressive eras to the emergence of a therapeutic worldview that provided the middle class with new modes of accommodation to the emerging corporate capitalist system.

[2] A partial exception to the historiography, in this regard, is Philip Cushman's social constructionist/ hermeneuticist approach in *Constructing the Self, Constructing America: A Cultural History of Psychotherapy* (1995) in which he argues that mesmerism emerged as the first healing technology in the US to popularize and deploy a treatment regime that aimed to expand and liberate the self while diverting attention away from the unchecked growth of the industrialized capitalist system. Such a regime, then, unwittingly coincided with the state's expansionist goals and voluntaristic strategy of controlling the middle class, especially women, by appearing to set them free (117-39). As persuasive as much of Cushman's analysis is, though, much of its polemical force owes to the sociological model of development underpinning it, a model which discounts the emphasis Freudian clinical theory and Victorian-era psychologies placed upon the apparatus of internal, intrapsychic processes, as a "local truth of a specific set of people at a specific moment in history" (204), at best, and an implement of control and depoliticization (157-8), at worst. He in turn tends to eliminate the psyche as such (by stressing adaptive behavior—unconscious mental functioning—while minimizing the formation of internal processes—the role of unconscious mental structures and primitive impulses) subsuming it and the self under a particular historical construct, a "cultural frame of reference" (133). The weakness of this model, then, (and the weakness of intersubjective—relational—psychoanalytical theory, in general) is its tendency to stress the self's immanent plasticity and reflexivity by delimiting the scope of its interactions and experiential realities to the play of conscious, objective forces. This creates an asymmetry in Cushman's analysis in that it does not adequately elucidate the genetic moment through which a powerful frame of reference resonates and takes hold in the first place. For a comparative review of psychoanalytic theories since Freud, see Kernberg, 2004: 1-59.

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dissection and behavioral modification that medical men like Schwab deployed is to interrogate how, as Foucault identified, individualization techniques and totalization procedures took root in daily life and imposed a "law of truth" on the individual by marking "him by his own individuality, (by) attach(ing) him to his own identity" (1982: 781). Such an investigation into this veritable birth of the therapeutic helps disclose how a dominant set of psychosomatic interpretations and treatments could cohere alongside the evolving structure of monopoly capitalism and the designated roles people assumed within it.

The Harmony of Retreat: The Mind-Cure Movement

The milieu of postbellum industrialization in which nervous diseases (or "neurasthenia," as New York neurologist George M. Beard labeled it) entered the lexicon was one in which groups of alternative lay and faith healers sought to break free from the grips of a materialistically-dominated society and an interventionist medical orthodoxy. Predominated by "(e)xternalism, artificiality, egoism and materialism", as the socialist and ardent advocate of Christian Science B.O. Flower observed, American society had rapidly fallen under a spell-like enchantment that ineluctably courted "spiritual death" (1910: 46-47, 56). Writing in 1869, Mary Baker Eddy, the founder of Christian Science, voiced this same sentiment: "To legally abolish slavery in the United States was good, but its abolition in the human mind is a more difficult task.… We still have men and women of all races in bondage, ignorant of how to obtain their freedom" (1889: 68). This critique by one of the most prominent mental healers to emerge in the late nineteenth century captures the crusade-like opposition to illness and iatrogenic injury that a number of middle- and upper-middle-class Americans evinced. Whether it was the mesmerist psychologies initiated by P.P. Quimby, Eddy's Christian Science, Warren Felt Evans's practical mysticism, or the emotional abundance therapies of the New Thought movement which ascended in the 1890s, mental healers rejected in varying degrees the dominance of material over spiritual thought, and what they saw as the objectification of the individual by orthodox medicine (Caplan, 1998; Teahan, 1979). To mind curists (as pragmatic philosopher William James dubbed them) and other alternative healing persuasions such as osteopathy, homeopathy, naturopathy, and eclecticism, allopathic

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medicine's reflexive reliance on drugs and its frequent recourse to surgery, especially since the introduction of anaesthesia in the 1840s, fostered a dependency in the mind of the sick upon artificial support and materialistic ways of thinking (Pernick, 1985; Whorton, 2002).

In part, mind cure's emphasis on the spiritual resources of the individual protested against the rationalistic turn allopathic medicine took in the 1860s, and the latter's technological approach to disease and suffering, which reduced individual illnesses to simple malfunctions rectifiable through medical intervention (Warner, 1986; Figlio, 1977). As this often meant tying an illness like neurasthenia back to some specific physiological disorder, especially in the case of women who could not claim "overwork" as a reason for their sickness, it all too often sanctioned gynecological or urinary surgery in response. In this way, scientific medicine had come to resemble the same depersonalized, intrusive, physical force that epitomized the social Darwinian "struggle for existence" (Gosling and Ray, 1986). Considered alongside the fact that the most prominent feature of the mind-cure movement was the "ubiquity of women", as historian Donald Meyer pointed out, the emphasis on metaphysical or spiritual self-healing reflected the desire of middle- and upper-middle-class women to retain their selfhood from this aggressive, male-dominated practice of medicine (1980: 46).

But while mind curists shared essentially the same impulse of other feminist reformers like Jane Addams and Charlotte Perkins Gilman in wanting to break free from ossifying conventions, they charted a much different ideological course than the latter in the face of nervous illnesses. If feminists championed women's entry into the world of commerce as the solution to their neurasthenia, mind cure presented nervously-ill women with a way of turning their weakness and passivity into a strength, with a project, as Meyer argued, "that did not require them to wrestle with the world" (1980: 59). Hence instead of devoting oneself to charity or social work, or attempting to enter the masculine sphere of work, "(t)he project of getting well could be pursued entirely within oneself" (Meyer, 1980: 59). Additionally, against the distressing feeling of being subject to impersonal economic forces, mind cure insisted that the mind had its own order (God is mind) and thus held out to women a realm in which they might feel that life was under their control. As one of its most popular proponents Ralph Waldo Trine maintained,

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"instead of being an embodiment of weakness and a creature of circumstances, you will find yourself a tower of strength and a master of circumstances" (1897: 147).

Alongside this optimistic faith in the empowering potential of metaphysical healing, mind curists saw modern civilization as responsible for the incidence of nervous illness. While the popular neurologist, electrotherapist, and Spencerian evolutionist George M. Beard saw a lack of adaptation at root, mind curists conversely saw a recession from nature as responsible. The growth of "Artificialism", according to Henry Wood (1893: 27), caused people to "become hyper-sensitive to discord and morbidity. Insanity, insomnia, and nervous degeneration are increasingly prevalent", he argued, "and even the physical senses more than ever before require artificial aids and props". In his conclusion, the problem boiled down to dependence "upon the Without rather than the Within". From this understanding, the consensus among mind curists was that only spiritual or "psychical remedies", as Evans (1884) asserted, could remove what was essentially a spiritual disturbance. But instead of placing their trust in scientific medicine or evolutionary adaptation, mind cure held that the individual must redress the imbalance within, and once again return mind, the spirit, to its sovereignty over matter (Eddy, 1889). The harmonizing of the individual with society would follow then as the nervously-ill soul retired inward and retreated to "a higher plane of activity" (Evans, 1884), or rejected the sense-bound mortal mind for the omnipotent "Divine Mind" (Eddy, 1889). Echoing the evolutionary optimism of Beard, Wood declared that while the "weak negative condition of the individual and the race cannot be overcome at once", the "high time" had arrived "for a general movement to conquer. Soul must rise superior to environment, dominate body, and free itself from degrading and long-continued servitude" (Wood, 1893: 85-86; cf. Wood, 1908: 96-101, 286-87).

But the paradox of mind-cure's vision of an empowered life free of nervous suffering through spiritual progress was that it called upon middle- and upper-middle-class Americans, especially women, to exercise more self-control on top of the demands civilized culture already imposed upon them. At one end, mind curists rejected the ecclesiasticism of their orthodox forbearers and the way, according to Horatio Dresser, the historian of New Thought, "it dwelt on sin, emphasized the darkness and misery of the world, the distress and the suffering" (1919: 161-66). Ruminating on the harm done by generations of Calvinist hell-fire and damnation preaching, Wood averred how only

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"boundless divine love, exuberance, and vitality, constantly poured in, even though unconsciously to us, could in some degree neutralize such an ocean of morbidity" (1893: 54-55; cf. Cady, 1919: 25-26). Thus as opposed to the "undeniably pessimistic" orientation of the "old thought", the "new dwelt on life and light", and thereby pointed "the way to the mastery of all sorrow and suffering" (Dresser, 1919). Yet to achieve this "evolutionary idealism", this vision of an affliction-free life, mind cure did not call for a relaxation of conscious restraints, but rather for a new exigency to purge the mind of all disease-producing thoughts so that disease could not "enter and gain a foothold" (Dresser, 1908; Eddy, 1889: 30). The ego must avoid roaming, according to Wood, in the dank and murky atmosphere of "sensuous consciousness" or else "a host of negative phantoms, shadows, and specters take on veritable reality and overwhelming power" (1893, 1908). Additionally, only by achieving a "passive and receptive" state of mind, barring "the door of thought against the external world", and concentrating on an ideal suggestion, wholly giving "YOURSELF UP TO IT, until it fills and overflows the entire consciousness", he stressed, could the individual actualize her ideals of well-being. With Charles Fillmore's contribution, the regimentation of both body and mind became more explicit as he held that his healing suggestions ought to be "applied as one applies mathematical rules ... for mental discipline" (1917: 3). In this regard, the contagion of introspection and morbid thoughts that the influential nerve specialist S. Weir Mitchell sought to cordon neurasthenic-prone women off from with his "rest cure", mind curists transmuted into the loftiness of a spiritual precept (1885). And as such, their preponderant and fecund desire to heal repaired the permeable, "leaky" self (Bordogna, 2008: 13-201) only to end up reconciling it more firmly with society's immanent, strife-torn plane of activity (Trachtenberg, 1982: 70-100).

Thus while either barring the door to "morbidity" and the subconscious, or denying the latter's existence altogether in the case of Christian Science, mind cure eschewed a deeper interrogation of functional illness. By localizing the source of illness entirely within the interior life, the individual psyche, and relegating matter to secondary status, mind curists effectively dissolved the burdensome cultural framework of late-Victorian society. In this way, the nervously ill had to look no further than themselves to find the source of "inharmony". Mind being "the governing element, the controlling principle" of man's inner life, according to Evans in his amalgamation of German

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idealism, American Transcendentalism, and mesmerism, such a disease was simply "an abnormal mental condition … a *wrong belief*"; "change that belief, and we cure the disease" (1873: 210, orig. italics, here and below; Teahan, 1979). In explaining how such an abnormality developed, mind curists argued that the ill stood in violation of divine law. "*As long as there is the violation of law*", Trine reasoned, "*so long disease and suffering will result*" (1897: 59-60). Elaborating upon this argument, he found that all frictions, uncertainties, sufferings, fears, "come to us because we are out of harmony with the divine order of things…. Rowing against the tide is hard and uncertain" (1897: 217-18).   On the other hand, the person who goes with the tide takes "advantage of a great natural force (that) is safe and easy". In the end, he says, "body, soul, and mind become perfectly harmonized, and when this is so, life becomes full and complete".

Yet as mind curists made clear, this divine, harmonious state of being was predicated upon unswerving obedience to the secular order of things. As Charles Fillmore declared, "(i)t is not for us to quarrel with the conditions of the world, nor take upon ourselves the burden of righting them"; instead, there "is a state of consciousness, which can be and is being attained by men, where all things are provided to fulfill the desires of the regenerated souls" (1917: 238-39). In this light, fundamental to mind cure's strategy for overcoming nervous illness was the self's subjective acceptance of the prevailing moral order, its laissez-faire attitude toward the status quo (Wood, 1903, 1908; Meyer, 1980). Spurning all thought and activity that might upset the affliction-free balance within the self, mind curists preached a conformist re-formation in the name of health. "Think no evil", Wood counseled, "and have eyes only for the good. Optimism is of God, and it stimulates and attracts its possessor along the upward road towards the ideal and the perfect" (1908: 272). In contrast, pessimism, or "being *against* something", "creates and multiplies unwholesome conditions, and galvanizes them into apparent life" (Wood, 1893: 58). Trine, in turn, made Wood's implicit conflation of divine order and secular order explicit. According to him, since "God or Infinite Being" worked through the "great systems of law", it followed that to "know these laws, and to live, to work in harmony with them brings peace and harmony". Obversely, to willfully "violate them brings inharmony and struggle and suffering" (1910: 270-71). That Dresser, on this note, saw ill-health as indicative of "undue emotion or ecstasy", and pessimism as a pathology of "physical excess or disorder" meant that all matters of

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personal and social contentedness logically devolved upon mental science's impending progress: "For when a cure for depression is found, a way of escape from pain and sorrow, misery and calamity, in so far as these imprison, why should one any longer view life pessimistically?" (1902: 51-55). Thus as they dissolved, in their undivided focus on the nervously-ill's mind state, the repressive interdictions of late-Victorian culture, mind curists abjured that which threatened to enmesh regenerated souls in either conflicting loyalties or "entangling alliances", and divert them from union with "the ideal and the perfect", politics (Wood, 1908: 108; Meyer, 1980).

Out of this happy conformism, then, mind curists helped engender a new therapeutic valuation of selfhood in which endless personal conquests over disease led to an "endless development of health and happiness" (Wilmans, 1900: 242). Here as individuals cultivated the power of positive thought, they secured, according to Helen Wilmans in *The Conquest of Death*, "the growth of fresh powers ... (that) add to our ability to conquer every obstacle in the way of the actualization of the ideal"—the "power to live ... in constantly replenished youth, vigor and beauty" (1900: 246, 287; cf. Tuttle, 1907; Marden, 1909). Thus from their initial coupling of self-control with spiritual vitality, to their buoyant equations of both desire with prosperity, and renewed health with divine revelation, the movement did not so much undergo a shift (by the early twentieth century) towards a narrower concern with positive thinking and self-realization, as much as its subservience of sacral authority to temporal being began to come into sharper relief (Royce, 1909).[3] As such, the source transcendent to social order, that which renders judgment and reordering of it possible, became more and more indiscernible (Rieff, 1990).[4] In this manner, though, mind curists sought to realize the

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[3] On this point, I disagree with the respective contentions of historians Robert Fuller and Beryl Satter concerning the movement's discursive shift by the early twentieth century, viz. that New Thoughtists departed from the attainment of health via the denial of desire to the attainment of prosperity via the expression of it (Fuller, 1982: 137-162; Satter, 1999: 14). While the literature certainly supports Fuller's claim that it provided "a convenient ideological shelter to many who were all too willing to be anesthetized to the burdensome demands life kept making on them" (178), it does not, however, mark a departure from the overall tenor and trajectory of the movement. For the template of achieving renewed health by screening out the larger social world remained at the forefront.

[4] As Jacques Ellul (1975, 212-13) perspicuously argued: "When God enters the picture he destroys man's sacred.... It is forgotten that in (the) word of God there is attestation of man's sin, of the rupture between man and God, of man's situation within evil. To void that, to reduce it is, on the one hand, to render the remainder of the revelation completely meaningless, and on the other hand, it is to prevent oneself any longer from seeing modern man's sacralizing, for this man

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same socioevolutionary goal that more orthodox practitioners like Beard and Weir Mitchell did by envisioning "permanent paths of progress" within the individual while evading the challenges and anxieties of individuality (Wilmans, 1900: 206, 266-68).

In historical perspective, then, what mind-cure's existential, "crisis resolution" strategy reveals is how it did not so much seek to overcome, or come to terms with, nervous illness through a deeper, spiritual reckoning, as much as it sought to evade it altogether. Like the prominent physicians opposite to them, mind curists shored up the demands of a dominant culture whose transcendent framework of meaning was weakening while, like their feminist contemporaries, evincing a similar incapacity to blaze a path beyond the boundaries of the prevailing order. In their simple hermeneutics, the rusty, burdensome shackles of Calvinist "morbidity" were in large part responsible for the incidence of nervous illnesses among their class. As such, mind curists embraced a revolution that was entirely internal; "w*rong belief*", they assured their fellow bourgeoisie, was the only thing preventing them from enjoying the material bounties of civilization's progress and attaining mystical wholeness with the world. Likewise, by equating strength with dependency, and health with passivity, they not only reinforced the ideology of domesticity; they did so "at the price", as Meyer argued, "of withdrawal from consciousness, self and impulse" (1980: 122).

But perhaps the most significant repercussion of mind-cure's worldview was its devaluation of the subjective experience of nervous illness as no more than an abnormal, existential deviation from the objective, unbroken progress of civilization. By combining dogmatic optimism (the "immediate projection" of a wish for greater harmony) with a means of "denying non-wishful reality" (Meyer, 1980: 81, 123-24), mind cure not only offered its middle- and upper-middle-class patrons an escape from the anxieties of individuality; it allowed them to artificially preserve the identity between divine order and social order, on the one hand, and individual and society, on the other (Dresser, 1903). Christened as "the psychology of success", according to Dresser, its melding with the performance ethos of the emerging managerial capitalist elite reveals how all disjunctures between these two poles faded into immateriality before the "constructive

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creates a sacred for himself and finds himself a religion only in order to counter the prior situation. To deny that situation is to accept, without seeing it, the religion created by man in an uncritical manner. Any critique could be applied only to outmoded and dead religions of the past, which man has abandoned because they no longer do him any good".

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attitude", the "attitude habitually making for health, freedom, prosperity" (1919: 162, 325-26; Weiss, 1969). And as medical and faith-based healers armed with greater psychological insight into the relationship between mind and body confronted cities wracked by pathologies of social disorganization (Starr, 1982), and the sight of various walks of life "scorched", as novelist Robert Herrick wrote, by "the heat of living", this attitude had all the markings of a cure (1908: 11).

Inoculating the Soul: The Psychotherapeutic Movement

"If the nineteenth century was materialistic and critical", the Rev. Dr. Elwood Worcester proclaimed in 1908, "the first half of the twentieth century promises to be mystical and spiritual. Already we are conscious of a general revolt in the name of the soul" (1908: 8). As the founder of the pastoral-based, psychotherapeutic Emmanuel Movement of Boston in 1905, Worcester's transcendentalist sentiment reflected the resonance that the burgeoning mind-cure movement had among liberal Protestants in the East (Haller, 1981). Trained in psychology in Germany under Gustav Theodor Fechner and Wilhelm Wundt, and retaining close ties to both the influential nerve specialist Weir Mitchell in Philadelphia and the internist Richard Cabot of Massachusetts General Hospital, Worcester's Movement blended liberal Christianity, psychological theory on the powers of the subliminal self, and the latest in medical psychotherapy. Together with his pastoral associate, Samuel McComb, and his medical colleagues, Isador Coriat, M.D. and Joseph H. Pratt, M.D., the Emmanuel Movement sought to respond to the growing skepticism among all classes toward the practices of orthodox medicine, while also fulfilling a physical healing function long neglected by the church (Hale, 1971; Baker, 1909; Powell, 1909).

As the movement captured the attention of other physicians, it spread to other cities across the country. On the one hand, such a rapprochement between religious and medical professionals reflected the growing disillusionment over the "somatic style" (which most orthodox practitioners, nerve specialists, and neurologists adhered to) for its failure to provide conclusive knowledge of the brain and nervous system, and with it, the scientific control of disease (Putnam, 1909; Caplan, 1998; Hale, 1971). Other contributing developments came from the renewed appreciation for the body's own healing potential through osteopathic medicine (Whorton, 2002); the holistic

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"physiological principle" as emphasized by neurologist James Putnam (1904); the psychobiological studies of Adolf Meyer (1911); and the emphasis on the roles that emotions and ideas had on the body by the American physiologist Walter B. Cannon (Hale, 1971). All contributed to a more unified conception of body and mind. With its emphasis on the spiritual component of well-being, the Emmanuel Movement came to embody this new unitary principle, where not only the whole brain, or the whole nervous system, but the "whole man", it declared, should be the concern of the physician (Powell, 1909; Hale, 1971).

But while Worcester and his colleagues helped advance this new psychosomatic approach to nervous illness, they also reaffirmed the underlying assumptions of the neurasthenic discourse that the Spencerian George M. Beard delineated almost thirty years earlier (1908: 133-49). In a lengthy reprisal of Beard's arguments in *American Nervousness* (1881), Worcester noted how nervousness had increased and spread throughout society due to environmental causes: the exacting demands of a profit-driven society and modern life's dizzying array of interests. The incidence of early deaths and suicides of "our ablest men"; an increase in both nervousness and insanity; diminishing offspring of the "cultured classes"; and the general recourse to alcohol and narcotics, revealed to him "a limit set to the dissipation of man's energies". Also, echoing the criticism of capitalist industries that prominent social gospellers such as Walter Rauschenbusch and Washington Gladden voiced, Worcester found that these "mighty servants … have ended by enslaving their masters" by introducing "an element of haste and … feverish unrest into human life which amounts to a disease". Additionally, the more noteworthy aspects of this critique was not only how Worcester and McComb blamed the social structure for the rise in "temporary and irresponsible unions" among all classes; but how they also condemned the prevailing hypocrisy of the nation's "civilized" sexual morality (which most neurologists at the time defended) for forcing men, and especially women, to lead nervously-damaging double lives (Hale, 1971).[5] At

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[5] Freud first termed the stringent sexual code that prevailed in America and Europe in the late nineteenth century in his 1908 essay entitled "'Civilized' Sexual Morality and Modern Nervousness". "The American version", as historian Nathan Hale explained, "not only confined sexual intercourse within monogamous marriage, but sought to assure purity of thought as well as behavior, partly through reticence about all sexuality, partly through a relatively asexual stereotype of woman". The scholarship that has partly modified this stereotype: C. Degler's "What Ought to Be and What Was: Women's Sexuality in the Nineteenth Century" (1974) and *At*

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bottom, nervous capital to them was a scarce resource, and such a disease, they maintained, depleted "our forces faster than those forces are generated". Yet unlike Beard, Worcester and his colleagues did not see greater adaptation evolving out of greater specialization, contending that civilization's end was on the horizon "(u)nless we (Americans) find some better means … to calm and simplify our lives".

Although Worcester's appeal to simplicity seemingly departed from the main tenet of the socioevolutionist-entrenched neurasthenic discourse, the rustic "Simple Life" was no more viable an option to him than it was for Beard or other influential physicians such as Weir Mitchell or Mary Putnam Jacobi (1908: 145; Sicherman, 1976). Firmly wedded to society's material progress, he found that a back-to-nature alternative, a return to "an effective milk and water existence", inconceivable. On the other hand, Worcester saw the more realistic alternative, viz. a general reduction of "the nervous tension in which we are living", ruled out by the ambitious mugwump politician Theodore Roosevelt and his "loud roar for the Strenuous Life" (1908: 133, 145). Since the onset of imperial expansionism in the late 1890s and the defeat of the anti-imperialist movement to prevent annexation of the Philippines, Worcester stood apart from those intellectuals who shared Roosevelt's vision of imperial warfare as the remedy for civilization's ills. Whereas the latter imagined, as historian Jackson Lears recently argued, "that 'a great war' might not only lance the boil of overcivilization but also banish the specter of neurasthenia—restoring energy to a leadership class grown nerveless and flaccid" (2009: 206)—Worcester and his kind did not see the efficacy in this. In the latter's eyes, this ethos of strenuous expansionism, with its emphasis on "the life of toil and effort, of labor and strife" (Roosevelt, 1910: 3) only contributed to "nervous tension". Instead, as Worcester and company maintained, the progress in psychological knowledge

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Odds (1980); E. Rothman's *Hands and Hearts*, (1984); P. Gay's *The Bourgeois Experience Vol. 1, Education of the Senses* (1985); N.S. Landale and A.M. Guest's "Ideology and Sexuality among Victorian Women" (1986); R.P. Maines's *The Technology of Orgasm: "Hysteria," the Vibrator, and Women's Sexual Satisfaction* (1998); and G. Prochnik's *Putnam Camp: Sigmund Freud, James Jackson Putnam, and the Purpose of American Psychology* (2006). In light of this scholarship, Hale maintains that it has challenged neither "the nature of the code's prohibitions, (nor) the contention that its internalization could have structured" the symptoms of American psychoanalysts' first patients (Hale, 1995: 4). Additionally, the increase in candor over sexual matters, historian John Demos pointed out, was not so much a rejection of this code as it was an endorsement of it "in the service of ever-greater 'purity'; except for a tiny minority of cultural radicals, American progressives reaffirmed the central core of traditional mores" (Demos, 1997: 65).

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and practice delineated the path to be taken: "an increase of moral and nervous energy to meet life's demands" (1908: 145). Thus far from questioning the assumptions Beard's evolutionary optimism was grounded upon, Worcester's Emmanuel Movement poised itself to become those "redeeming forces" that he envisioned, extending to all classes what the former held out to the "brain-working" elite, viz. greater adaptation to modern life (Beard, 1881: vi, 304-05; Powell, 1909; Gifford, 1996).

At one pole, Worcester's program, as a counter-response to Roosevelt's strenuous life, reaffirmed the prudent logic of Gilded Age physicians (1908: 153-59). Writing with the overworked businessman in mind, Worcester advised him to introduce variety into his life by varying "work with play which really amuses him", or by substituting "muscular exercise" for "mental toil". Rather than a change of occupation, he advised him to take up "a real secondary interest in life which keeps the heart young" by returning "to nature and the soil," and cultivating "a renewed love of out-of-door life and sport". Similarly, just as Mitchell and most physicians at this time argued that women's "biology" made them weaker than men and disposed them to nervous disorders, Worcester and his colleagues concurred. Married women and married women teachers "are among those most benefited by rest and change", they argued, with the additional stipulation that "reorganization of home life is frequently necessary". Likewise, where Mitchell recommended "abundant fresh air and exercise" for young college women, they commended the focus on athletics in colleges, and the overall "physical activity and prowess of our young women" (1887: 48). Thus aside from counseling nervous sufferers to incorporate prayer into their daily lives, their escape route from "the flood of nervous disorders" deviated little from Mitchell's gender-oriented, prophylactic prescriptions (Worcester and McComb, 1909: 73).

But at the other pole, and in the reform-of-the-intimate spirit of the mind curists, Worcester's movement looked to effect a transformation within the individual's psyche in order to overcome nervous illnesses. In this regard, Worcester and McComb were not unlike other fin de siècle American social reformers and theorists who either sought to convert the discovery of a buried layer of the psyche into programs for social change (Lasch, 1965; Lears, 1981) or, in the case of psychology professor G. Stanley Hall's advocacy of a healthy "savage" boyhood, avoid the enervating effects of civilization (Bederman, 1995). As Hale explains, both Worcester and McComb saw the subconscious

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as (among other things) "the locus of emotion and of will, … the source of man's reserve energies" (1971: 241). From this perspective, Worcester was also far more sanguine about the subconscious than either the French medical psychologist Pierre Janet (Furst, 2008), or the Viennese psychiatrist Sigmund Freud, claiming that it was both "purer and more sensitive to good and evil than our conscious mind" (1908: 42; cf. 1909: 114-18).[6] And similar to William James and the psychopathologist Boris Sidis, who maintained that reserve energies resided within the subconscious, Worcester, McComb, and their acolytes held that the healing powers of it could be realized upon lifting repressions and breaking oneself free from stultifying routines (James, 1967; Sidis, 1910; Boyd, 1914). "For the first time in the history of thought", Worcester reflected, "science is able to place in our hands a key which opens many a door in the house of the soul, and all who aim at dealing intelligently and profitably with human beings ought to be in possession of this key and to know what doors it will open and what doors as yet remain closed to it" (1932: xvi-vii).

Upon opening these doors, Worcester, his colleagues, and other psychotherapeutists discovered that the array of sociocultural pressures and harmful environmental factors besieging modern-day men and women had metastasized into a "disease of the subconscious" itself (1909: 199; cf. Dubois, 1908). In their interpretation, "the effects of over-exertion" led to a dissociation of consciousness, and the person suffering from neurasthenic symptoms attested to how she had lost the "function of the real", the sense of being a part of the world (1908: 216, 287-88). In this line of thought, Worcester and company appropriated the work of Janet, whose reformulation of neurasthenia—"psychasthenia"—was characterized by precisely this loss of the real (*la perte du réel*), as well as nervous exhaustion and a "sense of incompleteness" (1908: 442-43; Shamdasani, 2001). Likewise, they agreed with both Janet and Paul Dubois, the influential Swiss neuropathologist, on the need for "moral treatment": treatment that reeducated the self to the function of the real, while also raising the person's mental level

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[6] As Hale clarified, "(t)he unconscious of Worcester and McComb was derived not from Freud, but from Von Hartmann, Schopenhauer, and American traditions of mental healing and Transcendentalism…. Its roots were the Infinite, it was closer to the Universal Spirit". In other words, where Freud's theory of the unconscious denoted limits to which the repressed contents below consciousness could be excavated and utilized, Worcester and McComb's subconscious was "uncanny: it healed; it remembered everything, it solved problems; it could impart glorious, undreamed-of resources" (1971: 241). On the contrast between the nineteenth century psycho-philosophical theory of the unconscious and the Freudian, see Rieff, 1959: 34-37.

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(1908: 56-57). As Coriat explained, a "state of healthy-mindedness" could only be secured by such "a reassociation, a synthesis of this split consciousness" (1908: 217). The ethicality of this procedure, moreover, derived from the selfsame source, for the mind, as Boston neurologist Morton Prince maintained, had evolved an innate capacity to recognize moral principles as "desirable"; ergo, reharmonizing the psychobiological system with the social system entailed a straightforward "educational process" accomplished by simply substituting "healthy mental states … for unhealthy ones" (1885: 161; 1975: 109-12). Yet what is curious about this goal that psychotherapeutists aimed for is not so much that they viewed neurasthenic or psychasthenic symptoms as deviations from the main stream of conscious activity; but rather that they had so few qualms about adjusting the psyche to the reality that purportedly caused the disturbance in the first place.

As this therapeutic objective suggests, the psychotherapeutic movement's idealistic conception of the subconscious circumscribed nervous illnesses within a decidedly spiritualized framework. Reflecting the growing consensus among therapeutists at this time, the authors of *Religion and Medicine* averred that hypnosis and "constant suggestions … can remold the plastic nervous system" and train the will, "for the (latter) is nothing but a selective action or reaction to certain ideas" (1908: 245, 249-51).[7] Accordingly, they saw the properly reeducated psyche as one in which the "morbid emotional complex" gave way to "a feeling of pleasure and energy in all the acts and reactions of every-day life" (1908: 252-53). Within this therapeutic matrix, the material foundations of the patient's suffering faded into the background as the avenues to renewed health could be purportedly reached by internalizing ideal values and reasserting conscious control over one's thoughts and actions. Indeed, the type of "mental education" tendered by James Jackson Putnam, Harvard professor of neuropathology and practicing neurologist, exemplified a posture tone deaf to clinical data stirring with intonations of formidable social structures grown callous to human striving (1898). For while describing how "the paralyzing sense of ineffectiveness and anticipation of failure (often quenched) fine impulses almost before they are born", Putnam called upon his fellow therapeutists to redouble their dosages of character

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[7] Cf. Mason, 1896: 451-452; Sidis, 1898: 79, 227; Prince, 1975: 109-112; Church and Peterson, 1903: 572-573; Barker, 1906: 724; Dubois, 1908: 35-46; Patrick and Mix, 1908: 36-38.

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building to ensure successful outcomes (1898: 565-66). Besides learning how to accept limitations and economize energy "on a basis of cheerfulness and wide interests", the neurasthenic, he stressed, "must have high hygienic and ethical ideals, and must live by them. If he does not, he will fail" (1898: 584).

Consistent with this orientation, other therapeutists counseled that victims of fear and worry needed only to amass "a good store of valuable and permanent interests", to coordinate their powers, and concentrate them "on some worthy end", such as religion, "the most powerful antidote to worry", to discover the road to renewal (Hopkins, 1909: 91). In the facile prescriptions proffered by the Episcopal Bishop Samuel Fallows, an enthusiastic supporter of the Emmanuel Church, as well as a leading light of the movement in Chicago, personal good health and an "optimistic view of life" went hand in hand (1908: 83). Reasoning how our own "intrinsic goodness is the measure of our force", Fallows preached to victims of nervous prostration that "the extent of our (self-) control determines our goodness" (1908: 86, 163-64). Thus by assiduously cultivating "happy suggestions", he exclaimed, "(w)e can be masters of circumstances by goodness". Yet that the goal pivoted upon, in Prince's words, "stimulating healthy reactions in the body", so as to engender those "new points of view … that go with success and a roseate view of a new life" (1975: 129-30, 135) reveals how psychosomatic experts effected, in essence, a false reconciliation; not, that is, by rekindling any latent moral agency in the mind, but rather by, as Theodor Adorno later noted, transforming "extra-social" attributes of the individualistic socialization process into natural attributes of the individual (1967: 76). And considered alongside their identification of selfishness—"unhealthy perverted reactions" (Prince, 1975: 130)—as the first link in the pathogenic chain leading to nervous afflictions only underscores how the idealistic gaze of the psychotherapeutist held symptoms of societal repression in a state of operative suspension, in illness no less than in health (1908: 351; McComb, 1910).

While this psycho-moralistic understanding of nervous illnesses and proper health underwrote the methods of hypnosis, suggestion, and reeducation deployed by psychotherapeutists, it also led them to advocate work and social work as remedial agents. Whether it was the self-centered, hard-drinking factory laborer, the idle, upper-middle-class woman, or the nerve-shattered artist, Worcester reasoned that, outside of the Emmanuel clinic, they required additional "help in the ordinary exigencies of their

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daily lives; … to be reminded frequently of their good resolutions". "So", he says, "I found a place for the social worker" (1909: 28). Touting the latter's task as an "unselfish effort to improve the conditions of human life", Worcester believed that such a presence in the home of a neurasthenic would, in many cases, prevent "total disintegration of the family and social relationship" (1909: 128-29). Thus while setting much store in Christianity's great "spiritual potencies" and their own ability to "direct the energies of the individual into channels of health and freedom", it fell to the movement's joint-interventionist efforts to carry out this transformation (1909: 60-61). While Worcester's task force channeled middle- and upper-middle-class-women to philanthropic and charitable organizations, it directed its working-class and professional patrons to "daily programmes of work" more suitable to their weakened constitutions (1909; McComb, 1910a, 1910b). Explaining this therapeutic scaffolding, Worcester exclaimed that the "(o)ne sovereign remedy" for the disease of "morbid self-reflection … is work" (1909: 65-66). Here again, as the psychotherapeutist's affirmative stance absorbed his sociological critique, the barriers to functional autonomy and a vibrant mutualistic ethic (Montgomery, 1979) in capitalist-managed industries dissipated with it; work, that is, became the "great tonic", thanks to its capacity to restore "the sufferer to the function of the real" (Fallows, 1909: 82; Worcester and McComb, 1909).

Yet as the Emmanuel Movement recruited greater expert guidance in the healing process, psychiatry began advancing a similar brand of moral medicine. An energetic champion of the movement's philosophy of treating the "whole man", internist Richard Cabot saw in nervous illnesses an ever expanding role for psychiatrically-trained social workers (1908a; Baker, 1909).[8] Psychotherapy, like religion, required getting "*into* people", taking "account of every element of a man's life … of all that concerns him vitally" (Cabot, 1908a: 7-8). In this task, Cabot conceived the helping expert as the moral vaccine strengthening the nervously ill's resistance against whatever discouragement, anxiety, and depression they met (1908b, 1909a). The properly-

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[8] The following points do not take up the eventual disavowals of the Emmanuel Movement by Cabot or Putnam. Nor, for that matter, do they broach the larger wave of opposition that medical, psychological, and clerical circles levied against it which eventually forced Worcester into private practice by 1912. For detailed analyses (and differing interpretations) of these controversies, see Caplan, 1998: 131-46, and Gifford, 1996: 73-98. Suffice it to note here that, despite both this public divestment campaign and the appropriation of psychoanalysis, the dynamic psychiatry movement which ensued was marked more by its continuity with, not its departure from, mind cure and the Emmanuel Movement (Bessette, 2012: 35-49).

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cultivated, "wide-awake human being" accordingly learned to exorcise the "disease" of "day-dreaming of impractical ideals"—the "morbid separation of the thought from action, of soul from body" (Cabot, 1908c: 24). Maintaining that nothing less than constant motion, change, and action sustained "balance" and preserved health against "such a self-corrosive process", Cabot adamantly rejected the "lame and impotent solution" of the "rest cure" for the "work cure" (1909b: 31-33). Besides being "a waste of time and money", and paying insufficient attention to the psychological causes of illness, the former failed to reform the habits of the ill, to teach him "*how* to work—a lesson which he usually needs very sorely" (Cabot, 1909c: 24, 29; 1909d: 22, 24). Taking the fully-regimented worker in all his one dimensionality as the embodiment of health, Cabot's holistic treatment boiled down to heeding the prosaic wisdom of machine-like performance and practicing the virtues of repetition and routine (1908c; White, 1911). That the healed subject might merely have become the sum of his own functions, and a fragile sum at that, rather than a unitary self was a non-issue, for what glossed over the difference between an orientation that sought to take account of the subject's "whole" life, and one that attempted to comprehend his "real division … into separated functions" was the healing narrative itself (Adorno, 1973: 67).

Thus, as the rest cure continued to fall out of favor beside this new appreciation for the therapeutic value of work, the psychotherapeutic movement began subscribing to the rationale efficiency experts advanced to validate the nascent managerial capitalist mode of labor. In the last decades of the nineteenth century, Frederick Winslow Taylor initiated the attempt to systematically apply the methods of science to the problems of expanding capitalist enterprises with scientific management. A key aspect of this venture, as Marxist sociologist Harry Braverman noted, was how it bypassed the antagonism that existed between resistant workers and exigent capitalists by investigating "not labor in general, but the adaptation of labor to the needs of capital" (1974: 86). By the first years of the twentieth century, the ruling class's attempts to revitalize itself and revamp its cultural hegemony by embracing, as Lears said, "a managerial ethos of continuous 'peak performance'" (2005: 182, 200) coincided with Taylor's zealous aim of granting management monopolistic control over "*each step of the labor process and its mode of execution*" (Braverman, 1974: 119). Significant to this strategic coup, then, was how Taylor claimed that his markedly higher standards of

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output not only proceeded from the unimpeachable authority of science (Lears, 2005); they also improved the labor process by setting it at "a pace under which men became happier and thrive" (1911: 25).

At this same juncture, psychotherapeutic wisdom concerning nervous illnesses and the labor process converged with that of other popular self-help authors by raising this performance ethic to the level of a spiritual—and incontrovertible—precept. Analogizing how the modern industrial worker was much like a "bent axle" or "a leaky oil tank", Worcester and McComb argued that he "goes to pieces or breaks down not from overuse, but from wrong use" (1909; 1910b: 264). Abstracting from the actual conditions of the industrialized work routine, they maintained that the key to refreshing work now lied entirely within the worker himself: the tolls of "waste and friction" could be eliminated once he mastered his own emotions, guilt, and desires (1909: 68-70). Other self-help therapy tracts reinforced this type of psychological reductionism by insisting that "selfish spiritual tension" led to "misused energy" (Call, 1907: 1-2, 8), impeded industrial efficiency and, consequently, prevented one from "living with inspiration and power" (Gulick, 1913: 18). In Horatio Dresser's apodictic reasoning, the reality and telic principle of the "well-ordered brain", unfettered by "nervous frictions", sensuousness, ecstasy, or impatience, brooked no debate, since the tendencies and laws of this "active consciousness" ("ideal self") were identical with the "(socioeconomic) activities which are steadily developing it" (1912: 125-27). Translating these meditations into practice, and echoing Cabot's "team-work" philosophy (1909a), Worcester affirmed how "find(ing) out what is wrong in the way an individual works, and (showing) him a better way is itself a very valuable factor in psychotherapy" (1909: 68). That he and McComb deemed it necessary to create an agency of auxiliary experts, a Social Service Bureau, to assist in this effort highlights the irony of it: the movement's "more effective assault" upon the forces producing the "maladies of the human soul" underwrote new forms of intrusion and psychological manipulation, while indirectly facilitating managerial capitalism's more effective assault upon the working class (1909; 1910b: 264).

Conclusion: The Neoliberal Revolt and Crisis Management for the Soul

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Cartesian splits … have blunted our ethical intelligence, fragmented our psyches, short-circuited our neurology, compromised democracy, and jeopardized our survival. We register the loss in our bodies and our emotions, and our lives become tinged with trauma and tragedy…. In the new story, the capacity for empathy, mind-reading, and collaboration distinguishes us not as women and men but as humans. Within ourselves we have the resources we need. However adverse the political climate … they accumulate inside where nobody can take them away from us (Gilligan, 2011: 180).

We have discovered that there are human strengths that act as buffers against mental illness: courage, future-mindedness, optimism, interpersonal skill, faith, work ethic, hope, honesty, perseverance, the capacity for flow and insight, to name several. Much of the task of prevention in this new century will be to create a science of human strength whose mission will be to understand and learn how to foster these virtues in young people (Seligman, 2005: 5).

Much like the starkly-imbalanced, spiritually-deadening Gilded Age milieu in which mind curists co-initiated an optimistic healing vision for self and society, the anomic, destructive egoism writ large that is neoliberal, market-fundamentalist society finds no shortage of would-be healers propagating a similar narrative. As such, the generalized perception and ideological interpretation of "crisis" remains central as it fuels the narrative and healing modalities of today's psy complex (Rose, 1990). And no less than then, this aim stems from purportedly value-neutral ground in which the yield of numerous research grants and social scientific experiments—Schwab's "accumulated wisdom"—nourish the comforting vision of a pragmatic vanguard dutifully guiding humanity incrementally towards greater societal harmonization. For with the "misconceptions of the human mind" laid to rest, according to neurobiologist Antonio Damasio, homeostasis, "a harmonious life balance for all", can, and ought to, be a primary objective of contemporary governance (2003: 288-89). Conversely, social constructionists and poststructuralists, who guard themselves against any hint of

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conformism, fail to see the contextual affinities between their own therapeutic values, of standing up for the "manifold unrealized potentials" of human experience (Hoffman, 2009: 1065), and the deracinating flux of the prevailing socioeconomic order which pivots no less upon the hegemonic discourse of individual moral freedom (Woolfolk, 2003). In these ways, and not unlike the days of Wood, Worcester and Cabot, when the therapeutic project began in earnest, the mediative mechanism through which such experts perceive, articulate, and minister to both widely-felt needs and inchoate desires is "the ideological vision (that) represses awareness of what is *impossible*" (Gouldner, 1976: 76).

Besides these parallels, though, the complexion and forward propulsion of the healing narrative today owes less to a causal-linear progression and more to the historical rupture of the 1960s, the economic and cultural-sexual revolutions. At one pole, the narrative that post-Freudian existential psychologists such as Abraham Maslow, Rollo May, and Carl Rogers articulated trumpeted the self-actualizing self as the norm of health, posited a universal equality that did not exist, and both in a jargon that seduced theory away from comprehending the inhuman conditions in which men and women incurred psychical and physical harm by shifting the lens back onto "man himself" (Jacoby, 1997). At the other pole, the discursive shift in emphasis from growth and becoming to support and coping by the mid-1970s—an "unparalleled diseasing of America", as historian Eva Moscowitz recently noted (2001: 251)—underscored how the widespread embrace of desublimation necessitated new modalities of stabilization. In other words, postwar affluence, expressivist-utilitarian individualism (Taylor, 2007), and the turn toward cultural releases as the bases of capitalist accumulation, required an open-ended process of secondary integration as their ballast (Rieff, 1966). Yet at this juncture, the "intensely egalitarian projects devoted to realizing autonomy and freedom", which Rogers advocated (Herman, 1995: 269), coincided with the private-property/free-enterprise utopianism that neoliberal theorists postulated and economic elites pursued in their radical reconfigurations of regulatory institutions (Harvey, 2005: 37). Thus this ostensive left-right freedom-from-politics consensus (Arendt, 1993: 148-51) subsequently set in motion a "vast re-rationalization of social life" (Rieff, 1966: 27). For whether it was an episode like the "valium panic" among middle-class women (Herzberg, 2006), or it was the "rational commodification of therapy" (Illouz, 2008: 161-71; cf.

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Shorter, 1997) by insurance and pharmaceutical companies, the narrative of psychological relief and personal well-being that the psy professions supplied effectively attenuated both the intensification of workplace demands (Boltanski and Chiapello, 2005: 217-54) and the erosion of institutionalized family life (Fukuyama, 1999; Wilcox, 2006; Fox-Genovese, 2008) by placing the flexible renegotiation of identity at the center of the public sphere. Indeed, as the proliferation of twelve-step programs met people's growing demand for a means of shoring up their fractured lives, it did so by reaffirming the worldview of liberationist psychotherapy: that conforming to moral standards and conventional reality made one "sick" (Rice, 1996). Put otherwise, such programs spoke less to epidemics of abuse, abandonment, and addiction, as sociologist John Steadman Rice argued, and more to "a pattern of indifference toward normative demands that constrain the individual and to the corresponding impermanence and unreliability of social attachments" (1996: 212).

That this mutually reinforcing process of psychotherapeutic liberation and emotional healing has become rudimental among contemporary therapeutists highlights the persistence of the romanticized naturalism and antidotal idealism that the first movements evinced. For whether they look to either head off emotional pathologies, inculcate "high self-esteem and self-efficacy" (Yates and Masten, 2004: 521), or dismantle all "negative" barriers and mediating influences between the self and the "actual social world" in the name of a new "communicative democracy" (Hoggett, 2000), psy experts demonstrate how intellectual activism and an impoverished social imagination are readily compatible. In one sense, against the ever-greater harm to human well-being that a globalized economic system bent on commodifying and financializing all aspects of life poses, therapeutists all the more insist upon tapping into the supposedly innate, uncontaminated resources or "hardwiring" within each individual as the best, if not only, chance of resistance. As such, the very optimism of this healing narrative tends to embrace a broad-based stratagem that mirrors the totalizing and imperialistic pragmatics of the prevailing economic regime. For by tracing, to one extent or another, the roots of all crises and maladaptations back to "dehumanizing divisions", renunciations, and sacrifices that inegalitarian, gendered, and unenlightened upbringings inflict, the psy professions step up their calls for prioritizing a wide range of policy initiatives and scientifically-sound interventions to heal the splits between mind

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and body, emotion and reason, feeling and cognition, etc.; break down "underlying intrapsychic defense mechanisms"; and, ultimately, foster a "process of mutual moral growth" (Scott, 2000; Gilligan, 2011). Specialists plying the promising subfield of emotional intelligence thus hope to discover the mechanism or "software" in the brain where "EI resides" that will enable them to assist the "emotionally challenged" build "mental models to promote productive social engagement with others" (McCann et al., 2008). Others look to social neuroscience's potential to "unravel some of the complex dynamics of human social interaction" and learning to not only map out emotively-resilient developmental pathways, but better sort out the "underlying brain networks" of happiness (Hinton, Miyamoto, and Della-Chiesa, 2008; Kringlebach and Berridge, 2010). In all, achieving a social order abounding in intersubjective connectedness, positive socioemotional competencies, and a liberating "transcultural vision that frees us from the symbolic ties of our original cultures" comes into purview (Leontiev, 2006: 51). The concern, meanwhile, over whether it is abstract rationality's objectivating attitude that has been reconciled with emotion, or it is emotion and intrapsychical relations that have been incorporated and seamlessly transformed into instrumental relations becomes a peripheral issue (Habermas, 1987: 336). For not unlike the symmetrical advance of the first psychotherapeutic movement and monopoly capitalism's early renovation, the paradox running through the therapeutic venture today resembles the one at the heart of neoliberalism: that the incidence of "intense state interventions and government by elites and 'experts' in a world where the state is supposed not to be interventionist … (denies) the very freedoms it is supposed to uphold" (Harvey, 2005: 69).

What these historical and ideological overlaps and parallels begin to delineate, then, is how an erstwhile homeopathic solution to the bewildering forces of rapid socioeconomic change has since become a hypertrophying mode of biopolitical governance that aims to fine-tune the "inner" resources of assent and constraint in accordance with existing economic and systemic imperatives. On the one hand, though, after the left's decades-long push for emotionally-purified forms of intimacy and childrearing—where transparency, reflexivity, and proceduralism was to remedy the patriarchal nuclear family structure guilty of inculcating destructive emotions and polarized strivings in men and women—"emotional democracy" (Giddens, 1992, 1994), or "a sense of multiple internal relatedness", in Nancy Chodorow's words (1989: 147),

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largely prevails. Yet on the other, between a growth-fixated neoliberal order predicated upon pliant pools of "human resources" and an expanding base of avid consumers, and a normative ideal of well-being oriented around "relational desires" and the quest for "psychic wholeness" (Gilligan and Richards, 2009: 195-97), little space or time remains from which either ego-integration (West, 2007), or a deeper sense of selfhood and moral obligation, can even take place (Craib, 1998).[9] Instead, psychosomatic adaptation to modern exigencies, the spirit-centered path of the early therapeutists, is now an ethical mandate unto itself: to socially reproduce emotionally-nimble, empathic agents whose performance, goals, and values symbiotically match those of perpetually evolving corporate bodies (Goleman, 1998). And with positive psychology's refurbishment of the "whole" self under the metrical sign of "general well-being", the hermeneutic circle closes; expert enjoined value learning and the how-to of meritocratic flourishing become quantifiable variables, the "new prosperity" index, in the ongoing process of lifeworld immunization (Seligman, 2011: 96-97; Habermas, 1987). That biopsychiatry, on this front, increasingly reifies all embryonic conflicts, drives, and impulses that diverge from this relational-performative regime as acute disease entities in need of preemptive intervention (Singh and Rose, 2009) or pharmacotherapy, crisis management of the soul and the "homogenization of experiences on a global scale" proceed apace (Breggin, 2000; Healy, 2004: 236). As part of the optimistic healing narrative, though, the "flattened out psyche of thought and learning", as Nikolas Rose argues, which "first-line" biopsychiatric interventions produce, only enhances "our capacities to adjust and readjust our somatic existence according to the exigencies of the life to which we aspire"

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[9] Particularly noteworthy, in this light, are the findings furnished by a recent sociological study, *Lost in Transition* (Smith et al., 2011). Probing the attitudes of 18-23 yr. old Americans ("emerging adults") it reveals how many of the participants reflexively fell back upon "the power of positive thinking" to buffer their own "personal sense of self" from regrets or redoubtable circumstances, while just as many expressed difficulty grasping the distinction between an "objective moral truth and (a) relative human invention", or even "*an objective reality beyond the individual self*" (152, 221-22). And in almost inverse proportion to their astonishing lack of public engagement, the authors found nearly all fervently devoted to "private-sphere emotional and relational investments" (223). Set against the mid-1980s study conducted by communitarian sociologist Robert Bellah and his colleagues, *Habits of the Heart*, which registered a decided preference among middle-class Americans for segmented private lives dedicated to leisure, careers, and consumption—"lifestyle enclaves"—Smith et al. pinpoint a further progression toward "the nearly total submersion of self into fluidly constructed, private networks of technologically managed intimates and associates". This "strongly relational way of engaging their 'larger' worlds", they add, "clearly appears ... closely connected to the technologies of communication that preoccupy their lives" (223-24).

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(2003a: 418; 2003b: 58-59). This, however, is only to say that the prospect of seeing through the façade of all therapeutically-engineered futures requires a fundamental shift of focus from the range of choices they make possible to the range of possibilities they foreclose.

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