The Politicization of Unhappiness

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We all yearn for happiness, and yet so many Americans are unhappy. Polls document a rising tide of unhappiness—especially now, as the pandemic has upended life, with 23% of Americans claiming to be unhappy. This represents the highest figure on record since 1972. Yet even in 2019, with the economy humming, levels of unhappiness had been rising for some time.

The medical literature confirms the unhappiness trend in a different way. Up to half of today’s Americans regularly numb themselves with mood-modifying substances ranging from the legal, such as antidepressants, to the illegal, such as heroin. In the case of anti-depressants, people justify their prescriptions by “medicalizing” their unhappiness, calling it a neurotransmitter problem. Whether they are right to do so has framed the unhappiness debate for the last 20 years.

But that debate is ending, and a new one has begun. The focus of the “medicalization of unhappiness” debate was whether unhappiness should be considered a scientific problem. That issue has given way to the “politicization of unhappiness.” Whatever unhappiness Americans feel in their private lives has spilled over into the public realm, with ramifications far beyond whether people who take drugs to feel happy should be doing so.

In this new era, life’s little annoyances and minor discomforts form the ever-present baseline. Then come the ills of life that are more structural and have worsened over time. There is the mass loneliness problem, which affects roughly 60% of Americans. There is the sex problem, as fewer Americans are having sex these days. There is the marriage problem, as some women drawn into the workforce have difficulty finding...
compatible men, while some men fear a charge of sexual harassment if they show a romantic interest in women. There is the political-correctness problem, with two-thirds of Americans afraid to speak freely; this causes them to feel stifled and unhappy.

There are also the structural problems inherent to advanced capitalism. This includes the dependent-employment problem, as the vast majority of Americans are now working for someone other than themselves, and the intensifying division-of-labor problem, which has brought over-specialization into most occupations, making them less enjoyable. There is the college-mismatch problem, such that one-third of all college graduates have jobs that do not require a college degree. All of these trends make work less satisfying and workers less happy.

A breakdown in our social systems has given rise to mass unhappiness while also making unhappiness more difficult to cope with. When this unhappiness passes into anger, and then into malice and terror, it becomes a matter of public concern. Over half of the country’s worst mass shootings have occurred in the past 20 years, with their rates accelerating in the last decade. Anger also finds expression in radical political ideologies and violent protest. Even without morphing into anger, unhappiness arising from social isolation affects people’s health, which has already led to an increase in the nation’s medical costs.

To manage the situation, policymakers have pinned their hopes on the “caring industry” — the nation’s social workers, psychologists, counselors, therapists, and life coaches. Although the general population of the United States has only doubled since the mid-20th century, this industry has already increased 100-fold. The Affordable Care Act, signed into law in 2010, emphasized the social necessity of the caring industry by establishing parity between mental and physical health in the insurance-reimbursement context.

Today, many progressives want to shift public funding from policing to mental health while also designating caring professionals as first responders. They recognize that people’s private troubles have found their way into public acts of lawlessness, and they see caring professionals as the solution. Even some conservatives think the police are trying to do too much. As Dallas Police Chief David Brown observed in 2016, “[e]very societal failure, we put it off on the cops to solve.”

A major role for the caring industry looms. Yet granting the industry such a prominent position in society comes with some risk. To
understand what its role should be while cutting down on this risk, we need to explore the caring industry’s true position in our massively unhappy society.

CARING AS A REVOLUTIONARY WAY OF LIFE

For all practical purposes, a revolution has occurred in the private lives of Americans, who increasingly find themselves depressed and alone. Revolutions plunge society into chaos, as there is no longer a way of life people can turn to for support. This causes the rise of makeshift organizations that promise to re-establish order—most notably, revolutionary political parties. Such parties typically have three components, with each component corresponding to some aspect of the old order that no longer exists: a party organization that replaces the social system, a party ideology that replaces the culture, and party cadres and leaders that replace traditional social elements.

Today, mass unhappiness and social breakdown have spawned a creature comparable to the revolutionary political party: the caring industry. This industry has emerged as the post-revolutionary successor to our broken social system. As is typical of a revolutionary political party, the caring industry’s components have replaced those of the old order: Its organization has replaced the previous social system, its ideology has replaced traditional culture, and its professionals have taken the place of real friends, relatives, and authority figures.

The caring industry may seem like a sprawling collection of people who bear no relation to one another. In fact, it is a functioning organization that translates a set of ideas into consistent action aimed at establishing order in our era of social upheaval. It is comprised of four discrete levels, or echelons.

Approximately 100,305 clinical psychologists, by virtue of their doctorate degrees, occupy the highest of these echelons. In a world where traditional long-term psychotherapy is rarely practiced, and where most therapy consists of a few 30-minute sessions, little distinguishes the style of a clinical psychologist from that of a less-educated caregiver. Nevertheless, these individuals remain the guardians of sacred theory—most notably the works of Carl Jung and Sigmund Freud.

Americans tend to prefer quick solutions to their everyday unhappiness, yet they also want to believe that science stands behind those solutions. Thanks to their advanced education, clinical psychologists
provide this all-important link between scientific theory and medical practice. Although many clinical psychologists go into private practice after their training, a few remain at the university, where they cultivate theory for its own sake—meditating on visionary speculations and writing long and learned demonstrations of them. Though laypeople rarely read this literature, its mere presence lets them imagine their abbreviated therapy is an application of true science.

Approximately 1.2 million clinical social workers, mental-health counselors, substance-abuse counselors, rehabilitation counselors, school and vocational counselors, and marriage and family therapists occupy the second echelon. These professionals typically have master’s degrees but not doctorates. The one exception is counseling psychologists, who have doctorate degrees but manage healthier patients than clinical psychologists and face some restrictions on the right to diagnose.

At least 405,000 nurse psychotherapists and social workers with bachelor’s degrees occupy the third echelon. In the past, professional psychology barred people without master’s or doctorate degrees from practicing therapy, just as organized psychiatry once barred clinical psychologists from doing so. Recent cost-cutting efforts now permit bachelor’s-level social workers and counselors to practice therapy with some degree of supervision, as they cost less than do caring professionals with doctorates. The ability to formally practice therapy to a limited extent marks the difference between this third echelon and the second and fourth echelons of the caring industry.

Roughly 17,500 life coaches occupy the fourth, and bottom, tier of the caring-industry hierarchy. These individuals have the least amount of training. In addition, insurance companies have traditionally refused to pay for life coaching, which isolates these professionals in yet another way. Still, some life coaches charge more than $100 per hour, which is within the range of what a professional psychotherapist in a higher tier may charge. Life coaching encompasses many fields, including business coaching, personal coaching, conflict coaching, dating coaching, and health coaching, among others. Indeed, virtually any aspect of existence can be coached. A life coach can train people to be better listeners, to overcome their fears, or to help them organize their closets.

Limited training has forced life coaches to take a public-relations path that emphasizes their scientific credentials. Clinical psychologists, by contrast, have opted for the opposite. In the 1950s, clinical psychologists
advertised themselves as scientist-practitioners, but by the 1960s, this tight link with science had become a liability, as laypeople concluded that anyone who visited a therapist must be sick. To improve their image, clinical psychologists made a conscious effort to become more friend than scientist. Life coaches, meanwhile, have had too little association with science, which makes laypeople wonder why they should shell out money to pay for a coach’s advice at all. To improve their standing with the public, life coaches have aspired to become more scientist-like. Consistent with this trend, institutions of higher education — such as Florida Christian University — are now awarding doctorate degrees in life coaching.

With its four tiers, the caring industry’s formal structure and hierarchical organization mimic those of a revolutionary political party. Clinical psychologists stand at the apex of the pyramid and hold supreme power — at least from an intellectual point of view — in that they constitute the agent of legitimation and define what therapy is. Below the apex, a far-flung base ramifies throughout society, with clinical social workers, counselors, marriage and family therapists, nurse psychotherapists, and life coaches counseling as many Americans as possible in as many places as possible.

This sweeping base, which is vital to the industry’s caregiver role, is also highly reminiscent of a revolutionary political party’s far-reaching lower echelons. When revolutions occur on a grand scale, a revolutionary party fills the vacuum created by the discrediting of traditional elites and the breakdown of civil society. Its members fan out and attach themselves to society’s major institutions to exert control and restore order. This is precisely what’s happening with the caring industry today. The industry already stands in alter-ego fashion alongside just about every organized unit of state and society in the United States: Wherever there is a corporation, a school, a prison, a church, or an Army base, there is also a unit of the caring industry. That activists should try to attach a unit to the police should not surprise.

Like any successful revolutionary political party, the caring industry pulls the personal dimension of life through a new kind of organization, offering people solutions to their problems and a new kind of authority figure to manage them: the caring professional. With the old authority figures belittled and real friends and family spread thin or even non-existent, the only people left who can fill the void — and who have the prestige to compel others to follow them down a new road — are caring professionals.
The analogy with revolution here runs deep. In post-revolutionary societies, where a single political party dominates, people often speak of “the Party” as if it had a life of its own. When a problem pops up in daily life, they don’t reach out to a specific individual; they “call the Party.” They behave this way because “the Party” builds up an organization of such breadth and depth that it takes over active leadership at all levels of the social system.

Something similar has happened in our country. Sixty years ago, few Americans had ever heard the term “caring professional.” Maybe they knew who a social worker was; they knew who psychologists and nurses were. Yet they saw these people as holding distinct and separate jobs rather than related jobs with the same mission. Today, many people know the term “caring professional” very well—or at least the equivalent phrase “mental-health provider.” They speak of the “caring professions” as if the field had a life of its own, transcending the individuals within it, transcending even the various job categories that define it. Policymakers behave similarly when they call for more funding for mental-health providers, thereby defending the abstract reality of the caring professions.

When people suffer emotional or psychological trouble today, they call a caring professional. In fact, this is what many progressives have in mind when they express a desire to turn caring professionals into first responders. Different individuals may respond, but not as individuals, or even as individuals with unique titles, as much as representatives of professional caring, each having been trained in roughly the same way to talk a person through a problem. The caring professions have such clearly perceived functions in our post-revolutionary era that the differences between the individuals who make up the caring professions are submerged, as with priests offering the Mass. In the personal dimension of life, whether in business, school, the Army, the church, the family, or potentially now, the police, the caring industry is “the Party.”

**The Ideology of Caring**

A traditional social system, such as a family or a neighborhood, has a culture. It does not demand a high level of consciousness among its members; solidarity is maintained through personal relationships, common values, and trust. A revolutionary political party, by contrast, is an artificial creation of strangers. Rather than existing as an organic whole, it operates more like a machine with different parts that mesh to produce
action. Conscious force is needed to hold the various parts together. More specifically, a manner of thinking called “ideology” must be developed and nurtured to keep the organization from disintegrating.

Revolutionary political parties are notorious for cultivating ideology, and the caring industry is no different. The industry was constructed through the conscious and deliberate actions of people, similar to how revolutionary political parties are built. It emerged as a response to a mental-health crisis and a social revolution. It recruited people to fill certain caring roles. And because the caring industry is neither self-regulating nor self-maintaining, it demands constant effort to sustain it—which is where ideology comes into play.

All revolutionary ideologies have general principles that replace the old, dead culture. Caring ideology is equally transformative. A general principle of caring ideology is the view that total strangers can solve people’s life problems to make them feel better, thereby substituting for the friends or relatives who no longer exist in people’s lives.

The substitution of ideology for culture explains why the caring-industry model moves easily between personal life and politics. One illustrative example is how group therapy for addiction—an old caring-professional technique—has become the format for today’s “struggle sessions” and diversity seminars. Group therapy focuses on an addict’s psychology—on changing the addict’s way of thinking—such that the addict undergoes a process similar to political “thought reform.” In a group-therapy session, the addict must stand before others in the group—all strangers—confess his addiction, and recite details of his personal life. As the recital continues, the group alternately supports him or corrects him if he shows signs of misunderstanding his situation. All the while, the addict is forced to use the language of caring ideology to analyze himself. The addict might declare, “I had a poor sense of self and a lot of anger, so I started using drugs.” When the addict has completed his recital, and has made public every shred of what was earlier private, he goes forth and proves himself through new behavior that comports with the demands of caring ideology.

This model has been carried into the political realm through diversity seminars. A seminar participant may stand before a group of strangers and reveal his prejudices, or confess to past actions in which he perpetuated racism. He may express embarrassment for his thinking or behavior. Members of the group then teach the participant a new way
of thinking and a new vocabulary through which he should examine his behavior and challenge that of others. The group then judges whether the participant is truly “with the program.”

The experience is not unlike that of a person who aspires to become a member of a revolutionary political party. In what’s known as a “struggle session,” an individual stands before a small group and recites his life story, which is checked against his dossier. This or that deed of his life is analyzed in great detail. The man faces a hostile audience that attacks his every thought and helps him develop a “correct” standpoint. If he conducts himself properly over time, he is taken into the revolutionary party.

Because revolutionary ideologies must overcome the inertia of traditional culture, they all tend to emphasize psychology in this manner. They heighten people’s awareness and push them to see the world in a new way. They show people a “correct path” to a clear goal, beginning with correct thought. The caring industry operates similarly—indeed, the caring industry is practically synonymous with psychology.

Because revolutionary political parties substitute an artificial order for a natural one, they must use every media vehicle at their disposal to drum new ideas into people’s minds, actively nurturing a worldview. Thus, they make their members speak and write. They hold meetings full of intensive discussion. They publish material constantly, and while what is published is carefully controlled, the outpouring of articles and reports gives people a sense of mutual involvement in a common cause. When revolutionary-party members and laypeople devour this material, their thoughts and sentiments merge. The caring industry cultivates ideology for a similar purpose: to connect caring professionals and clients who would otherwise have no basis for coming together.

Much of the caring ideology is expressed in the enormous caring literature. The quantity of printed material on the subject has already reached staggering proportions; it would take decades to read everything. Yet after factoring out straightforward science and general public information, this literature can be broken down into the same five groups that mark revolutionary political literature. Though each group is distinct, each serves the common purpose of consolidating the caring industry and bringing caring ideology to the masses, substituting for the absence of real friends and family in people’s lives.

Published in scholarly books and journals, articles in the first group focus on general psychological theory. Although frequently unrelated to
real-life problems, they are important because they reveal the thought processes of caring-industry leaders concerning major questions. For example, in 1998, industry leaders began publishing articles on a new field called “positive psychology,” the goal of which was to move professional psychology beyond mental illness and into the realm of everyday unhappiness. Although psychologists and social workers had long been caring for everyday unhappiness, their interventions in this area had never been made official; many still tagged their unhappy clients with diagnoses to justify treatment. Positive psychology aspired to make caring for “normal” people official policy by focusing not on clinical depression, but on the “meaningful life” and the “life of enjoyment.”

Many articles of this type are written in a kind of secret code that only caring professionals can understand—for example, the “broaden-and-build theory” or the “undo effect”—making the journals in which these articles appear some of the dullest in the world. Yet they provide important clues about a dominant strain of thought within the caring industry. They are similar to discussions of general principles in revolutionary circles, where leaders give long, seemingly impenetrable speeches to reveal new ideas poised to be translated into policy.

The second group of articles examines real-life experiences through a psychotherapy lens. These articles appear in scholarly journals as well as commercial books and magazines. Authors select those cases they wish to publicize, while lay readers find their own life problems expressed in them. To give lay readers a basis for comparison and generalization, which allows them to apply what they read to their own experience, a standard language is used—the phrase “low self-esteem” or “the feeling of being marginalized,” for instance. The use of such language mimics the literature in revolutionary political parties, where special words and phrases, including some never before existing, form the basis of a closed communications system.

The third group of articles is propaganda. Articles in this group are illustrations of general ideas that are slanted to promote a particular point of view, such as the successes of psychotherapy or the evils of allowing emotional trouble to go untreated. In the jargon of political revolutionaries, their purpose is to “raise people’s consciousness.” Such articles also commonly appear in commercial books and magazines. One author writes, “[s]elf-esteem isn’t bragging about how great you are. It’s more like quietly knowing that you’re worth a lot (priceless, in fact!)… that
you’re worthy of being loved and accepted.” Although this statement has no immediate practical application, it elucidates for general readers the caring industry’s goals for them—to help them feel better—and thus serves a consciousness-raising purpose. Propaganda may take the form of a didactic literary tale—a couple that fixes their relationship by learning to respect each other and manage their differences, for example. Didactic literary tales illustrate basic principles of social behavior that the caring industry deems acceptable. They set forth the positive and negative role models toward and away from which people are to orient themselves.

The fourth group of articles consists of agitation. While propaganda teaches the masses about a revolutionary movement’s goals, agitation seeks to familiarize the masses with a revolutionary party’s slogans and decisions, and to mobilize them for active participation in the building of the new political order. The caring industry uses agitation for a similar purpose. Posters hanging on office walls that spout caring slogans are examples of agitation, as they prepare workers to act on the slogan in their everyday duties. Virtually all self-help books fall into this category as well. They educate people and rouse them to take action in their lives. Because everyone knows in advance that self-help books are written in conformity with existing prescriptions and rarely contain a single fresh idea, people who seek out these books often buy many of them, and they keep consuming them—not to learn anything new, but to bolster their conviction to act.

The fifth group consists of criticism. Articles in this group discuss failings, deviations, errors, and shortcomings. In revolutionary political literature, they would also discuss crimes. Much criticism, of course, never appears in print. Although thousands of articles purport to show the benefits of psychotherapy, it is hard to find a single article that questions its benefits. A similar gap exists within the social-work literature. Criticism of the caring industry is rarely general; instead, it is usually directed against an individual caring professional or a particular therapeutic school. Often such criticism appears in a magazine’s “Letters to the Editor” section.

What makes what I call “caring ideology” an ideology is not anything inherent in psychotherapy, but rather the fact that therapeutic ideas have come to supply today’s Americans with a worldview, thereby taking on moral overtones. It is one thing for caring professionals to use therapy to treat phobias and panic attacks; it is quite another for them to use therapeutic ideas to build a practical everyday sociology by which people imagine how the world around them operates.
Worldviews are often products of ideologies. Caring ideology gives people a worldview to help them understand life and their place in it. Ultimately, it produces a manner of thinking that manifests itself in correct behavior, ranging from setting personal goals to formulating ways of approaching complex social challenges.

CADRES AND LEADERS
Thrust into a position of leadership, today’s caring professionals play such a high-profile role in everyday American life that they are frequently stereotyped. Caring professionals are credentialed, not laypeople; they are friendly, not judgmental; they are galvanizers, not scolders; they are counselors, not lecturers. Other people aspire to be like them. They have become something of a symbol of our time. Yet this stereotype breaks down into two contradictory human ideals, sowing a tension in the caring industry analogous to the tension between the two main groups that characterize revolutionary political parties.

To restore order after a revolution, a political party needs two kinds of people. It needs professionals with real expertise—that is, educated people who can run the economy, regardless of whether they are committed revolutionaries. It also needs leaders and cadres—true believers who understand the masses, who can whip up followers, motivate them, and lead them. What leaders and cadres lack in expertise they make up for in political awareness. The tension between these two character types so haunts revolutionary political parties that communists developed a widely used saying to describe them: The educated professional is more “expert than red”; the cadre is more “red than expert.”

The caring industry has a similar division of labor. It needs educated professionals who can help stabilize major institutions in civil society, such as the corporation, the school, the military, and the church. In places where the nuclear family has almost disappeared and people feel isolated, it needs professionals who can work in government agencies and supply the population with basic mental-health services. Yet the caring industry also needs members who can work in close contact with everyday people. A doctorate or master’s degree only gets its holder so far with the average person. To meld strangers together, to encourage them to think along the same groove, the caring industry must inspire average people with a coherent vision. To do so, it needs caregivers who can gush forth with the kind of enthusiasm that motivates people. Thus,
as is the case with revolutionary political parties, two personality types have developed within the caring industry.

Clinical psychologists and social workers represent one type: the educated professional. These individuals can staff a government department, edit a scholarly journal, or perform short-term therapy with equal skill. Their style sometimes borders on the managerial, and they may grow distant from the average person. These upper-tier professionals correspond to the managers in a revolutionary political party. They are more “expert than red.”

Life coaches, meanwhile, are more “red than expert.” They are the caring industry’s leaders and cadres. Their style of counseling resembles not that of a manager, but that of a combat leader engaged in guerilla warfare. To write this essay, I invented a short-term goal and hired a life coach to experience the phenomenon for myself. My coach was a middle-aged woman who talked a great deal, sometimes with alarming exuberance. “Go! Go! Go!” she shouted at me during one session. “You want it? Then fight for it!” she thundered. “Coaching is where words are turned into action!” A bit over the top, perhaps. Yet the caring industry needs such caregivers — people who can provoke a surge of confidence in others. What life coaches lack in training and expertise they make up for in this ability to inspire people and boost morale.

Some psychologists and social workers laugh at life coaching. They emphasize qualifications and technique. They think coaching’s cheery messages cloak a lack of skill. Yet the caring industry as a whole seems implicitly to understand the importance of life coaching, just as revolutionary political parties understand the importance of popular leaders. And in fact, the significance of life coaching extends beyond giving the average person an alternative caring style: It gives the average person a chance to become a caregiver.

Again, the analogy with revolutionary political parties is illustrative. These parties must keep their connection to the masses. They do so by allowing laypeople to enter the party as cadres. The position of “cadre” is a vital recruitment tool; it is a way for the revolutionary party to stay fresh and maintain close contact with the people. In somewhat analogous fashion, laypeople enter the caring industry through life coaching. The Coaching Training Alliance declares, “[c]hances are you already know a great deal of what it takes to be a good coach…. If you’re the person people instinctively come to for help and support, or for a shoulder to
lean on, you’re probably already ‘coaching’ at a certain level.” This open policy toward life coaching not only gives public opinion a way into the caring industry, thereby preventing the industry from becoming routinized and bureaucratized by experts, it also gives laypeople an opportunity to act on their positive ideological views.

Although good data are unavailable, anecdotal evidence suggests that some people train as life coaches after being coached themselves. Similar evidence suggests that some laypeople go into substance-abuse counseling after undergoing successful counseling for their own addictions. Life coaching and substance-abuse counseling give laypeople a way to enter the caring industry when serious graduate work is not an option but they still desire to help others as they have been helped. By opening up its lowest tiers to laypeople, the caring industry exploits the great amount of leadership talent that exists outside the industry while also ensuring that such talent submits in some way to industry discipline.

EXPANDING THE CARING INDUSTRY

Exchanging caring professionals for police officers would be dangerous. Even family squabbles or conflicts between neighbors risk becoming violent. This past July, a New York City resident discovered this when she decided not to call the police on her neighbor who was setting off illegal fireworks; instead, she confronted him herself. The neighbor shot her eight times, and she later died of her wounds.

Indeed, it is often this very risk of violence that induces one party in a neighborhood or family dispute to call the police rather than a caring professional. Without law-enforcement training, caring professionals have no business responding to such calls. Nevertheless, it makes sense to expand the reach of the caring industry in some respects. As social systems in the United States fall apart, the spillover effects of mass unhappiness demand it. The risk of expansion, however, is the risk that comes with giving more power and influence to what is essentially a revolutionary political party. How can we manage that risk while making the most of the genuine good the caring industry can do?

One option might be to expand the caring industry’s lowest echelon—life coaching—rather than its upper echelons. Life coaches are inexpensive to train and can be produced in large numbers. The International Coach Federation, for example, awards the credential after a trainee completes 125 hours of study. Life coaches connect with people
easily—an essential trait when dealing with mass unhappiness. Most importantly, life coaches lack the credentials that often make upper-tier caring professionals arrogant and presumptuous. Such credentials encourage these higher professionals to rigidly and fanatically impose caring ideology on society, to take it upon themselves to put work relationships on an entirely new footing, to pluck children out of a home and award the state custody if their parents violate the caring industry’s ideology, to reconfigure acceptable sexual relations between partners, and to presume to take law enforcement’s place—all while swaying public opinion into alignment with their plans. Life coaches lack the credentials and political clout to get away with such activity, and thus would likely be more restrained.

What life coaches can offer unhappy people is sufficient. Aware of their limited training and eager not to antagonize the credentialed professionals in the top three tiers, coaches even deny practicing therapy; they note that therapy focuses on a person’s past, often to establish a diagnosis, while coaching emphasizes a person’s current and future behavior.

At the same time, the benefits of life coaching can often match those of contemporary therapy. Studies have long cast doubt on whether any credentials are needed to practice low-level psychotherapy effectively. In 1952, for example, psychologist Hans Eysenck published a now-famous article showing that two-thirds of all patients improve regardless of whether they receive psychotherapy, and that talking to a therapist is no more efficacious than talking to a friend. Since then, other studies have shown that licensed psychiatrists and psychologists are often no more effective at performing therapy than laypeople with minimal training. This should not surprise us, since much of what caring professionals offer today is a kind of artificial friendship.

As America’s social systems continue to crumble, we can see the stirrings of a new social order rising in their place—one that rests on a nation-spanning network of organizations, ideology, leaders, and cadres that have organized, energized, and come to dominate American society. Today, countless institutions and millions of people are dependent to one degree or another on the caring industry; indeed, all of us are enmeshed in some way in the approach to life advanced by professional caring. This new order carries great risks, but it also promises certain benefits. Understanding it in its proper terms can help us tell the difference between the two and, in turn, to make the most of the caring industry.