The Value of Ellul's Analysis in Understanding Propaganda in the Helping Professions

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Abstract

This article draws on Ellul's analysis of propaganda in understanding propaganda in the helping professions. Key in such an analysis is the interweaving of the psychological and sociological. Contrary to the discourse in mission statements of professional organizations and their codes of ethics calling for informed consent, competence of professionals and taking advantage of research findings, in everyday practice we find a variety of avoidable lapses, including decontextualized problem framing, bogus claims concerning risks, accuracy of assessment measures, and effectiveness of interventions. Perhaps most troubling is obscuring the causes of human problems, for example, framing problems-in-living such as anxiety, alienation, and loneliness that result from living in a technological society as brain disorders, so mystifying the causes of distress.

Keywords

propaganda, technology, ethics, helping professions, critical thinking

The helping professions have grown by leaps and bounds in our society. There seem to be evermore professionals directing their attention to evermore putative problems people are alleged to have whether they know it or not. The growth and role of the helping professions has engaged the attention of some of our most penetrating critics including Conrad (2007), Foucault (1965), Illich (1976), Szasz (1987, 2001), and Zola (1972). Such critics draw attention to problem framing. Common complaints such as anxiety in social situations are transformed into medical problems (e.g., brain diseases; Clarke, Mamo, Fosket, Fishman, & Shim, 2010; Conrad, 2007; Moynihan & Cassels, 2005). Now grief due to loss of a loved one is to be included as a psychiatric disorder (Carey, 2012). Why do people so readily accept such framing? These questions are key in understanding activities in the helping professions and allied industries. We can draw on Ellul's analysis of propaganda to understand the causes of distress, and the mystification of such causes as well as our passivity, sometimes eagerness, in allowing others to define our humanity. What is good? What is bad? What is healthy? What is unhealthy? Who is to say what is a problem, what kind of problem it is, and what should be done about it (if anything)? Who benefits and who loses from certain decisions? The biomedicization of distress has become so extreme that there is now a counter reaction as illustrated by the first international conference held in October 2011 on disease mongering sponsored by healthskpticism.org. First, I present an overview of the helping professions. Next, I present basic features of Ellul's analysis of propaganda. Last, I apply this to the helping professions.

The Helping Professions

The helping professions include (among others) psychiatry, medicine, nursing, dentistry, psychology, social work, counseling, podiatry, occupational therapy, physical therapy, and optometry. They have grown in influence over the past decades, fueled in part by grand narratives central in our culture, such as “progress,” “cure,” and “health” and related technologies undergirded by claims of a “scientific” base. The helping professions and related enterprises are huge industries. Billions of dollars are consumed by those who try to improve or maintain the health of those who voluntarily seek or are coerced into contact with them and by training, research, and educational programs that purport to provide related values, knowledge and skills, including the continuing education industry. Mental health services expanded during the community mental health movement, and the number of mental health professionals increased greatly. In

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addition to practitioners, many others are involved in the helping industries including politicians, administrative and support staff in hospitals and clinics, staff in related industries such as the insurance, medical supply, and pharmaceutical industries (e.g., see Deyo, 2002; Gambrill, 2012a). Not all viewed the rise of the helping professions as good (e.g., Illich, 1976). Critics argue that professionals often harm rather than help by promoting the deception that (mis)behaviors are mental illnesses warranting intervention (often coercive) by professionals with the blessing of the state (e.g., Skrabanek, 1994; Szasz, 1987, 2001).

We often take professions for granted as if they have always existed. However, professions such as social work, counseling, psychology, and psychiatry are relatively recent. Certain occupations have been transformed into professions, which A. Abbott (1988) defines as “exclusive occupational groups applying somewhat abstract knowledge to particular cases” (p. 8). They became professions, not necessarily because they had a better track record of solving certain kinds of problems, but because they were successful in selling the view that they were most successful and therefore should have a unique right to address them (A. Abbott, 1988). For example, midwifery was officially accredited at the beginning of the 20th century when it was replaced by obstetric care, even though midwives had lower rates of stillbirths and puerperal sepsis than did the (male) physicians (Ehrenreich & English, 1973). A. Abbott (1988) views professions as groups that acquire jurisdiction (control) over an area of work. He argues that the structural shape they take, such as licensing and ethical codes, is determined by an interest in control of certain problems (not vice versa as others have argued). Different professions lay claim to different problems, although there is considerable overlap among some such as psychology, psychiatry, social work, and counseling. Each asserts success in doing good. Each “would-be profession must culturally constitute” its area of work, for example, “fatness must be turned into the disease of obesity . . . Indeed, it is by competing in this way—via the reconstitution of human problems—that an occupation identified itself as a profession” (A. Abbott, p. 175). And, these framings and jurisdiction over them must be defended against competitors—“other would-be professions.” Remedies must be created to address problems and theories offered to link “diagnosis” and treatment.

The trappings of science are appealed to in encouraging certain framing and related technologies. Each profession must create a social structure that provides “legitimacy” to key audiences, including the public and the legal system. Appeal to science and “proven” technologies—the latest discoveries—are held out as enticing options. This view of the professions highlights the inevitabilities of ongoing conflict among different ones for control over certain “problems.” Professions have well-organized national and state organizations dedicated to maintenance and expansion of turf, based often not on claims of effectiveness that have survived critical tests but on inflated claims of success and on questionable criteria such as consensus and appeals to fear—classic propaganda ploys. Claimed special knowledge supposedly makes those with certain degrees, training, and/or experience more effective in achieving certain outcomes than those without such “credentials.” That is, certain kinds of professionals are supposed to be “experts” in solving certain problems. Professional organizations claim that expertise is acquired via special education and experience; this distinguishes professionals from technicians who use clear routinized skills.

The main instrument of professional advancement, more than the profession of altruism, is the capacity to claim esoteric and identifiable skills . . . The claim of expertise aims at gaining social recognition and collective prestige which, in turn, are implicitly used by the individual to assert his authority and demand respect in the context of everyday transactions within specific role-sets. (Larson, 1977, p. 180)

The special rights of professionals are protected by certificates and licenses that are claimed to protect the public from less effective interlopers. Propaganda in the helping professions creates and maintains the belief that professionals are in possession of unique knowledge that can benefit those they claim to serve. In some cases this is true. In others it is not. Specialized content knowledge may be vital to making sound decisions in many instances. But in how many instances? Do licenses and credentials protect us from incompetent practices and harmful policies? Dawes (1994) argues that those without certain credentials, licenses, and experience are often as effective as those who have them in achieving a range of outcomes. He argued that licensing gives the public an illusion of protection, but serves the economic interests of professionals.

**The Role of the Helping Professions: Claimed and Hidden**

In addition to providing help with certain kinds of problems, professions have political, social, and economic functions and interests:

No matter how disinterested its concern for knowledge, humanity, art, or whatever, the profession must become an interest group to at once advance its aims and to protect itself from those with competing aims. On the formal association level, professions are inextricably and deeply involved in politics. (Freidson, 1973, pp. 29-30)

The political, social, and economic functions of the helping profession accounts for the prevalence of propaganda in related venues, such as exaggerated claims of expertise and success (to gain public and legislative support). This can be
seen in battles to protect and expand “turf,” for example between psychologists and psychiatrists. Professionals are integrally involved in defining problems and deciding what should be done about them: what is healthy (good) or unhealthy (bad) with the blessing of the government. Each promotes and appeals to popular goals such as “wellness” to justify its actions (and inactions) and to assure the public that it is working in its best interests, although, there is considerable overlap as seen in the area of “mental health” in which deviant behaviors and problems-in-living are labeled as mental illness in need of treatment by experts.

Social control is a key function of the helping professions (Zola, 1972). This refers to encouraging adherence to social norms and minimizing, eliminating, or normalizing deviant behavior. Functions of social control include getting rid of troubling or disturbing people, protecting the public from harm, and reaffirming standards of morality (Conrad & Schneider, 1992, p. 7). Examples of social control include mental health laws and regulations in which professionals are involved with mental health laws and regulations in which professionals are involved. Professionals may also be involved in mental health laws and regulations in which professionals are involved.

The social control functions of professionals can be seen in their roles as probation and parole officers and as child protection workers when they remove children from neglectful or abusive parents in protective services for the elderly when they arrange for conservatorship, and in mental health agencies when they recommend hospitalization. Moral values are reflected in the design and practices of related institutions. Wacquant (2009) argues that the welfare and mental health systems are closely intertwined with the criminal justice system in punishing the nonconforming and the poor—“behavioral control of marginalized populations” (p. xix). Psychiatrists arrange for coerced outpatient commitment and commit people to hospitals against their will on the grounds that they are mentally ill. The history of psychiatry reveals this profession to be a coercive social control enterprise designed to help family members and the state to deal with difficult behavior, for example, to get rid of relatives engaged in troubling behaviors (e.g., Szasz, 1987; Valenstein, 1986).

Moral assumptions are reflected in the classification system designed to distinguish between clients who are required by social welfare legislation to participate in work activities (workfare) and those who are not (Handler & Hasenfeld, 1991, 2007). Since colonial times, social welfare policies have treated women differently, based on the extent to which their lives conformed to certain family ethics (Abramovitz, 1988, pp. 3-4). Katz (1989) argues that welfare has often been designed “to promote social order by appeasing protest or disciplining the poor” (p. 33). A policy’s social control function is not necessarily obvious. The language of caring and nurturance may obscure manipulative and coercive practices such as institutionalizing people against their will in mental hospitals and keeping them under surveillance. In Under the Cover of Kindness, Margolin (1997) argues that social workers use strategies such as building empathy in manipulative ways in order to gain entry into the private homes of families. He contends that social work in public agencies is engaged mainly in political surveillance, keeping track of marginal people in their homes. It is professionals who investigate and keep records which clients rarely see and thus cannot correct.

An interest in social reform can also be seen in the history of the helping professions. For example, from the earliest days of social work, many social workers stressed the need for social reform, believing that the lack of food, housing, employment, and educational and recreational opportunities—not the unworthiness of individual persons—was responsible for social problems. Here too, political, economic, and social interests intrude. Katz (1989) argues that social reform efforts serve many functions, including gaining political advantage over opponents. Some efforts serve the needs of corporations (to protect and expand markets) and professional groups more effectively than the needs of the groups for which they were supposedly designed. For example, Katz suggested that in order to secure low-paid workers, fast food chains lobby legislators to pass bills requiring women on welfare (even those with young children) to work.

The different interests and functions of the helping professions—social reform, helping clients, and social control—highlight the potential for conflict, confusion, contradiction, and the play of propaganda. Conflicting goals stem from and lead to different opinions about what is viewed as a problem and how (or if) it should be addressed. Goals of control of unwanted behaviors by the state and by family members and profit making by those in the troubled-persons industry compete with goals of helping clients and of accurate descriptions of research findings related to recommended methods (have they been critically tested and found to do more good than harm?). In state child welfare agencies social workers are mandated both to protect children (e.g., remove them from their parents) and to help parents who have harmed (and may continue to harm) their children. Coercive acts related to social control aims with the purpose of containing the marginal are often disguised as “treatment” as illustrated by the history of institutionalized psychiatry as well as by current practices such as forced outpatient commitment.

Jacque Ellul’s Sociological Analysis of Propaganda

Ellul (1965) makes a compelling argument for approaching the study of propaganda at the highest level, which takes into consideration the kind of society in which we live. This is the technological society, dominated by the mass media.
in which traditional sources of grounding such as religion and the family have waned, leaving us more adrift and in need of guidance. He suggests that propaganda fulfills this vital need. Ellul's analysis of propaganda is sociological, psychological, and philosophical. For anyone who wishes to think deeply about propaganda, Propaganda: The Formation of Men's Attitudes (Ellul, 1965) is a must read. Ellul's broad, integrative analysis carries us far beyond persuasion strategies and communication methods and critical thinking focused on fallacies. So too do Cunningham's (2002) and Martin's (2002) discussions at the ethical and epistemic levels of analysis. Ellul (1964) considers the view of propaganda as the defense of an idea as dangerously elementary given its "manipulation of the mob's subconscious" (p. 373). Not all propaganda is intentional. Much is not. Ellul refers to propaganda as it is traditionally known, as political propaganda in which techniques are used to alter behavior of the public. Here, the choice of methods is deliberate and the desired goals are precise (Ellul, 1964, p. 62). He defined sociological propaganda as methods used in a society "to integrate the maximum number of individuals into itself, to unify its members' behavior according to a pattern, to spread its style of life abroad, and thus to impose itself on other groups" (p. 62). Ellul (1965) views sociological propaganda as the cement that holds a technological society together.

Ellul (1965) suggested that the key purpose of propaganda is to encourage certain ways of acting:

... The aim of modern propaganda is no longer to modify ideas, but to provoke action. It is no longer to change adherence to a doctrine, but to make the individual cling irrationally to a process of action. It is no longer to lead to a choice, but to loosen the reflexes. It is no longer to transform an opinion, but to arouse an active and mythical belief... (p. 25)

... propaganda seeks to induce action, adherence, and participation—with as little thought as possible. According to propaganda, it is useless, even harmful for man to think; thinking prevents him from acting with the required righteousness and simplicity. (p. 180)

It relies on presuppositions and myths and hardens and sharpens them. Propaganda works partly through suggestions (associative learning) and other psychological processes, such as desires to be one of the "in group." Only words and related descriptions that fit the current propaganda are heard; only these words move people. For example, in my own department even when it was pointed out that many staff were literally in tears as a result of their total exclusion from a decision by the interim dean to relocate their work spaces, most of those with power to speak on their behalf remained silent. Ellul (1965) argues that alienation is a key effect of propaganda:

Propaganda strips the individual, robs him of part of himself, and makes him live an alien and artificial life, to such an extent that he becomes another person and obeys impulses foreign to him. He obeys someone else.

Once again, to produce this effect, propaganda restricts itself to utilizing, increasing, and reinforcing the individual's inclination to lose himself in something bigger than he is, to dissipate his individuality, to free his ego of all doubt, conflict, and suffering—through fusion with others; to devote himself to a great leader and a great cause. In large groups, man feels united with others, and he therefore tries to free himself of himself by blending with a large group. Indeed, propaganda offers him that possibility in an exceptionally easy and satisfying fashion. But it pushes the individual into the mass until he disappears entirely... what is it that propaganda makes disappear? Everything in the nature of critical and personal judgment. (p. 169)

Indicators of propaganda include a blind confidence in beliefs, a lack of tolerance for criticism and a lack of responsibility to well-argued alternative views. Propaganda seeks to reach the individual through psychological channels. A variety of methods are used to encourage emotional responses rather than critical appraisal of competing views. Misleading language such as euphemisms is used. Propaganda appeals to myths, stereotypes, and dispositions common to many people; it requires mass communication which appeals to accepted myths reflecting popular beliefs. It would take too much time to individually target the unique concerns, hopes, values, and goals of each individual. Popular personalities embody these myths. Propaganda must be used in a democracy to influence the "masses" because they participate in political affairs. Yet to be effective, it must give the impression of being personal, applying to the individual; little distinction is made between the group and the self. Government must make timely decisions, it cannot wait for popular opinion for guidance; so it acts and then manipulates opinion.

**Integrative Propaganda**

Ellul (1965) distinguishes between agitation propaganda and integration propaganda. The purpose of agitation propaganda is to encourage resentment as a route to rebellion. In integrative propaganda we become "adjusted" to accepted patterns of behavior. Indeed people who do not follow accepted patterns of behavior are often labeled as deviant, mentally ill, or criminal. Integrative propaganda is the most insidious kind because we do not rebel against it. Ellul challenges the belief that the purpose of propaganda is to change opinions; he argued that the major function is to maintain the status quo and encourage action or inaction that maintains this or takes it in a similar direction. The purpose of psychological methods, such as group integration and group unanimity, is to neutralize
or eliminate aberrant individuals. The concepts of adjustment and adaptation are promoted. Much of this kind of propaganda occurs under the guise of education. Indeed, Ellul argues that propaganda could not be successful without years of pre-propaganda dispensed in our school systems (see also Illich, 1976; Freire, 1973; and Skinner, 1953, 1974). Education is central to the effectiveness of propaganda; it is a precondition. Ellul refers to this as pre-propaganda—the conditioning of minds with vast amounts of incoherent information, already dispensed for ulterior purposes and posing as “facts” and as “education.” This creates automatic reactions to particular words and symbols. This background helps structure/ frame issues in certain ways making further stratagems more likely to be successful.

Content given in schools shapes beliefs in directions compatible with propagandas favored by the state. Why is it that most children do not grow up to be critical thinkers who demonstrate these skills and value related dispositions such as intellectual empathy (a sincere interest in understanding other points of view) and intellectual humility (applying the same standards of critical appraisal to one’s own views as to the views of others; e.g., Paul, 1993; Paul & Elder, 2012). This pre-propaganda sets the stage for what is to come and, as Ellul notes, suggests the challenges if the sleeping are to awake—the challenges that lie ahead if we wish to break out of the cloudy bubble of propaganda we float in that limits our vision like a hardening cataract. Ellul suggests that intellectuals are the most vulnerable to propaganda because (a) they are exposed to the largest amount of secondhand unverifiable information (b) they feel a need to have an opinion on important questions, and (c) they view themselves as capable of “judging for themselves.”

No contrast can be tolerated between teaching and propaganda, between the critical spirit formed by higher education and the exclusion of independent thought. One must utilize the education of the young to condition them to what comes later . . . (Ellul, 1966, p. 13).

To be effective, propaganda must constantly short-circuit all thought and decision. It must operate on the individual at the level of the unconscious. He must not know that he is being shaped by outside forces . . . but some central core in him must be reached in order to release the mechanism in the unconscious which will provide the appropriate—and expected—action. (Ellul, 1965, p. 27)

**Propaganda as Integral to a Technological Society**

Ellul (1965) views propaganda as inevitable in a technological society to solve problems created by technology, to play on maladjustments, and to integrate us into such a world (see also Ellul, 1964). Propaganda is an indispensable condition for technical progress and creation of a technological civilization; it integrates us into this world: “Modern man deeply craves friendship, confidence, close personal relationships. But he is plunged into a world of competition, hostility, and anonymity” (Ellul, 1965, p. 175). Propaganda is the means used to prevent increasing mechanization and technological organization “from being felt as too oppressive and to persuade us to submit with grace” (p. xviii). We live in a technological society, one pervaded by technicians of all sorts, including millions in the helping professions and allied enterprises. Technique refers to all methods rationally arrived at and having absolute efficiency in all areas of human activity (Ellul, 1964). It refers to standardized means for achieving a given outcome. Ellul (1964) suggests that we live in a technological society that reaches into every aspect of our lives and takes on a life of its own in the service of increased efficiency. We are soothed by “tranquilizing abstractions” that appeal to our emotions and hopes (Ellul, 1964, p. 397). Specialization is integral to this technological society. Ellul argues that the rise of the technological society is facilitated by deeply rooted and widespread myths including the myth of “Man—not you or I, but an abstract entity. The technician intones: ‘We strive for Man’s happiness; we seek to create a Man of excellence’ . . .” (Ellul, 1964, p. 390). He suggests that failure to distinguish between individuals and abstractions such as “man,” encourages a lack of curiosity regarding the individual. Individual experience and the unique environments remain unknown.

Ellul approaches technology in a broad sense, far beyond the invention of machines. We live in a technological milieu. The mass media, advertising, public relations, bureaucracies are techniques. Technologies in the helping professions include widely used procedures such as case records, home visits, risk assessment scales, screening instruments, observation systems for recording interactions between clients and their significant others, and methods used to evaluate competence (see, e.g., Margolin, 1997). The psychiatric classification system (the Diagnostic and Statistical Manual of Mental Disorders [DSM]) is a technique (American Psychiatric Association, 2000). Human relations and psychotherapy are techniques. Technology presses toward efficiency, standardization, systematization, and the elimination of variability which requires inattention to individual differences. We spend our time looking at, listening to, and talking to machines, now including Twitter, Facebook, and YouTube (Richtel, 2010). Thus, today’s propaganda is a “new propaganda” as it permeates all areas of our lives:

It is a matter of reaching and encircling the whole man and all men. Propaganda tries to surround man by all possible routes, in the realm of feelings as well as ideas, by playing on his will or on his needs, through his conscious and his unconscious, assailing him in both his private and his public life. It furnishes him
with a complete system for explaining the world, and provides immediate incentives to action. . . . Through the myth it creates, propaganda imposes a complete range of intuitive knowledge, susceptible of only one interpretation, unique and one-sided and precluding any divergence. (Ellul, 1965, p. 11)

In the technological society all forms of information are dominated by the imperative of la technique. Ellul (1964) argues that technique presses for evermore standardization and efficiency: “When technique has fastened upon a method, everything must be subordinated to it. There are no longer any neutral objects or situations” (p. 125). Ellul argues that all techniques are related. Technologies in different areas are more and more closely integrated in a system of technologies so that, if a change occurs in one area, change occurs in others. Stivers (2001) suggests that the growth of “how-to-books” reflects our technological society in which standardized means are used to attain certain ends. He argues that our belief in technology has become a belief in magic—a belief that technology can solve all problems. Although much propaganda is planned by organized groups, Ellul (1965) suggests that even more results from the increasing development and integration of technique. It is propaganda that encourages consumers to buy the goods that fuel the economy and maintains the myth of work needed to encourage people to work long hours. He distinguishes between vertical propaganda made by a political or religious head who acts from a superior position of his authority and horizontal propaganda which he views as a more recent development. Here propaganda is made inside the group. In vertical propaganda the apparatus of the mass media of communication is needed whereas in horizontal propaganda, an organization of people is required.

Pervasive propaganda creates distrust of others since, more than ever in such a society, we are “on our own,” yet are approached as a mass of individuals, as when watching TV or listening to the radio, or using the Internet (even when we are alone in our living room). In the society that Ellul describes, there are constant alternating themes of terror, for example, fears of crime and of impersonal forces that may affect our lives (e.g., economic depressions), and of self-assertion (calls to take action when no real action is possible) which results in “continuous emotional contrast” (Ellul, 1965, pp. 178-179). This contrast is very wearing, psychologically and emotionally. Such an individualistic society is fertile ground for modern propaganda: “What man thinks either is totally without effect or must remain unsaid. . . . [There is] a radical devaluation of thought” (p. 180). Indeed Ellul (1965) argues that in a technological society, there is a separation between thought and action (because no real action is possible that would have an effect on the corporations and bureaucracies that influence our lives), as well as a separation between public and personal opinion: “He does not need to think in order to act; his action is determined by the techniques he uses and by the sociological conditions” (p. 179).

. . . language, the instrument of the mind, becomes “pure sound,” a symbol directly evoking feelings and reflexes. This is one of the most serious dissociations that propaganda causes. There is another: the dissociation between the verbal universe, in which propaganda makes us live, and reality. (Ellul, 1965, p. 180)

Such splits, for example between thought and action, create an “attitude of surrender”; of resignation combined with occasional defensive reflexes of “flight into involvement” (Ellul, 1965, p. 182).

Propaganda prevents confusion created by contradictory facts; it provides group belonging. One can be an “insider.” It offers “ready-made opinions for the unthinking.” Not to have an opinion is to be “out-of-touch.” It provides us with ready-made justifications for prejudices and valued ideologies. It decreases anxiety and prevents confusion about “what to think” which occurs when contradictory facts and messages are considered. We can feel superior to the excluded or allegedly deluded (e.g., those who question the assumptions that mental illness is a brain disease):

. . . But one of man’s greatest inner needs is to feel that he is right. This need takes several forms. First, man needs to be right in his own eyes. He must be able to assert that he is right, that he does what he should, that he is worthy of his own respect. Then, man needs to be right in the eyes of those around him, his family, his milieu, his co-workers, his friends, his country. Finally, he feels the need to belong to a group, which he considers right and which he can proclaim as just, noble, and good. (Ellul, 1965, p. 155)

. . . Man, eager for self-justification, throws himself in the direction of a propaganda that justifies him and thus eliminates one of the sources of his anxiety. Propaganda dissolves contradictions and restores to man a unitary world in which the demands are in accord with the facts. . . . It permits him to participate in the world around him without being in conflict with it. (Ellul, 1965, p. 159)

The other key point that Ellul makes and that is again so characteristic of his integration of the psychological and sociological is the encouragement of passivity—a passive stance toward the world; we act without thinking and think without acting. We are unable to rouse ourselves to take action in the midst of clear injustices. Words lose their meaning to arouse action in the face of injustice unless they have become symbols of propaganda assuming a slogan-like quality.
Ellul’s portrait of the symbiotic linkage between information and propaganda is predicated on a vision of the moral and psychological emptiness within modern men and women. He speaks of the individual’s laziness, the need for simple explanations and coherence, and an affirmation of his own worth; the loneliness for which propaganda is the remedy; the need to belong, to believe and obey; our intellectual sloth and desire for security, the state of collective passivity; the need to be right and to belong to a group viewed as right, the need “not to be just . . . but to seem just, to find reasons for asserting that one is just.” He suggests that this corresponds to our refusal to see our own reality. Propaganda methods are often “rational.” Irrational responses are created on the basis of rational and factual elements. Methods and mediums include education, publicity, public relations, and psychotherapy. Channels include radio, television, magazines, the Internet, and newspapers. Ellul (1964) emphasizes uses of two quite different categories of techniques:

. . . the first is a complex of mechanical techniques (principally radio, press, and motion pictures) which permit direct communication with a very large number of persons collectively, while simultaneously addressing each individual in the group. These techniques possess an extraordinary power of persuasion and a remarkable capacity to bring psychic and intellectual pressure to bear. The second category consists of a complex of psychological (and even psychoanalytical) techniques which give access to exact knowledge of the human psyche. It can thus be motivated with considerable confidence in the results. (pp. 363-364)

Indeed, Bernay’s creation of the public relations industry made stunning use of psychoanalytical techniques (Ewen, 1976). Reality is distorted. Images are used “to form rather than inform” (Ellul, 1964, p. 371). Discussions and debate are anathema to propaganda. Ellul argues that propaganda ceases where simple dialogue begins. He argues that propaganda requires mass communication which appeals to accepted myths reflecting popular beliefs. Censorship, distortion, distraction, and confusion are major propaganda methods (Gambrill, 2012a).

**Applying Ellul’s Analysis to the Helping Professions**

Ellul’s sociological analysis of the role of propaganda in a technological society requires consideration of the “big picture” (the total context) in understanding propaganda in the helping professions and possible remedies, including the consumer-oriented society in which we live, defining ourselves by the commodities we possess promoted by endless advertisements for goods and services. Propaganda, as Ellul suggests, both creates desires and offers solutions for them. We can draw on Ellul’s sociological analysis emphasizing the role of technology to understand why the interpersonal helping professions have grown and why a decontextualized view of human problems is so readily accepted. Ellul’s view of propaganda contributes to understanding why helping professionals and fellow travelers tend to focus on the individual as both the locus of and cause of maladies as illustrated by the DSM, fourth edition, text revision (DSM-IV-TR, American Psychiatric Association, 2000).

**The Technological Society in Which We Live Creates Most of the Problems Helping Professionals Address While Obscuring Their Origins**

Striking in Ellul’s analysis of propaganda is the integration of the psychological and sociological. Central to Ellul’s analysis is the argument that reactions such as anxiety, alienation, loneliness, and depression are the result of living in a technological society which robs us of our freedom and engagement with life (see also Stivers, 2004). Ellul (1965) views anxiety as “a collective phenomena affecting a very large number of individuals in our society . . .” (p. 154). He suggests that individuals find themselves in a situation in which neurosis is a constant possibility. And, neurosis can actually become collective, when some event throws a whole group into frenzied anxiety or irrational considerations. Man also feels himself the prey of the hostile impulses of others, another source of anxiety. Besides, he is plunged into conflicts inherent in our society which place him in conflict with himself, or rather place his experiences in conflict with the social imperatives. (Ellul, 1965, pp. 154-155)

Aside from the conflict between the government’s proclaimed respect for our needs and their frustration in reality, between the advertised freedom and the real constraints, peace is worshiped in societies that prepare for war, culture is spread that cannot be absorbed, and so on. The experience of contradiction is certainly one of the prevalent experiences in our society. But man cannot endure contradiction; anxiety results, and man struggles to resolve the contradiction in order to dissolve his anxiety.

Finally as a result of all the threats and contradictions in contemporary society, man feels accused, guilty. He cannot feel that he is right and good as long as he is exposed to contradictions, which place him in conflict with one of the group’s imperatives no matter which solution he adopts. But one of man’s greatest inner needs is to be right, in his own eyes . . . that he is worthy of his own respect. Then, man needs to be right in the eyes of those around him. (Ellul, 1965, p. 155)
Ellul describes the stresses of life in moving terms including the disappearance of supports. He suggests that the technological society leaves us evermore exposed to dangers both real and imagined as it presses for greater efficiency and standardization and in which the forces that affect our lives are increasingly global, removed, and obscured. There are fragmentations and splits such as that between belief and action. It is often impossible to act on our beliefs, and our actions have little effect on the large interrelated bureaucracies that influence our lives. There is a dissociation between thought and action—a “dissociation between the verbal universe in which propaganda makes us live, and reality” (Ellul, 1965, p. 180). Illouz (2008) highlights the effects of “verbal overshadowing” on our lives; words prevent us from feeling and seeing. Other dissociations include the mechanization of work:

The mechanism of work is based entirely on dissociation: those who think, establish the schedules, or set the norms, never act—and those who act must do so according to rules, patterns, and plans imposed on them from outside. Above all, they must not reflect on their actions. (p. 180)

Ellul (1965) suggests that we take “refuge in inertia” (p. 181) created by being subjected to conflicting propaganda, for example of opposing political parties: “But propaganda grows in effectiveness as its themes cause more anxiety” (p. 182). A second “defensive reflex is flight into involvement” (p. 182), so escaping clashing propagandas: “Having suffered too many propaganda shocks, he becomes accustomed and insensitive to them...he reacts with indifference, he escapes it...” (p. 183). Smaller and smaller doses of propaganda suffice.

Ellul (1965) argues that “man has good reason to be afraid.”

Anxiety, hostility, reduction of self-respect...striving for power...reinforcement of hostility and anxiety...a tendency to withdraw in the face of competition, accompanied by tendencies to self-depreciation...failures and disproportion between capabilities and accomplishments...reinforcement of feelings of superiority...reinforcement of grandiose ideas...increase of sensitivity with an inclination to withdraw...increase of hostility and anxiety... (Ellul, 1965, p. 168)

Ellul (1965) suggests that “these responses of the neurotic are identical with those of the propagandee, even if we take into account that propaganda ultimately eliminates conscious anxiety and tranquillizes the propagandee” (p. 168). Horney argues that the neurotic, torn between conflicting wishes, may not be aware that he is suffering. So too, the propagandee, now basking in assured beliefs and fellow believers, may not know he has been propagandized.

Context is obscured. A key aim of all propaganda is to obscure contingencies (associations between our behavior and environmental consequences) that, if noticed, would result in countercontrol. What is real is hidden and what is unreal is created. All writers on the subject of propaganda stress the role of censorship, what is hidden—what is out of sight but influencing us such as the role of health, economic, housing, educational disparities in creating human miseries. Propaganda in the helping professions obscures the origins of distress by directing attention to the individual as the locus of and cause of problems. Depression is described as a “serious medical illness” on “Medline Plus; Trusted Health information for you” (U.S. National Library of Medicine, National Institutes of Health). We are told “Depression is a disorder of the brain.” Certainly individual differences influence behavior. For example, genetic differences in temperament influence reaction thresholds to environmental changes. But, just as certainly we are influenced by our environments, as illustrated by continuing effects of childhood stress and adversity (e.g., see Drury et al., 2011; Maholmes & King, 2012; Shonkoff & Garner, 2012).

Contemporary approaches to anxiety in psychiatry and psychology including biopsychiatry and the grand narrative of clinical psychology are typically silent on the origins of anxiety in our capitalistic/consumer-oriented society. Illouz (2008) and Rapley, Moncrieff, and Dillon (2011) describe the co-optation of psychology by a biopsychiatric framing. Such a framing is also true of much of social work (Gomory, Wong, Cohen, & Lacasse, 2011). There is an eclipse of context—a failure to recognize the social construction of personal and social problems (Loeske, 1999) and the role of environmental causes of individual miseries. Such reductionistic approaches are deeply mystifying and dehumanizing in ignoring structural causes of distress. Cognitive therapy reduces us to our thoughts. Biological views reduce us to our brain chemistry. Both ignore cultural contexts and individual...
subjectivities and complex interactions among them. "Wellness centers" reveal a menu focused on the individual: exercise programs, yoga, relaxation. We do not find offerings such as the following: (a) options for political action when confronted with an autocratic, abusive supervisor or administrator; (b) how to form coalitions when confronted with unfair work requirements; and (c) guidelines for whistle-blowing when an administrator refuses to engage in cost-saving measures such as recycling. In the therapeutic state, anxiety is viewed as a mental disorder created by brain dysfunctions. For example, anxiety in social situations is converted into "social anxiety disorder". The causes of anxiety are located within the person and structural variables, are overlooked. If it is true that anxiety, alienation, depression, and feelings of helplessness are key effects of the society in which we live, focusing attention on the client as the source of his or her own miseries continues the mystification of both clinician and client while giving the illusion that light has been shed and remedies have been provided. Because anxiety is viewed as a disorder of the individual, we lose opportunities to help people understand its structural causes.

Programs that conflict with popular approaches are ignored, such as Portugal's successful decriminalization of drugs in 2001 (Hughes & Stevens, 2010). For example, this is not even mentioned in a recent book on alcohol and drug use published by the National Association of Social Workers (A. A. Abbott, 2010). Harms of the war on drugs in the United States are hidden and minimized. Boyle (2011) describes the many ways in which the role of the environment is obscured (see also Boyle, 2002). She describes discursive and research methods that obliterates context in the study of individuals often reduced to their brains and minds. Distress and behaviors of concern are converted into "symptoms" and "disorders" and then the focus is on these and related diagnostic categories. As she notes:

"It is possible to talk about people and to produce vast amounts of research using this strategy without once mentioning any life experiences as in the study of symptom clusters, the development of symptom checklists, compilations of diagnostic reliability or of the relationships between symptom and diagnosis and diagnoses and outcomes. (Boyle, 2002, p. 28)

"Experience is converted to diagnostic symptoms" (p. 29). Yet another way to obscure context that Boyle describes consists of promoting adverse environments as consequences of, not as causes of, distress. She argues that the vulnerability stress hypothesis is a key way in which life experience is underplayed—only the vulnerable are affected; past history is eclipsed.

History is obscured. As emphasized in evolutionary approaches, we have a history both as individuals and as a species. These histories influence the environments we encounter and create and their risks and opportunities. We evolve in certain ways depending on our experiences. Both social and nonsocial defense systems evolve over time. Hundreds of studies in the experimental analysis of behavior show that our learning histories shape our behavior and that what is viewed as "disordered" behavior often results from "disordered" environments, including unsolvable problems and unpredictable uncontrollable events. Joseph Wolpe (1958, 1990) drew on principles of learning to understand and alter anxiety. He argued that "neurotic" (then called) reactions were due to unusual learning histories; they occurred based on the same principles of learning as all behavior. Thus, someone with seemingly bizarre thoughts, feelings and/or behaviors has experienced a particular environment creating reactions designed to cope with such unusual environments, often at a high cost (see also Staats & Staats, 1963). This normalizes behavior. We examine the environments in which people have grown up and now live in, trying to understand their unique challenges and related reactions. Such an approach is integral to applied behavior analysis (Goldiamond, 1974; Layng, 2009) as well as to culturally informed psychoanalytic approaches such as that of Karen Horney (1937) whom Elull quotes.

The extensive experimental literature on anxiety and fear illustrates that unusual responses are understandable if we understand the conditions in which they are created. Both "learned helplessness" and so-called "fixed, neurotic responses" are understandable in relation to the learning conditions that precipitated them (e.g., see Overmier & Seligman, 1967; Seligman, 1972; Solomon & Wynne, 1954). Related experiments demonstrate that animals try to solve problems but when the problems appear insolvable, they stop trying. This, to the outside observer with no knowledge of prior circumstances, looks bizarre. Some view homeless people who stay outside in the freezing cold as mentally ill. But are they? Here too, we have to understand an individual's unique environmental circumstances and history. Propaganda in the helping professions obscures or distorts context and history. A learning perspective concerning unusual behaviors suggests a quite different approach than does a biomedical view which obscures context and history. Unusual learning histories create unusual repertoires; thus behavior always "makes sense" (see also Harlow, 1964; Kanter, Cautilli, Busch, & Baruch, 2005).

The vital cuing role of safety or danger signals is eliminated and/or misdirected. Anxiety and fear are emotional reactions to danger. Our emotions are clues to contingencies—relationships between our behavior and environmental consequences and antecedents (Skinner, 1974); they suggest sources of pleasure and of negative events. They can be used as clues to environmental events that influence our lives. However in the technological society, this vital cuing function is lost, encouraged by misleading grand narratives promoted in the helping professions and other sources including.
including funding agencies. Ellul (1965) argues that “propaganda suppresses the warning signals that anxieties, maladjustments, rebellion, and demands once supplied” (p. 175): “Propaganda’s artificial and unreal answers for modern man’s psychological suffering are precisely of that kind: they allow him to continue living abnormally under the conditions in which society places him” (p. 175).

Unlike fear, the causes of anxiety are amorphous although we may give rational reasons for irrational anxiety. And, we can be anxious without knowing it. In a learning approach, anxiety is viewed as a learned reaction (e.g., Brewin, 2006). Anxiety may result both from an increase in danger signals and from a decrease in safety signals. Predictability and controllability of both safety and danger signals affect the development and maintenance of anxiety responses. Danger and safety signals have opposing signal properties. Danger signals elicit withdrawal, whereas safety signals elicit approach. Safety signals provide information about alternative behavior, coping, and potential positive outcomes. Although danger and safety have opposing properties, they have complimentary functional relationships (Lohr, Olatunji, & Sawchuk, 2007). For example, to learn what is safe, we must first learn of danger. Danger and safety signals may be controllable or uncontrollable and predictable or unpredictable. Lohr et al. (2007) suggest that prediction and control are often confused, obscuring the way in which they interact to produce unusual patterns of behavior. Signals may emanate not only from the external world, but in addition, because of our learning history, may also be triggered by our own physiological reactions and thoughts which, although linked to our learning histories and current environment, often become the sole focus of attention in cognitive and cognitive-behavioral approaches. In a technological society dominated by propaganda, unpredictability and uncontrollability of safety and danger signals abound; the defensive system is constantly agitated.

Triumph of the superficial. The press of technology in the helping professions and society at large requires skating on the surface—ignoring context and history. Little time is given within managed care to become aware of environmental sources of anxieties and feelings of helplessness. Students in professional degree programs are often indoctrinated into use of the psychiatric classification system (Lacasse & Gomory, 2003). Data from decades of work in experimental laboratories that show that fear, anxiety, and depression are related to our learning histories are ignored. The term disorder as in “mental disorder,” locates causal factors within the individual rather than in the learning histories of individuals. A learning perspective is too dangerous a view in our technological society, especially a radical behavioral one which encourages a close examination of our environments (Biglan, 1995; Kunkel, 1970; Mattaini, 2002; Skinner, 1974). Skinner (1953) advocated increasing our awareness of social, political, and economic contingencies to enable us to exert counterculture to avoid unwanted influences, as have authors such as Freire (1973) and Mills (1959).

The Expansion of the Helping Professions

Propaganda both creates needs and offers solutions for them (Ellul, 1965). Propaganda in the helping professions maintains and expands turf by obscuring mismatches between knowledge claims (e.g., of effectiveness and causation) and their evidentiary status (have they been critically tested and, if so, with what results) and by rechristening evermore variations in bodies, behaviors, feelings, and thoughts as risks and illnesses in need of surveillance and expert attention (Clarke, Mamo, Fosket, Fishman, & Shim, 2010; Gambrill, 2012a). The growth in the number of professionals is fueled by the creation of evermore alleged “diseases,” and risks, for example, labeling common mood changes and anxieties as “mental disorders.” This is precisely the method of “disease mongering” promoted by the biomedical industry and involved players in which common risks and behaviors are transformed into medical illnesses (disorders) requiring the help of “experts” (Payer, 1992). Promotion of health as a valued commodity has become so prominent that some describe this as “health fascism” (Edgley & Brissett, 1999). The creation of health scares and related state policies enrich health promoters and enhance politician’s power to control the population (Skrabanek, & McCormick, 1998; Szasz, 2001). The growth of the helping professions is fueled by new technologies such as neuroimaging methods used in mammograms which can identify very small calcifications, and the proliferation of psychological measures claimed to accurately identify various dysfunctions and maladies including female sexual dysfunction (Moynihan & Mintzes, 2010).

The continuing expansion of disease categories offers evermore control opportunities—ever more opportunities for those with more power to impose surveillance, labels, and treatments on those with less power. Those who enter the helping professions do so with beliefs inculcated during pre-propaganda stages, including professional education programs inundating students with information and often not encouraging critical appraisal (e.g., see Lacasse & Gomory, 2003). As with all propaganda, pre-propaganda influences not only by what it emphasizes (the individual as the locus of problems) but also by what it hides (the stresses and strains created by the technological society in which we live dominated by the medical gaze, Foucault, 1973). Propaganda encourages budding professionals and staff in related institutions, including our major universities, research centers, contract organizations, and policy think tanks, to focus on individuals. Political, social, and economic aims are pursued in the guise of educating professionals and helping clients. Indicators of indoctrination versus education include censoring alternative views and evidence against preferred views (Gambrill, 1997; Tiyer, 2005).

"Adjustment“ Is Focused On

The helping professions comprise one of our most effective social control arenas. Adjustment is the goal in the helping
professions—adjusting people to the dehumanizing effects of the technological society in which we live in a way that is compatible with the growth of technology and its press for standardization:

Man is to be smoothed out, like a pair of pants under a steam iron... There is no other way to regroup the elements of the human personality: the human being must be completely subjected to an omnipotent technique, and all his acts and thoughts must be the object of the human techniques. Those men, undoubtedly “men of good will,” who are so preoccupied with the technical restoration of man’s lost unity certainly have not willed things as they have turned out. Their error lies much more in not having clearly seen genuine alternatives. The conscientious psychologist, sympathetic though he may be to human suffering, does not even consider alternative solutions to the problem. For him, technique imposes a technical solution. And this solution indeed restores unity to the human being, but only by virtue of the total integration of man into the process which originally produced his dismemberment. The psychologist sees this dismemberment (and civilization’s neuroses, too) as symptomatic of the incompleteness of the absorptive process. To achieve unity, then, means to complete the process. (Eilull, 1964, p. 411)

Isn’t adjustment “too modest an ideal, if it is an ideal at all?” (Bruner, 1962). The social control function of propaganda in the helping professions constricts our freedom to think, feel, and act. This funnels our thoughts, feelings, and actions into paths congenial to prevailing propagandas such as that life’s problems are due to mental diseases obscuring the causes in the technological society in which we live. It serves the function of integrating us into our society:

With the development of the therapeutic service sector of the economy, an increasing proportion of all people come to be perceived as deviating from some desirable norm, and therefore as clients who can now either be submitted to therapy to bring them closer to the established standard of health or concentrated into some special environment built to cater to their deviance. (Illich, 1976, p. 123)

**Standardization and Efficiency Increase as Do Technologies in Their Service**

The press for standardization and efficiency inherent in a technological society can be seen in the use of code numbers and labels for an ever-increasing number and variety of (mis)behaviors viewed as “mental illnesses” in the DSM-IV-TR, now numbering in the hundreds and poised to be even more inclusive in the DSM-5 to be released in 2013. This classification system must be used for third-party payment in the mental health system as well as by researchers who seek funding for projects concerning related behaviors, thoughts, and feelings (e.g., anxiety, depression). Technologies such as the DSM have a life of their own—pressing toward greater inclusiveness and efficiency which requires ignoring the qualitative—unique individual differences (Perez-Alvarez, Sass, & Garcia-Montes, 2008). More and more, subjectivity, the uniqueness of individuals, including their unique desires, is squeezed out, and we are treated as a code number, perhaps assigned by a computer. Individual thoughts, feelings, and behaviors are reduced to abstractions; they are objectified (stripped of individual variations and meaning). Ever more standardized technological responses to human misery are offered such as computerized cognitive-behavioral therapy offered for depression in Scotland ("Computers Replace Counselors," 2012), and/or a pill to attempt to regain meaning. The associated grand narrative of health/illness squeezes out alternative contextual views. The poor are under special surveillance (Monahan, 2008, Wacquant, 2009).

**The growth of surveillance.** The technologies of surveillance which grow evermore invasive contribute to propaganda in the helping professions. Endless risks are hyped (e.g., see Rothstein, Huber, & Gaskell, 2006). Using a public health framing, governmental agencies such as the Centers for Disease Control conduct ever more surveys in evermore locations using ever more intrusive technologies to track alleged “mental illnesses” promoting a decontextualized framing of problems-in-living. Consider this from the Public Health Surveillance Program Office, Centers of Disease Control in the United States:

Mental illnesses account for a larger proportion of disability in developed countries than any other group of illnesses, including cancer and heart disease. In 2004, an estimated 25% of adults in the United States reported having a mental illness in the previous year. The economic cost of mental illness in the United States is substantial, approximately $300 billion in 2002. Population surveys and surveys of health-care use measure the occurrence of mental illness, associated risk behaviors (e.g., alcohol, and drug abuse) and chronic conditions, and use of mental health-related care and clinical services. Population-based surveys and surveillance systems provide much of the evidence needed to guide effective mental health promotion, mental illness prevention, and treatment programs.

This report summarizes data from selected CDC surveillance systems that measure the prevalence and impact of mental illness in the U.S. adult population. CDC surveillance systems provide several types of mental health information: estimates of the prevalence of diagnosed mental illness from self-report or
recorded diagnosis, estimates of the prevalence of symptoms associated with mental illness, and estimates of the impact of mental illness on health and well-being. Data from the CDC 2005-2008 National Health and Nutrition Examination Survey indicate that 6.8% of adults had moderate to severe depression in the 2 weeks before completing the survey.

Future surveillance should pay particular attention to changes in the prevalence of depression both nationwide and at the state and county levels. In addition, national and state-level surveillance should measure a wider range of psychiatric conditions and should include anxiety disorders. Many mental illnesses can be managed successfully, and increasing access to and use of mental health treatment services could substantially reduce the associated morbidity. (Reeves et al., 2011)

Virtually no attention is paid to environmental causes of distress in this 2011 report except “access to and use of health services” as a risk factor (Reeves et al., 2011, p. 11). Our behavior will be subject to airborne surveillance by drones now used by commercial sources (Brustein, 2012). Health records of therapists will be reviewed together with their client records to search for clues to prevention and the treatment of depression (Versel, 2010).

The rise of the bureaucrats and managerialism in the helping professions. Managerialism has grown relentlessly (e.g., Charlton, 2010; Rogowski, 2010). Charlton (2010) titled an article: “The Cancer of Bureaucracy.” Increased standardization and efficiency can be seen in the many examples of goal displacement in agencies and organizations in the health care system, for example, focusing on easily measurable outcomes that may not reflect those valued by clients (or promoted as valuable by the organization), because they are easy to measure on check-boxes. This press for standardization and efficiency combines with the emphasis on productivity to squeeze out time for reflection. Child welfare workers in the United States and the United Kingdom spend between 40% and 60% of their time on administrative paper work. The data entered are collated to describe overall patterns of service. But do these overall patterns reveal what is done in the everyday exchanges between clients and staff. For example, in what percentage of cases do staff accurately describe clients concerns and related circumstances? In what percentage of cases do staff simply label a client and refer a client to another agency of unknown quality? Appeals to professionalism are used to direct practitioner behavior in ways that the organization (not necessarily the profession) deems appropriate (Evets, Mieg, & Felt, 2006, p. 112). Rothstein et al. (2006) suggest that increased regulatory control reflected in institutions increases attention to risk.

We Are Offered an Illusion of Choice

Propaganda in our technological society offers an illusion of choice: “The essence of propaganda is to act upon the human subconscious but to leave men the illusion of complete freedom” (Ellul, 1964, p. 372). We think we have a choice but our choices are confined to those alternatives favored by prepropaganda and current engines of public relations, advertising, health promotion, and political discourse. A variety of strategies are used to create an illusion of openness and choice as well as to direct attention away from lack of openness and choice and consideration of divergent views. Choice is everywhere highlighted as our right, even in names for programs, but when closely examined as to its reality, alternatives that we may favor are absent. Managed care programs pay only for certain services and only for a certain length of time. The poorer we are, the less our choices are. Parents involved in the child welfare system typically are not informed that the parent training programs to which they are referred are unlikely to help them and that other programs which are not available would be likely to help them. Clients who misuse alcohol are usually not informed that some view substance (mis)use as a choice, not as an addiction (e.g., Heyman, 2009). Thus, choice is limited both in problem framing and in related intervention alternatives.

Critical Appraisal Languishes

The creators of the process and philosophy of evidence-based practice (e.g., Sackett, Richardson, Rosenberg, & Haynes, 1997) emphasized concerns in the professional literature such as the deeply flawed process of peer review and the gap between knowledge available and what was used by professionals. Ioannidis (2005) argues that most published research findings are false. Ellul (1965) suggests that if we practice a profession, in addition to financial rewards, we must adorn it with idealistic or moral justification: “It becomes our calling, and we will not tolerate its being questioned” (p. 157). The helping professions share goals and strategies with advertisements, including the assumption that readers are incompetent to critically appraise the accuracy of knowledge claims (Gambrill, 2012a). The deep disconnect propaganda creates between thought and action help to explain this state of affairs, especially in professions in which people spend years in programs inundating them with information while often forgoing development of critical thinking and appraisal skills. This also explains the fact that most academics and researchers work within narrow paradigms, as highlighted by Kuhn (1970). As research groups become ever larger, cartels become more prevalent, keeping discordant views on the sidelines (Bauer, 2004, 2012; see also Angell, 2009):
Obviously, propaganda limits the application of thought. It limits the propagandee’s field of thought to the extent that it provides him with ready-made (and, moreover, unreal) thoughts and stereotypes. It orients him toward very limited ends and prevents him from using his mind or experimenting on his own. It determines the core from which all his thoughts must derive and draws from the beginning a sort of guideline that permits neither criticism nor imagination. More precisely, his imagination will lead only to small digressions from the fixed line and to only slightly deviant, preliminary responses within the framework. (Ellul, 1965, p. 169)

In Conclusion

Ellul suggests that living in a technological society creates the very problems that the helping professions are designed to soothe—alienation, anxiety, anger, hopelessness, depression. Propaganda is needed to help us to live in a technological society in which technique, rather than human growth and development is of concern and acquires a life of its own as it presses for ever greater efficiency requiring ever-increasing standardization. Propaganda in a technological society functions as a form of therapy for the negative, emotional, cognitive, and behavioral effects of living in a technological society. Propaganda, including propaganda in the helping professions, provides the solace for what otherwise would be unbearable anxiety and loneliness. Propaganda gives us certainty; confusion created by conflicting propagandas is removed. It give us a “feeling of self-importance”—removing us from our “sub-human situation” (Ellul, 1965, p. 185). It gives justification. Propagandists are masters of regulating anxiety arousal. “Propaganda ultimately eliminates conscious anxiety and tranquilizes the propagandee” (Ellul, p. 168).

Transforming problems-in-living created by living in such a society, such as anxiety and depression, into brain diseases suggests the need for experts to treat these diseases. They are the modern-day bird-beak men of the plague years, administering ineffective salves to those wounded in a harsh technological environment creating confusions, passivity, and loneliness. Those in the interpersonal helping professions are supposed to help us to deal with problems-in-living. If it is true that we are all propagandized, this includes the therapists who offer services as well as those receiving them. There is a “dance in the dark”; a propagandized clinician meets a propagandized client, neither of whom is likely to detect the true causes of the client’s miseries. The negative psychological effects of living in a technological society create a surrender and passivity encouraging acceptance of remedies focused on the individual. Adjustment to this dehumanizing technological society is emphasized as can be seen in the helping professions. Techniques are created such as psychiatric labels for human misery that frame our troubles as brain disorders, hiding environmental abuses to the human spirit and potential for action. To forward this view, views that emphasize environmental causes of human miseries must be hidden, obscured, ridiculed. As Ellul argues, we typically have little time or opportunity to become informed about vital issues that affect our lives. Propaganda fills this need and prevents troubling confusion. Thus, as he points out, we are complicit in the process of being influenced. We open the Internet, go to the movies, and turn on the radio or TV. The broad-ranging integrative effects of propaganda (of which we are often unaware) and its presence even in educational institutions, renders critical reflection of material that influences our lives an uphill battle.

Can we take advantage of technology to counter propaganda? Can we use the Internet to our benefit as well as other sources that encourage critical thinking and critical appraisal skills (e.g., Gambrill, 2012b; Popper, 1994)? Will we take advantage of high-quality systematic reviews concerning specific clinical and policy questions (Littell, Corcoran, & Pillai, 2008) and critiques of the helping professions including critical appraisals of peer review (e.g., Angell, 2009; Best, 2004; Gorman & Huber, 2009; Ioannidis, 2005; Leo & Cohen, 2009; Littell, 2008; Moncrieff, 2008, 2011; Welch, Schwartz, & Woloshin, 2011)? The process and philosophy of evidence-based practice encourages transparency including acknowledgement of uncertainty (Gray, 2001; Straus, Glasziou, Richardson, & Haynes, 2010). The Cochrane Collaboration was initiated in 1992 to prepare, disseminate, and maintain high-quality reviews of the literature in relation to specific clinical or practice questions. There are now thousands of such reviews in the Cochrane database. The Campbell Collaboration was initiated in 1999 for the fields of social work, criminal justice, and education for the same purpose. These collaborations prepare systematic reviews which differ dramatically in their rigor from traditional “haphazard reviews.” Access to the abstracts of these reviews is available to the public for free. Therefore the average person with any computer and access to the Internet can search these databases. We can take advantage of blogs, chat rooms, and websites that provide critical appraisals of discourse in different areas. Examples include Pharmedout.org and criticalthinkrx.org. Some websites such as www.procon.org encourage consideration of both sides of controversial issues. We can cultivate our “sociological imagination” to understand how our behavior and inner life are molded by propaganda in our technological society (Mills, 1959). We can speak up.

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