

INTERVIEW



The *Self & Society* interview: ‘If the American masses have been brainwashed, they have done the laundry themselves’ – an interview with Professor Bill Epstein

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Introduction

Professor of Social Work at the University of Nevada, Las Vegas, William Epstein has for the last 40 years pursued a meticulous and cumulatively hard-hitting critique of the evidence base for social service interventions in the United States – most of which depend upon the routine application of psychological treatments. Epstein argues that these methods remain popular not because of their supposed effectiveness, which is doubtful, but because they help sustain the myth of the resilient individual, upon which consumer capitalism depends. His books include *The Civil Divine: Psychotherapy as Religion in America* (2006), *Democracy without Decency: Good Citizenship and the War on Poverty* (2010) and *Empowerment as Ceremony* (2013). His latest publication, *The Masses Are the Ruling Classes*, was published earlier this year.

Paul Moloney (PM): Bill, you have devoted most of your professional life to a critical examination of the outcome evidence for social services programmes and for talking therapies designed to empower or cure ... Can you summarize your main conclusions?

Bill Epstein (BE): They don't work.

PM: All of them?

BE: Yes.

PM: As you know, there are many ways of measuring ‘outcome’ when we speak of psychotherapy and counselling; could you say more about how, in your view, these therapies fail?

BE: In the most simple sense ... none of them can be shown to achieve their avowed goals.

PM: Whatever they happen to be?

BE: Whatever they are ... drug rehabilitation programmes don't rehabilitate addicts, interventions to stop sexual predation don't work. Violence prevention programmes might

appear effective when applied within institutions where prisoners are motivated to succeed – but far less so when they leave the correctional facility. Above all, attempts to handle any of the recognized psychiatric and psychological problems don't work.

PM: What about psychiatric treatments?

BE: Drug therapy is very questionable There are immense side-effects, and then when you take into consideration research trials supporting the new generation of antipsychotics – trials that have an average attrition rate of 76%, with intention to treat; that 76% represents the starting failure rate.

PM: That's extremely high

BE: It's off the charts.

PM: Critical examination of the evidence base for the SSRI 'anti-depressants' has recently shown that they are, for practical purposes, indistinguishable from placebos – especially for those who are regarded as 'moderately depressed'.

BE: Yes.

PM: Going back to talking therapy, can you say more about what is wrong with the evidence base? I'm thinking particularly of the Randomized Controlled Clinical Trial or 'RCT' method: the 'gold standard' way to test the effectiveness of psychological treatments.

BE: For the RCT approach, you are comparing two or more groups of people who have changed over time – one that has received the treatment and a comparison group who haven't – but you seldom have a good comparison sample. So you don't know whether the improvement that the treated people report in their mental health is down to seasonality, or to the maturation of the particular populations you're dealing with.

PM: 'Maturation'?

BE: An improvement in each person's ability to deal with their own problems which perhaps reflects life events, changes in their circumstances or a developmental enhancement in their ability to solve, forget or accept their difficulties – none of which need owe anything to the particular therapy being tested.

PM: The RCT method came from agricultural science and is well suited to measuring the effects of easily quantifiable procedures and outcomes – especially where there is no mutual influence between the variables: as in the application of fertilizer to seeds, for example. Some critics have argued that psychotherapy is a complex and elusive process, dependent upon the interactions of so many personal characteristics of therapist and client, that it's impossible to assess it properly by a standardized method like the RCT. How would you respond to this argument?

BE: The reasons for not doing RCTs are idiotic, but that doesn't mean that they [the RCTs] are somehow foolproof. It's almost impossible to isolate the cause of an outcome. From a research point of view, psychotherapy is a black box; you can isolate the treatment programme itself, you can have people who get the therapy and people who didn't get the therapy and you can show a positive result. But you still can't identify the key elements that actually produced the outcome; and therefore RCTs are a very valuable critical test of theory as it emerges. The problem is this: RCTs have to be repeated, replicated. In order to be sound, they need all sorts of methodological accompaniments, which make them extraordinarily expensive and impractical to apply. You almost need control of the whole psychotherapy field itself in order to use them correctly. Let me give you one example of the scale of this problem. Most of the RCTs have been conducted within a university setting, in which you have the best of the therapists – presumably faculty, and those connected to the faculty, providing the therapy.

PM: Couldn't it be argued that highly qualified experts are indeed the best people to use in a research situation: a guarantee of the precision of the theories and techniques under test?

BE: But that's part of the issue: this can't be a test of therapy as it's actually applied in daily clinical practice. For the RCTs, the best people are selected and are highly trained, and know they're being observed. Clinically, this is very far from the world of day-to-day practice. On top of that, there's no independence to the research itself: everyone connected to it wants a positive outcome. If you want to apply RCTs and make them meaningful, then it can't be in a demonstration; the test needs to be in a field situation. In turn, that implies that you have full control (as a researcher) and people can't buy their way out of it – which hampers the sample in very serious ways. Throughout the research literature, you have terrible problems of attrition. And you have terrible problems of follow-up: after their treatment is finished, most people in fact don't do very well in the longer term. And then you have terrible problems when it comes to the kinds of control groups that are used. Waiting-list controls are not adequate. A far better control is to give people a dummy therapy designed to make them comparable with those who get the genuine treatment. Furthermore, this 'control therapy' must be a convincing placebo from the point of view of both the patient and of the therapists delivering it; and then you have all sorts of financial, political, ethical, as well as conceptual problems in applying RCTs in the real world. Conclusive tests (of psychotherapy) are impossible to apply; psychotherapy must remain an ideologically sanctioned intervention, as opposed to a rationally sanctioned intervention.

PM: So because of the inherent biases and expectations built into the whole field, the RCT method can't be used in a way that is definitive, as far as psychotherapy is concerned?

BE: Yes, that's a very good way of putting it: it can't achieve its level of rational sanction. RCTs are not definitive, for all of the reasons that I've gone into.

PM: Sophisticated statistics have been used to support the claim that researchers can winnow out the curative effects of psychotherapy from the many kinds of 'noise' that

might confound them in the research context – such as the variability of the participants, the high client dropout rates that you’ve described, and so forth. How would you respond to this defence of the research literature?

BE: I asked my friend, who is a medical statistician. I said, ‘Well, what is the test?’ (he, by the way, is an extremely sophisticated guy quantitatively; he’s not nuts for how statistics are applied within the health research field in general, since the statistics are typically used because there are always small differences between the groups of interest; and small differences against the backdrop of ambiguous influences are not convincing). Anyway, he says that there is a definitive test for an intervention: ‘it’s IOT’ ... ‘Inter-Ocular-Trauma’. The benefit of the intervention hits you right between the eyes: it’s not this pussy footing around, 10% or 20% differences between treatment and control groups. It’s when you start getting 80 or 90% cure rates. For instance, some of the antibiotic creams that you put on an infection, and it goes right away; Penicillin for war wounds; anti-retroviral treatments for AIDS, and things like that.

PM: Some researchers describe specific therapies in almost exactly those terms – perhaps especially supporters of Cognitive Behaviour Therapy (CBT), such as Richard Layard and David Clarke in the UK. They argue that CBT is both the most effective and the best-evidenced of all talking treatments. It’s certainly the most researched, and there are a vast number of published outcome studies. Would you concede any of these positive claims? And do you think this large research literature accounts for its popularity, as most ‘scientific’ psychologists would say?

BE: Let’s start with the last comment. No, it hasn’t been shown to be effective. The evidence is as impaired as all of the rest. The question of why CBT is popular is obvious: it’s because it’s ‘cognitive’, which means that it combines two themes: first, the ‘behavioural’ theme which makes it sound scientific; and then the ‘cognitive’ theme, which is a tribute to man’s ‘higher faculties’. What this therapy in fact reduces to is a series of moral values that it stands to affirm. When you look at the process of cognitive therapy, the homework and all of that crap – it’s a cultural form; it’s school-marmish.

PM: The teacher/pupil relationship?

BE: Yes, in part; it’s this society shaking a finger at the client: ‘you’ve got to be more reasonable and make an effort to think your way through your problems’; but it just doesn’t work.

PM: Why, then, do you think that it’s so popular among consumers?

BE: Well, it’s because it replicates embedded cultural forms. ‘You’ve looked at your sins and you know why they’re counterproductive: come forward and accept Christ’. But the therapists say: ‘Take a look at all of the problems that have been formed and here are the steps to enlightenment that you’ve to go through – you are responsible for what happens to you’. And CBT is an adjunct to that, just like a pietistic meeting in a revivalist church that requires you to accept Christ: it’s the same thing, dressed up in a rational form.

PM: Psychologists have drawn elaborate flow charts of ‘the mind’ in operation, which purport to show how they can read and change our mental world – because CBT is based on laboratory evidence.

BE: Frankenstein created his monster in a laboratory. More seriously, CBT relies upon the assumption that thoughts give rise to feelings and actions, but there is a large literature within the social sciences – largely ignored by CBT theorists – which implies that things are more likely to be the other way round.

PM: We experience the social world and our place within it – whether for good or ill – primarily as feelings?

BE: Quite plausibly.

PM: Some of the newer third wave forms of CBT appear to take greater account of the issues and limitations that you’ve mentioned. Practitioners of mindfulness-based therapies, for instance, claim to fuse Buddhist meditation methods with traditional cognitive behavioural ones: distress is seen as deeply rooted in body and mind, requiring a stoical response.

BE: This whole mindfulness thing is another deification of personal responsibility – ‘look into yourself and find all of the answers to your problems’. Another element in mindfulness, particularly as it relates to Buddhism and Catholicism, lies in its disturbing acquiescence to injustice. Remember, the first principle of Buddhism is that suffering is the common fate of mankind; ‘Learn to adjust’. Despite its scientific dressing, mindfulness is a religious form. I think it is both reactionary and a retreat back into subjectivity: it’s a refusal to deal with objectivity and reality. It’s harmful.

PM: In the last 20 years, researchers have made increasing claims that brain scans support the effectiveness of psychological therapy, showing that it can reliably alter brain structure and function, that it is an effective mind cure.

BE: Here the question always arises of cause and effect. This brain scan thing – all it demonstrates is that there is a response in the brain. What the meaning of the response is, God only knows. This has gone on for decades, but it hasn’t borne any fruit – just like the search for the organic basis of schizophrenia. You don’t know what’s the cause and what’s the effect. You start with the observation that everything’s organic – the truism that there’s no mind–body dualism, that everything’s organic; but what’s the cause of the organic changes? Good luck on that one.

PM: There seem to be few strong sceptics within the talking therapy field: can you say something about the development of your own interest in the critical investigation of this area?

BE: Your comment about a lack of scepticism is very accurate. In the United States, the PhD therapists are at least trained within departments of psychology. The departments of

psychology have the therapy side, and then they have the experimental side. Experimental psychologists are among the most methodologically sophisticated of social scientists, and embedded in that is scepticism; but the opposite is true for the clinical side. Instead, there is an ethos of unquestioning belief, a cultish tendency to accept evidence from the couch. Within the Freudian literature, there's a story of one of his patients – there was a supposed treatment for hysteria for women to cut out the septum, the nose bone; and there's the story of one of his patients, who kept bleeding after the septum was cut out. They opened up her nose again and they found that six feet of rolled up gauze was left in there, and still Freud insisted in a letter to Breuer that it was the resistance in the patient that caused her bleeding and not the gauze. Now that kind of denial, by the father of psychotherapists, has been repeated endlessly in the therapist community.

PM: What got you interested, then, in challenging this pervasive belief in the potency of the talking cure?

BE: Well, my brother is a psychiatrist (we're going back now to the late 1970s, early '80s). I was assigned a research course to teach – the students were really interested in psychotherapy. I said to my brother, 'Is there some well-known research that I can discuss in the course?' He sent me the initial meta-analysis by (the psychotherapy researchers) Smith, Glass and Miller, published, I think, in 1977, which led to their subsequent and hugely influential book *The Benefits of Psychotherapy*. I became interested because, even within the article itself, there were an enormous number of problems of inference. When their book came out in the early 1980s – claiming that talking treatment was effective – I went back to the basic literature that they cited, and boy – that's what I took apart, that was the portal into it; and then when I published my own criticisms of this literature, then I kept finding resistance after resistance after resistance.

PM: From practitioners and researchers within the field who couldn't stomach your critique?

BE: Yes. I don't know a strong enough word. But it was the resistance by the professionals, and the wider societal resistance to accepting the weaknesses of the research literature. And then there was the degree to which (the academic) Prioleau's re-examination of Smith et al.'s data was largely ignored within the wider community of therapists. Prioleau's re-examination of course implied that talking therapy was only marginally effective, at best.

PM: Although her article did attract some attention for a while.

BE: Yes, published in 1983, it became the featured piece in one of the world's major journals in a special issue discussing therapy outcomes. I think that it was in *The Journal of Mind and Behaviour* which presented the arguments of Prioleau and her colleagues, together with the responses of her critics. What was astonishing about these responses was their sheer defensiveness.

PM: What led you to persist in this critical line of enquiry?

BE: Well, to recall the arguments of [the late British clinical psychologist] David Smail: if therapy isn't really therapy, if it doesn't work as claimed, then in reality it's the alternative to systemic reform, it's the alternative to redistribution of wealth and to deep cultural investment in populations of need; and therefore therapy becomes the symbol of the resistance to substantive political change. And that's my continuing interest. You see, this widespread official belief in the power of mind and behavioural treatments – it begins to cast the entire intellectual community – which, by the way, considers itself to be quite liberal but focused on therapy – as being really quite conservative. They see themselves as deeply humanitarian. *I don't*. I see them as apologists for the enormous economic and social inequality in the United States.

PM: That really changes the complexion of everything.

BE: Yes – they're all like Lord Layard.

PM: What kind of responses have your writings received from practitioners and researchers in the psychotherapy field?

BE: Very little. There were some 20-odd reviews of the *Civil Divine* book; half of them were negative. There was one extremely long review. I've never seen anything quite like it, outside of what Noam Chomsky did for Skinner's *Walden Two*, 40 or 50 years ago. In its ad hominem attacks and evasion of my core arguments, that endless review was not unusual. Even with some of the favourable reviews, I don't think that they'd read my book. But all of that's beside the point: by and large, the psychotherapy community has ignored my work, as they do all criticisms of psychotherapy. Over the years, I've spoken to a number of groups of therapists. I won't do it any more ... (because) they become enraged, they become nasty, and I don't need it. And they don't pay: they expect you to show up, and they don't pay. [*laughs*]

PM: Do you think that that's an inevitable fate of critics, to be ignored?

BE: Yes; take Zilbegeld's book, *The Shrinking of America*, which came out in the early 1980s. It's a beautiful statement of scientific scepticism and common sense. I tried to find out the number of copies sold and the publisher didn't have the records any more. And very few libraries hold a copy.

PM: Few people seem to have heard of it – even Zilbegeld's obituary in the [British] *Guardian* newspaper played down the strength of his critique, though it's a great book and has lost none of its importance. Do you ever come across people who are at least somewhat open-minded to your own arguments?

BE: Of course. There have been some very positive reviews of my books, but not so often within the mental health field. If you want evidence of how institutionalized the antagonism is, the surgeon-general puts out a report – I think every 10 years – on the state of American mental health practice. It's hundreds and hundreds of pages. Now the bibliography for this document is intriguing: it's very large but doesn't list any works that criticize the

field, or very few. I looked for the books that question the value of the main treatments, and none of them were listed.

PM: Has any official guideline writer ever consulted you – whether for treatments or for social services interventions?

BE: I was a government official for a while, and I used to have quite close ties to various agencies, but I've not had a day's consultation from any social service agency bureau, congressional committee or anything else, for 25 years. Starting in the 1980s, the Manpower Development Research Corporation [a non-profit and 'non-partisan' US social policy research and education NGO] carried out a series of randomized controlled studies that lasted into the early 2000s, all of which claimed to show that compulsory employment or workfare was the best remedy for long-term poverty in the USA.

PM: : ... and that the poor had gotten that way because they were supposedly feckless, not because they lacked money and opportunity.

BE: Yes, and I was very critical of the MDRC's methods. I pointed out that the grounds for believing that workfare led to stable and gainful employment or [that it] improved the condition of the poor simply weren't there, once you looked closely at their porous research methods; and I also pointed out the pernicious social consequences of forcing people into employment. The MDRC were of course invited to testify in a series of congressional and state hearings, which ultimately endorsed the workfare policy in the USA, and beyond.

PM: It's being introduced into the UK as we speak, in the teeth of the very same objections that you've mentioned. Going back to your views on talking treatment specifically, what sort of response have you had from the wider public?

BE: Occasionally I get an email or a letter from somebody who appreciates one of my books, but the problem really emerges almost on a personal level. Occasionally, students come to me, or people who know me, and are aware of my position; and either they have a personal problem, or they have a relative or a friend who has some kind of difficulty, and they ask me, 'What should I do?' I tell them that I don't know. Many of them have fallen for the narcissism of the therapy relationship: they're using therapy to avoid things rather than to confront them. If I know them well enough, know that they aren't suicidal or deranged in some way, then I might tell them to try other things. 'Try entertainment, go have a drink, do something – go move your ass.'

PM: You mean in the sense that many of them are stuck, and you might try to move them forward in some way?

BE: Yes.

PM: How have these people reacted to you?

BE: They laughed.

PM: They haven't got really angry with you?

BE: These are people that I know very very well. If I feel that there's some danger for them, then I tell them, 'Go to a therapist, go to a shrink'. I don't say it, but in my mind, I'm thinking, 'Go to somebody who, if something terrible happens, they can take you to an emergency room'.

PM: So in that limited way, going to see a therapist might be helpful?

BE: Surveillance, yes.

PM: Or protection?

BE: Yes, but there's always a danger that for people who are that volatile and that sensitive, the wrong thing is said in therapy and they go jump off a bridge.

PM: Aside from protection, do you see any other kind of value in talking treatment or counselling?

BE: On this question, I find Ernest Becker's position to be extremely supportive. He says he doesn't know whether therapy as treatment is successful or not, but he does like the process of self-scrutiny that it entails. Maybe everyone should do this at different points in their life: they should ask, 'What is the meaning of what I do?' Self-examination should be part of the practice of education – applied philosophy, if you will. It would surely be a good thing if all of us were more self-critical, more self-referent in many regards. I don't have any trouble with that; but then it's with the promise of changing behaviour via therapy that I have a lot of problems.

PM: What about the responses of therapists; for example, have any of the reactions that you've had ever surprised you?

BE: No.

PM: Why not?

BE: I expected the opposition, expected to be ignored. Remember, I've been commenting critically upon this field for almost 40 years, and there's a consistent response: you watch people shut down. I get an antagonistic reaction from most groups, and when I make the broader political argument about therapy as an essentially empty ritual that allows business as usual – exploitation, poverty – to continue unimpeded, *then* you should see the reaction.

PM: It's hard to present a left-wing argument, and it must be harder still to be left wing in the United States?

BE: I think that you're not appreciating adequately the political antagonism *from* the left. We can take the hostility of the right for granted, but it's important to remember that the left in the United States is basically a procedural left: it's an essentially romantic movement. In the supposed pursuit of a better society, it pushes a mixture of individual therapy, community-based 'empowerment' and the promotion of 'diversity' – much of it founded upon the assumed nobility of a whole variety of different subcultures and jealously guarded ethnic identities. It's the same nauseating sentimentality about race and culture that you find in the left, in Europe.

PM: Could you say something about why you've chosen to focus upon this topic of community 'empowerment' in your last two books?

BE: Well, it's so central to what is going on in the social services – basically it's a political statement. Weak people can be made strong through motivational and consciousness-raising techniques, but a critical examination of the literature shows that the whole thing's an illusion. It's an illusion on the left that's now been taken over by the right. It's lost its original political form as envisaged by revolutionaries and activists who wanted to change the fundamental structure of society; it's come down to helping people to improve their activities of daily living, and it can't be shown to work, even within those narrow terms.

PM: You see the drive for 'empowerment' as being almost a fashion within the social and community work fields?

BE: I think it's a diversion, like the mindfulness thing: it's another breakfast cereal that doesn't do you much good.

PM: What do you think the implications might be, then, for the field of community psychology, which aims to use psychological knowledge and techniques to help marginalized communities become stronger?

BE: Community work with marginal populations has never worked. I've written extensively on that subject since my background is as a community organizer in the USA and abroad. Even when I succeeded, I didn't succeed. Even when I succeeded with this project [in South America] aimed at improving the potable water supply – getting the pipes, cleaning up the water and all of that – things very shortly went back to the way they were.

PM: Was that a familiar pattern?

BE: Yes, to be very blunt, in international development work – which I did for a couple of years – take the expert out and everything falls apart. The reason [for that] is the technologies and values that support what you're doing are not embedded in the culture. Go to a developing nation in essence pre-literate and pre-technological – you don't have the backing of an educated people, you don't have the infrastructure, the distributional network or the markets – you don't have any of these things. Naïvely, you bring modern technology, but once the expert leaves, that's the end of it.

There was a wonderful worker in Columbia, the country I was in. He got a group together in this small town to make a garment that resembled a poncho out of these gorgeous locally made blankets. This guy knew that if he exported them to New York they would catch on; and he was right. But to do that, he would first have to stabilize the dyes in the blankets and make sure the smell from the sheep was taken out of the wool. I had one of these garments and when it rained and you got wet, you smelled pretty bad. In the local population, that was acceptable, but to sell these things in New York – not so good. So he fixed the dyes and he got it to the point where all the unpleasant smell was washed out. For a while the poncho was being sold in some of the best places for ethnic ware in the city. But of course fashion changes every couple of years, and the manufacturers knew that they might have to make other things. They would have to change the looms, and they would need the advice of marketing people; but they didn't have the indigenous networks required to sustain the small industry. So for a couple of years, boy did they do good; but after that, nothing – to embed themselves properly, those things that you're talking about involve a lot of time, development – you're talking about a whole society.

PM: There seems to be a certain parallel with the world of therapy – with the reigning assumption that quite superficial interventions will tackle problems that are deeply embedded in history and environment.

BE: It's the medical model all over again. We think that the problems people face are discreet things to be handled by specific treatments, like an infection on the wrist. But their psychological problems are systemic; the way people feel is systemic.

PM: To be a detractor of these forms of help – and perhaps especially of talking therapy – is sometimes to be seen as 'cynical': an accusation that was made, wrongly, against David Smail. Do you ever find it hard to be a critic?

BE: No, I don't have any problem being a critic. I'm an independent academic with tenure, which means that, unlike some people, I can afford to be honest. You also asked me a political question, about the left: maybe I should expand a little bit. I want to take money from people who have a lot of it, and give it to people who don't have very much of it – period! I think that the middle and upper classes have been overly rewarded for the contribution that they've made; they're not worth what they've contributed. I don't know what the outcome of such a massive transfer of wealth would be.

PM: That's a classic left position, and well supported by the epidemiological data on social inequality and health.

BE: It's not classic; what's classic is *that statement*, followed by the assertion that things would then improve for everyone as far as well-being and social order are concerned. I'm not making that claim. I don't know for sure that things would really be better; but I'm willing to experiment – and also my comment is highly politicized: I don't like these privileged populations. It's extremely emotional what I'm saying. I'm a working-class kid whose been cut out of that shit for all of my life; and I want it opened up and given to other people. *Just – like – that*; no promises, no statement of wonderful things happening.

I want to take the money away from these fucking people and give it to the people who need it the most.

PM: Your politics and your critique of the self-satisfied world of therapy come from your own roots.

BE: In part you're right; but the broader perspective is that all politics are personal; and my writing points out that there's nothing, or hardly anything, in political and policy decision-making that's rational. The information on which to base rational decisions simply doesn't exist. Everything comes down to biography, if you will.

PM: As you know, David Smail was an incisive and subtle critic of the therapy industry and a strong supporter of your own work – for instance, he described *The Civil Divine* (in the *Times Education Supplement*) as a *tour de force*. Nevertheless, he argued that a more socially aware form of psychotherapy was just about defensible – as long as it eschewed any claim to cure, as opposed to helping the sufferer to understand the likely environmental roots of their distress. What is your view of this rather modest defence of talking therapy?

BE: I shrugged my shoulders. I said to him, 'That's a hell of a basis' – you know, he was the one that was conflicted. He saw that therapy didn't work as it was intended to, but he was a loyal leftist, and he asked the question, 'Is what I'm doing of any value?' So he found what I see as being more of a rationalization of a tortured soul than any kind of clinical claim to effectiveness. I also saw [David's position] as a weak attempt to see therapy as a political vehicle, as a means of politicizing his patients. He wanted to say to them, 'You realize that your problems are created by the broader social and political context over which you have no control, so relax a little bit; don't blame yourself – vote Labour!' [*laughs*]

PM: In your newest work, *The Masses Are the Ruling Classes*, you focus on US social policy and its deep and enduring disdain for the poor. If I understand you correctly, you argue that this contempt is spawned not so much by the machinations of a predatory elite and the media that they control, as by the tacit agreement of the American people. Now it's well known that the poorest Americans are often among the most socially and religiously conservative, voting for right-wing politicians who perpetuate their own impoverishment. What, then, would you say is distinctive about the arguments in your new book?

BE: The conventional political ideology, the belief of most people on the left, is that these groups have a false consciousness – an idea that of course goes back to Marx, in part. The common people have been hoodwinked and propagandized by the elite, there is a conspiracy to control them via the media and via the education system, and so forth. And when it comes to their prejudices and their support for a system that exploits them, the masses are held innocent. In my view, this is wrong. The masses are not innocent: society is the creation of all of its members, and not just of the more powerful groups alone. True, the powerful are more successful at the game, but the shared values – the belief in individual responsibility and disdain for the poor and unsuccessful, for example – these values are extremely deep, and are shared by the whole society. They have far-reaching historical roots in the frontier mentality of the United States, and perhaps beyond.

PM: Do you feel European societies have similar embedded values – presumably you're talking about a deep capitalist outlook?

BE: Yes; in all societies it's impossible to control millions and millions of people. Those societies that try to control with an iron grip generally fail, because they end up butchering the populace. Even in North Korea there's a lot of support with the leadership. In other words, our reformist impulses are idealist notions; they amount to an entrenched, romantic belief that if we can persuade, and therefore change, the thinking of a large section of society, then everything else will alter. But this pleasant romance falls victim to the basic anthropological insight that consent is built into almost every culture. You've got to look at what people actually do, rather than what they say they're going to do. That's the difference between opinion polls and voting, for example, or between the citizenship's declared dislike of guns and SUVs, in many quarters, versus their demonstrable willingness to purchase them. Take a look at the kind of society Americans have chosen, by their countless individual actions: where they're not constrained by armies or, by and large, by a corrupt or secret police force, and then you can see how preposterous is the notion of elite control.

PM: You seem to be making a behavioural argument, in a sense – acknowledging the stark reality of what people actually do in terms of their voting and consumer preferences, and so on, as opposed to the pious things that they might say about their motives.

BE: Yeah, but the problem is, 'What's the reason for this gap between rhetoric and reality?' One side says people have been brainwashed; but the way I see it is that if Americans have been brainwashed, the masses have done the laundry for themselves.

PM: It sounds as if you're almost blaming the least powerful people for their own political predicament; where, then, do you think these self-defeating tendencies come from – our evolutionary history, an unsavoury inbuilt tendency to worship the strong?

BE: It's an impossible question that you're asking. Impossible to answer. Think of religion, a lot of the protestant religions, particularly the pietistic ones, start with the concept of an indwelling Christ – in other words an inherent sense of right and wrong. Where does that come from?

PM: Where do you think it does?

BE: When you're trying to explain human behaviour, you can keep going forever on this question of personal agency versus social structure – or social agency, if you will. After all, societies – social structures – are created by people. Where you stop in the chain of cause and effect is essentially an ideological decision, even if every link on the chain is rationally connected – and it never is. It's Robert Merton, I think, the sociologist – his major contribution was to argue for modest theories of the middle range – 'If you are trying to explain, then you must contain' – a great theory that convincingly explains the workings of society *and* of human agency doesn't exist.

PM: You're implying a kind of agnosticism, when it comes to accounting for why people do the things that they do?

BE: It's worse than agnosticism: its admitting our state of necessary ignorance in the social sciences, and as a corollary – what should be our humility about the scope and strength of the theories that we hold, none of which can really be tested.

PM: And the same applies to the 'interventions' that are based upon these theories?

BE: Yes.

PM: When do you think we'll ever give up our faith in magical solutions to complex personal and political problems?

BE: Never. I think we'll find the gene for magic before we do that. All I hope for is good magic as opposed to bad magic, good politics as opposed to bad politics.

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