

## Selected Articles from *The Individual* September 1997

# Society for Individual Freedom

Since 2002, each new issue of the SIF's journal, *The Individual*, has been uploaded onto the SIF's website at [www.individualist.org.uk](http://www.individualist.org.uk) as a PDF file. Before that, online availability was very limited.

To remedy this, we have reconstructed back-issues of the journal using only the core articles. We hope that you will find them of interest. Any comments should be directed to the current editor of *The Individual* at [editor@individualist.org.uk](mailto:editor@individualist.org.uk).

Please note that views expressed herein are not necessarily those of the SIF but are printed as a contribution to debate.

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## AN ATTACK ON SAVING: THE JULY 1997 BUDGET

Dr Barry Bracewell-Milnes

Not much changes. If memory serves, it was Colbert in the seventeenth century who said that the principle of taxation was to extract the maximum of feathers from the goose with the minimum of hissing; and this was the principle followed by Gordon Brown in his Budget of 2 July 1997.

The Budget imposed some seventeen new taxes, totalling £6 billion a year, or £300 per household, or 3p+ on the basic rate of income tax. Yet criticism was muted and the stock market rose. The tax system is too complicated as well as too onerous, which enables governments of both parties to continue the bipartisan socialism of the years since 1900. Most of the tax increases in July 1997 can cite precedents from the last seven years: the reduction of tax credits for dividends from 25% to 20%, the reduction in mortgage interest relief to 15% ...

By contrast with the Labour Budgets of 1945-51 and 1974-79, the Budgets of 2 July, and the last seven years, have attacked middle England as their principal target rather than simply "the rich". The tax burden is now heavier than it was when Margaret Thatcher came to power in 1979, and rising fast. Homeowners, drivers, drinkers, smokers, and above all, savers, are the victims of the 2 July Budget. This is most of the population. Corporations do not pay tax, people do. £6 billion of additional tax has to fall on *people* somewhere. And the fallacy that tax can simply be passed on to someone else has had a humorous exposure in the matter of Tony Blair's house, which was on the market at Budget time for £650,000. It was suggested that Blair would not have to pay the additional stamp duty on house sales because it is levied on the purchaser; not so — any tax on voluntary trading is borne by the two parties together, and its division between them is determined by the market in general and their preferences in particular — the wish to buy relatively to the wish to sell.

The reason why the tax burden is historically high and rising fast is that no serious or effective attempt has been made during the 1990s to constrain and curtail government spending, which has risen out of control. The new Budget continues this trend, in particular with its attempt to nationalise childcare. A high level of government spending generates pressure to increase interest rates and thus sterling value, both of which reduce the profits of the companies that the new Government has promised to assist. But the increase in the tax burden in July 1997 makes sense electorally, since the 1997 tax increases can be countermanded with tax reductions shortly before the next Election.

The reduction in the rate of corporation tax, although welcome, does little to offset the massive increase in the burden of taxation on saving, which will gradually become more apparent to its victims. The "windfall tax" of £5.2 billion over two years will not fall on stags or fly-by-night investors, all of whom by definition have escaped with their windfalls untaxed; it will fall on the long-term investors whom Gordon

Brown says he wishes to encourage and motivate. PEPs and TESSAs are to be abolished in their present form from 1999 and replaced by "a new individual savings account" on apparently much less favourable terms and subject to an overall limit replacing the present annual limits. From April 1999, the tax credit regime will change for individual shareholders. The rate of tax credit will be halved to 10%, and tax credits will no longer be repayable to shareholders with no tax liability: the poorest shareholders, who can at present reclaim tax at 20%, will not be able to reclaim anything. But the biggest losers from the abolition of tax credits are the pension funds and pensioners from whom the Government intends to filch £5 billion a year, over ten times more *per year* than Robert Maxwell's once-only £400 million. If this legislation is enacted and remains unaltered, it will cost anyone now starting a company or self-employed pension up to 15% of the pension fund and thus up to 15% of the pension he could have expected before 2 July. The biggest losers (against whom the measure was presumably aimed) are the self-employed, since they have no employers to share the loss. *This is a loss of tens of thousands of pounds for millions of people.*

New Labour, New Keynes. A theme running through the Budget is the idea that the government can and should create jobs by taxing people differently and more heavily, that investment falls short of saving and so government action is required to make good the shortfall. This orthodoxy of the post-war years was comprehensively disproved by experience, especially under the Thatcher Government. The refutation is as relevant as ever. The liberal standpoint is that Say's law is valid, supply creates its own demand, investment matches saving, unless the Government interferes and gets in the way. The government has only three modes of action at its disposal — regulation, taxation, and inflation. None of the three can effect a net gain in real jobs, only in make-believe jobs, because all these modes of action frustrate and suppress genuine job creation through voluntary action and trade, and at best replace it with the make-believe jobs which would not exist without government subsidy or other support. A job in the civil service is not of the same benefit to the economy as a job in private business. Jobs of private-sector quality cannot be created otherwise than by reducing government interference in the economy; and this desirable process can only be impeded by the package of measures unfolded in the Budget of 2 July.

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## A GERMAN VIEW OF THE EUROPEAN UNION

Dr Heiner Kapell

*This is the text of a speech at a public meeting of the Campaign for an Independent Britain, in central London on 19 April 1997. Our thanks to Dr Kappel, a member of parliament for the Hesse Lande, for permission to reprint the script of his speech, which we have only lightly edited. The title is ours, not the author's.*

Ladies and Gentlemen.

Before I proceed I would like to begin by thanking you for the invitation to speak at your meeting. I would like you to know, that I consider it an honour to be given this opportunity. Believe me, if I had known that one of these days I would be expected to hold a speech in front of English politicians in English I would have made more effort years ago to obtain the appropriate skills. However, as I haven't had the opportunity since school to practise my English I will have to relate to written notes throughout my speech. I hope you will appreciate that any questions you have, I shall be able to answer afterwards with the assistance of an interpreter.

I consider this discussion important and would like to be sure of my interpretation of your questions in order to provide you with qualified answers.

Allow me to begin with a short introduction to myself. I was born in 1938 on a farm belonging to my grandfather. I was brought up in the country in the middle of Germany. So don't be surprised if my way of reasoning reminds you of your country cousin. The advantage of being such a rural species is that we have always understood that the sowing has to be done before the harvest and the yield can only be celebrated when the grain is safely in the barn.

After my final examinations at school and military service which I ended as a Lieutenant reservist I completed my studies in theology and politics at Frankfurt, Göttingen, Mainz and Lausanne. Therefore occupationally I am not only a vicar but also a head teacher.

Merely by chance I became an appointment in the FDP Liberal Party and subsequently went into politics.

In retrospect I consider my choice as being correct and regard myself as a "real liberal". What I mean to say by this is: I can only bear to accept a state if I am left to do as I need. Therefore accordingly I would like to take advantage of assistance from that state if it cannot otherwise be avoided. To talk about freedom can only make sense in my opinion if you simultaneously mean taking responsibility. Responsibility not only for myself but for my parents, children, yes, even to a certain extent, for strangers.

Freedom and responsibility cannot in my opinion be separated from sincerity, honesty and courage: attributes which are becoming scarce commodities in Germany. People no longer say "yes" or "no" but rather "yes but" or "no but" and because

the indicative way of expressing oneself is so terribly definite and obligatory, the decision to use the subjunctive form is becoming more common.

If you were to ask me, I believe I would. Well, I believe in the indicative form of expressing myself which has annoyed a number of people in the past.

If I claim that people should learn to help themselves before they expect the government to do so, I am apparently not interested in their social welfare. If I claim that our children have to be brought up decently and educated so that they can avoid becoming ignorant adults, I am apparently being reactionary.

If I claim that even more injunctions on environment, nature and animal rights and their respective supervision will drive out every last research project, as well as, later, production plants, I am apparently a hard-boiled liberal economist.

And finally, if I claim that no country in this world, including Germany, has a chance at all in the future if it continues to deny itself then I am accused of being a nationalist, an anti-European unmodern and so on. The left wing express their resentments at my first points, the choir of Kohl-sympathizers would agree with the latter.

Anyone who doesn't get up in the morning and admit his confession to the "United States of Europe", and who doesn't forget to supplement his evening prayer with the request that the Euro be introduced as soon as possible, is very suspicious and therefore to be treated with caution.

This appears to be my fateful position at the moment as I am sure my first thoughts in the morning and the last in the evening certainly are not about the "United States of Europe". In actual fact I consider it would jeopardise our Europe altogether with its languages, cultural, historic and ethnic abundance.

Mind you, I am absolutely convinced that a united and peaceable Europe according to the necessities and possibilities that occur, should continue to grow together. By this, I mean a Europe consisting of individual people and nations. If I may quote the historical and well known words of de Gaulle, "a Europe of Patriots".

There are two possibilities to unite Europe and I would like to present you with the method which I consider the better and more responsible. Better, because the process takes place step by step organically and can develop accordingly.

There is no point in individuals or small countries irrespective of one another tackling such issues as the environment, as this could result in them working against each other. Neither water nor air take particular notice of borders. Therefore it can

only make sense for us to deal with such issues as environment together, if development in the future should be at all successful. Our cooperation is the key to success.

There is no point in our police pursuing criminals if they have to abandon their investigations at the border, whereas criminals can cross the border without even being checked. I believe that only an international or at least an inter-European fight against crime can be successful in the long run. This stipulates neither abandoning national sovereignty or national identity.

In this way threads of cooperation are being spun and represent a fine web which will spread throughout Europe connecting us but at the same time allowing each individual to retain his own identity and not suffocate.

Actually what the European zealots are eager to achieve is to tie Europe together, come what may, without any consideration for sensitive national issues or particularities. The obvious conclusion being, that the people and nations of Europe will be captivated in a gigantic Eurocracy and each and every one will long to re-obtain their old diversity. A possible impending catastrophe can already be seen in the introduction of the Euro after 1999 and the inevitable abandoning of national currency in 2002.

Unfortunately coherent with this discussion is the fact that the authoritative politics in Germany and especially the German Chancellor obstruct any relevant discussions on this subject. "The Euro is good and whoever is against it, is against Europe and therefore malicious".

No word has been mentioned about the contrast of national economics, social matters or scale agreement politics.

No word has been mentioned on the dangers certain economies will face resulting from the abolition of rates of exchange or about what possibilities are left to those who will not be part of a single currency.

Instead we are experiencing the daily affirmation to strict compliance with the convergence-criteria which will not be realized anyway. Should the aspirants of the union of currency

be left outside, or the national balance of accounts be reduced to adventurous speculation?

There is also no mention of who will compensate for the advantages of some, in consideration of the disadvantages of others. One thing is sure, the intended Euro will be a soft Euro and those who solemnly observed the liberal motto "save for times of need" will be astonished at just how little they left have at the end of it all

It has to be recognized therefore that now is the time and not later to say "Yes" to a Europe of Nations and "No" to a united Europe ruled by the Brussels Eurocracy.

"Yes" to a Europe in which each individual nation can preserve its identity and be as cooperative as is at all possible.

Allow me in this connection, if only on the boundary, to rebuke something — within this Europe we all have a common cultural background from the Atlantic to the Ural regions that is worth preserving and tending. Yes; this Europe has a joint history which obliges us all.

Together with friends of mine, Alexander von Stahl, Achim Rohde and many others in the FDP Liberal Party in Germany, I have founded the *Liberal Offence Movement*. Our aim is to achieve a civil-esteem-orientated impression of the Liberal Party as a whole. The insignia of this party has to be: global sincerity and tolerance, freedom of the individual, readiness to take responsibility and willingness to achieve, all of which should have priority.

Acknowledgement of others as well as self-confidence as an individual and as a nation should be recognized as characteristic. Only those who walk upright and look ahead will be able to meet others face to face. Hypocrites and those who deny themselves never were reliable partners.

Therefore when I say "long live Europe" I mean at the same time "long live Spain, France" and all the other European countries. "Long live the United Kingdom" and "long live Germany".

Thank you.

## UNIPOLAR DEPRESSION: SOME THOUGHTS ON THE POLICY AND PRACTICE OF INTERVENTION

Nigel Meek

### Introduction

Although this paper primarily focuses on issues of treatment for depression it is assumed that many readers will have little or no knowledge of psychology or psychiatry. Therefore I have included brief passages on the symptoms, aetiology and prevalence of depression.

The main aim of this paper is two-fold:

*Negative:* To offer a robust criticism of certain commonly-used interventions.

*Positive:* To offer recommendations on interventions which I believe will be both effective and cost-effective.

### Symptoms and diagnosis of unipolar depression

There is a considerable degree of disagreement about an exact diagnosis of unipolar (as opposed to bipolar or "manic") de-

pression, but lists of the necessary nature and duration of symptoms affording a clinical diagnosis of depression can be found in many places (e.g. MIND, 1995a: 3; Rosenhan & Seligman, 1995: 354-360; Royal College of Psychiatrists (RCP), 1995: 3; Blacker, 1996a: 1). These are often further quantified by the use of a wide range of diagnostic tools such as scales, inventories etc. (Rippere, 1994: 93-100).

Of more practical use is the "hierarchy of occurrence" list of those symptoms of GP attenders which have been found to be most characteristic of a subsequent clinical diagnosis of depression. In order they are: depression of mood, insomnia, fatigue, loss of interest, anxiety and concentration impairment (Blacker, 1996a: 5).

Furthermore certain symptoms are noted for their discriminatory properties, i.e. their ability to exclude other psychological problems. In their "hierarchy of discrimination" order they are: presence of depressed mood, persistent depression of mood over time, duration of depressed mood, feelings of worthlessness or failure, loss of interest, non-dietary weight loss, suicidal thoughts, non-reactivity of mood, early morning waking and psychomotor retardation or agitation (Blacker, 1996a: 5).

For a clinical diagnosis to be made these symptoms must be causing significant distress and significant impairment in important areas of the sufferer's life (Blacker, 1996a: 1).

### Facts and figures about depression

Over one quarter of a GP's workload concerns emotional or psychological problems (MIND, 1995c: 2) and depression is particularly common (Bradley, 1994: 110), being the second most common form of psychological disorder. Only anxiety has a higher reported prevalence and between them they make up the vast majority of all psychological disorders. According to MIND (1995e: 4) anxiety represents 46% of all reported psychological disorders with 2.8 million sufferers (5.6% of the population) and depression a further 38% of all reported psychological disorders with 2.3 million sufferers (4.6% of the population).

Fully 20% of the population will suffer from at least one symptom of clinical depression, not just "sadness", at any one time (MIND, 1995e: 4). Depression can affect any age, race or sex although there are differences in recorded prevalence, e.g. the disproportionately large number of women diagnosed as depressives. The incidence (newly reported cases) of depression has been increasing over this century quite dramatically (Rosenhan & Seligman, 1995: 362-363), at least partially because the onset of the first bout of depression appears to be occurring at increasingly younger ages (MIND, 1995e: 5).

At the extreme one person commits suicide every two hours in the UK (MIND, 1995e: 5; Rosenhan & Seligman, 1995: 407) and, although obviously it is not the only cause, there is a strong correlation between committing suicide and a previous diagnosis of depression (Rosenhan & Seligman, 1995: 412).

One should also not forget the family and friends of sufferers. Carers themselves have a strong tendency to suffer from psychological problems, 70% of them displaying clear symptoms

of depression (MIND, 1995e: 33).

Aside from the human cost, depression is also economically costly. 25 million working days are lost per year through depression out of a total of 517 million lost to all forms of sickness. The total estimated financial cost resulting from this is £4 billion (£3 billion through lost production and £1 billion for health and medical care costs) (MIND, 1995e: 21). Even where the individual keeps working depression can seriously affect their effectiveness (RCPii: 3).

I must introduce a caveat here. Without in any way suggesting active fabrication, organisations as different as MIND and the Royal College of Psychiatrists obviously have a vested interest in there being a high reported prevalence of psychological problems: their prestige and influence depend upon it.

### Causes of depression

The alleged causes of clinical depression focus mainly on either (i) psychological maladaptation, e.g. that depression is caused by inappropriate cognitive processes (Rosenhan & Seligman, 1995: 380-381), or (ii) biological problems, i.e. that depression is a disorder affecting the body, in particular a depletion of chemicals called neurotransmitters which transmit messages from one brain cell to another (Rosenhan & Seligman, 1995: 371); or (iii) a combination of both. Regardless, it is clear that virtually all cases of clinical depression are preceded by some dramatic life-event (RCP, 1995: 4).

One of the most common precursors of depression is childbirth; hence post-natal depression (PND). Half of all women feel some depression of mood after childbirth but this usually soon passes (RCP, 1994: 5). But PND is much worse, with 10% of women suffering clinical symptoms (RCP, 1995: 4). PND, PMT (if it is a clinical condition), the menopause, and the greater chance of being the bereaved and surviving partner due to greater female longevity, probably explain the over-representation of women amongst depressives (Blacker, 1996b).

### Treatment for depression

One of the surest ways to recover from depression is simply to let time take its course: 25% of all sufferers will experience spontaneous recovery within the first month and 50% within the first few months (Breggin, 1993: 194). However, this can still be an extremely distressing time and quite reasonably attempts have been made to help the healing process along. Just as in the case of the cause of depression, cures tend to fall into one of two types, either (i) physical or medical, or (ii) psychological.

*Physical intervention:* The three major forms of physical intervention are (i) psycho-surgery, (ii) electro-convulsive therapy (ECT), (iii) drugs, specifically the various types of anti-depressants.

(i) Psycho-surgery has largely been abandoned, mainly because of the irreversible consequences. However there are still around 25 such operations per year in the UK of which half are conducted on those suffering from unipolar depression (MIND, 1995e: 23).

(ii) ECT: Although ECT has fallen completely into disrepute in Holland and Germany (MIND, 1995e: 22), in the UK there are in excess of 100,000 treatments (individual shock sessions, not individual patients) per year (Grimshaw, 1993: 27), usually on patients who are suffering from extremely severe depression that has resisted other treatments (RCP, 1993: 1). 70% of the patients are women and 50% of the patients are over 65. It is also conducted on children (MIND, 1995e: 22). There is a claimed positive outcome in 80% of all cases (RCP, 1993: 2; Rosenhan & Seligman, 1995: 377). Common after-effects include confusion, weakness, headache, dizziness and memory loss (Grimshaw, 1993: 27) but it is asserted that these normally clear up quite quickly (RCP, 1993: 3).

There are several problems with ECT. No matter how effective it might be initially, the reoccurrence rate is very high: approximately 60% (Rosenhan & Seligman, 1995: 377). There are no controlled studies that have demonstrated any improvements beyond four weeks after the ECT treatment (Breggin, 1993: 255).

The supposedly minor memory-loss problems turn out to be not so minor after all with a report in the *British Journal of Psychiatry* noting problems of recall for a period on average of over two years surrounding the shock (Squire & Slater, 1983, in Breggin, 1993: 252). Studies measuring human brain-wave patterns have demonstrated that in many cases EEG readings never return to normal (Breggin, 1993: 243).

With an estimated death rate of 0.06% one must assume that one patient dies every 5 to 6 days under ECT (Jackson, 1995). ECT causes permanent organic brain damage and this has been known since the earliest animal studies (Breggin, 1993: 244). Doctors are trained to go to great lengths to prevent convulsions during epilepsy because of the brain damage caused, but this is exactly what happens in ECT (Johnstone, 1992). The supposed "improvements" noted after ECT treatments possibly result from the now brain-damaged patient (i) experiencing acute organic brain delirium (AOBD) which is the brain's neuro-chemical response to damage (and which lasts on average four weeks), and (ii) becoming more apathetic, making fewer complaints and generally becoming a "good" patient (Breggin, 1993: 245). Psychiatrists used to be more honest: leading ECT proponent Max Fink made it clear that the efficacy of ECT depended on the damage it caused (Wallcraft, 1993).

The last-ditch defence of ECT comes from those who advocate its use in extremis where there is a high risk of suicide. Rowe (1993, in Breggin, 1993: 257-258) notes that follow-up studies of those at risk have found no decrease beyond the four-week AOBD period.

(iii) Anti-depressants: Drugs are often the main or first-time form of treatment for depression (BHA, 1993: 22) and also generally when considering the treatment of all psychiatric problems (Cobb, 1996: 2). They come in a variety of types but essentially they all claim to work by altering the levels of neurotransmitters found in the brain, e.g. by preventing re-uptake. They usually take two to four weeks to start working (Teevan, 1994a: 1). The message from the medical authorities is quite clear: anti-depressants work, they have only minor and transient side-effects (and the newer ones such as Prozac have

even less) and they are not addictive (RCPi: 3; RCP, 1995: 6). These claims are very dubious. About one third of all patients say they simply do not work (Grimshaw, 1993). Fisher & Greenberg (1989, in Breggin, 1993: 195) found that nearly 40% of all the studies ever done into their effectiveness found no difference between anti-depressants and a placebo; furthermore what "beneficial effect" was detected was possibly the result of an "enhanced placebo effect" of the patient's awareness of "something happening" (Breggin, 1993: 194).

As for the "minor and transient" side-effects if we look at Prozac, a drug specifically marketed on the basis of how few side-effects it has compared to older types of drugs, 47% of patients complained of being affected by at least two of the following: headaches, nausea, insomnia or hypersomnia, anxiety & agitation, confusion, bizarre dreams, change in appetite, diarrhoea, dry mouth, sweating, dizziness, impotence & inability to achieve orgasm, rashes, chills & cold sweats, and joint pain (Breggin, 1993: 200-201; Teevan, 1991; Teevan, 1994b; Ziemer, 1997i).

There is also clear evidence that there is a risk of addiction (Grimshaw, 1993; Teevan, 1994a: 2). In the case of the older tricyclic antidepressants, Di Salva et al (1987, in Breggin, 1993: 189) found that 55% of all patients suffered from classic 'flu-like withdrawal symptoms which were usually written-off by mental health professionals as being evidence of a reoccurrence of the depression. Apparent withdrawal symptoms have also been noted with newer, and supposedly safer, antidepressants such as Prozac and have included panic, anger, tension, dizziness, shaking and buzzing in the ears (Cobb, 1996: 8). Even the RCP notes the need to withdraw anti-depressant treatment gradually (RCPi: 3), which is the standard method of avoiding severe withdrawal symptoms. One cannot but be worried that half-a-million children in the USA are now on anti-depressants and that Prozac's manufacturers appear to be specifically targeting this market (Ziemer, 1997ii). Clearly, the "War on Drugs" in the USA is selective in its targets!

If this seems harsh on the profession of psychiatry then remember: these are the people that brought us such other "safe and effective treatments" as lobotomies, insulin coma, barbiturates, amphetamines and minor tranquilisers (Johnstone, 1992; Jones, 1996). More mildly it is certainly a noted complaint that doctors give patients neither adequate information about their treatments nor full information about possible side-effects (Cobb, 1996: 8).

I add a second caveat here. Unlike a number of libertarians I have no principled, ethical objection to the use of drugs in the treatment of psychological problems. Many patients have reported improvements after taking antidepressants (Cobb, 1996: 11). My objections are material and two-fold. First, that we do not know enough about either the intricate workings of the brain or the long-term effects of these drugs. Second, when adverse drug reactions (ADRs) have been noted the psychiatric establishment has not fully reported them. This seems to me to be an excellent example of why the SIF's "Tell IT" campaign for more information concerning the long-term results of medical treatment (Jackson et al, 1997) deserves such support.

Parenthetically it should be noted that anti-depressants are

increasingly being used for the treatment of other psychological conditions such as anorexia (Stuttaford, 1997).

*Psychological intervention:* Broadly speaking these fall into two types: (i) sub-clinical advice & help, and (ii) counselling or psychotherapy. Psychotherapy is certainly popular, with some 100,000 people in the UK seeing a therapist of some sort at any one time (MIND, 1995e: 20), and a clear preference amongst most sufferers for psychotherapy over physical interventions (MIND, 1995e: 24).

(i) Sub-clinical advice & help: Given the quite high rates of spontaneous recovery anyway, simple support and reassurance from family and friends can often be all that is needed to get the sufferer over a bad patch (RCP, 1995: 2). The sufferer can also be provided with simple therapeutic advice such as: do something like taking a walk, eat a balanced diet, do not attempt to drown one's problems with alcohol, keep reminding oneself that it will stop eventually and so forth (RCP, 1995: 9). Practical and directive advice on financial, employment and legal problems etc. can also be of great benefit to someone who has let their life "drift" (Teevan, 1992; MIND, 1995b). However, the temptation to start doing everything for the sufferer must be strongly resisted. Care should be taken that sufferers do not acquire the role of a "passive patient" (Teevan, 1992) or come to believe they have no responsibility for themselves (Montgrain, 1984).

(ii) Therapy or Counselling: There are many types of therapy and studies have indicated that there is little difference in the efficacy of them, although there is some advantage in using cognitive-behavioural methods which attempt to correct thought and behaviour patterns that are causing or exacerbating the sufferer's distress (Bergin & Garfield, 1994: 156). What is important is that the individual find the right type of therapy (and therapist), and should not be afraid to "shop around" (RCPiii: 3), perhaps helped either by someone that knows them well or who is adept at assessing their personality.

I am personally very dubious about many supposed therapeutic techniques used today. Some are probably no more than harmless nonsense — other than the financial cost entailed to either the individual's or public's purse — and any improvement brought about by them over and above spontaneous recovery levels is likely to be a result of the positive effect of the human interaction they entail; social withdrawal and active melancholic brooding are common features of depression. Others, particularly those based on Freudian principles, I regard as not just nonsense but positively dangerous (Webster, 1995).

Also effective can be less "heavy" therapeutic advice, such as social skills and assertiveness training, relaxation training etc. (Rippere, 1994: 105).

### Cost effectiveness

A tremendous amount of public money, let alone that paid by private clients, is spent on treating mental health problems. Local health authorities may have annual budgets in the region of £15-20 million available for mental health concerns of all sorts (BHA, 1993: 6; BHA, 1995: 10). Accepting that little

will be done in the immediate future to drastically cut back public spending, LHAs have both a statutory and moral duty to spend taxpayers' money wisely (BHA, 1993: 4): taxation is not voluntary (Tame, 1989)!

There is a strong economic incentive for GPs to prescribe anti-depressants. The physical interventions are cheap (Preskorn & Fast, 1991; RCP, 1995: 7). One month's supply of standard tricyclic antidepressants for one patient cost the NHS £1 in 1995 (Wessely, 1995). However, the newer drugs such as Prozac are much more expensive, costing the NHS £20 per patient per month in 1995 (Wessely, 1995), which is why they were and are so heavily marketed on their supposed lack of side-effects.

We have already seen, though, that although they may be cheap they can also be nasty. There is another problem in that there seems to be a "fire & forget" tendency amongst many GPs when they prescribe antidepressants; i.e. they think their job is done (much as they used to do with tranquillisers) and they do not check that their patient is either using them properly, really benefiting from them or still needs them (McCombs et al, 1990). Nor, and this is of utmost importance, do antidepressants have any "armouring effect" against subsequent life events. This is in marked contrast to (say) cognitive therapy which teaches skills which can provide this mental armour (Rosenhan & Seligman, 1995: 396). Cognitive therapy has even been shown to be effective in providing a robust and realistic method of thinking about the world. In other words it can be an excellent long-term investment. My own choice is Rational-Emotive Behaviour Therapy (e.g. Dryden, 1994), although this might be somewhat hard-going for those who have only relatively minor problems and who are otherwise "doing okay".

It is undoubtedly true that counselling is usually slower and more expensive (Bradley, 1994: 111; Ephraim & Gorman, 1995: 3), and is not usually offered on the NHS, although the situation is improving (Grimshaw, 1993).

### Final recommendations

In conclusion I would offer the following 14 recommendations, again within the context of our current "mixed-economy" settlement:

1. An absolute refusal to employ either psycho-surgery or ECT
2. To overturn the practice of regarding anti-depressants as a first-time treatment option and to use them only as a last resort and then under close supervision.
3. To focus primarily on psychological means of treatment, particularly using cognitive-behaviourist methods but also having (within reason) "something for everyone".
4. To encourage (particularly charitable and not-for-profit) non-clinical advice and drop-in centres, 24-hour crisis services and so forth which, often staffed by unpaid volunteers, can be highly effective (Golding, 1995: 22-27; MIND, 1995d)
5. To provide advice and support to carers.
6. To focus pro-actively on those known to be at risk; e.g. mothers who have recently given birth (MIND,

- 1995e: 9).
7. To stress the desirability of sufferers remaining in their home environment (which is normally the case (RCP, 1995: 7), although noting the current statutory duty of LHAs to provide accommodation and care in extremis and that this should be seen as an opportunity to heal rather than just to accommodate.
  8. To equip those likely to come into contact with those suffering from depression, such as GPs, other health professionals, social workers, home helps, teachers etc. with a clear and simple guide to the symptoms of depression along the lines of the check-list produced by the RCP (Armstrong & Lloyd, nd: 1).
  9. To raise awareness of depression amongst employers (RCPii: 8). In particular to bring to their attention the purely financial advantages of providing (where genuinely necessary) counselling for staff as shown by examples such as the Post Office which reduced staff sickness levels by two-thirds saving £100,000 for every 15 workers counselled (MIND, 1995e: 24).
  10. To try and dispel amongst members of the public the negative stereotypes of those who are or who have suffered from any form of psychological problem (Gorman, 1993; Darton, 1994: 1). Noting that unemployment rates for ex-psychiatric patients are 600% greater than average (MIND, 1995e: 28), to target especially personnel officers of potential employers.
  11. To try and dispel amongst health professionals an arrogance commonly encountered when dealing with those suffering from psychological problems (Matthew, 1991).
  12. To ensure that everyone is treated as fairly as is realistically possible: the relatively poor treatment (e.g. greater likelihood of being prescribed antidepressants or ECT) provided for racial minorities, the elderly and women has long been noted (Ephraim & Gorman, 1995: 7; Golding, 1995: 13-17; MIND, 1995e: 24, 29).
  13. To cut down the massive bureaucracy that presently seems to be the norm in mental health care provision (BHA 1993; 1995a; 1995b) and which seems to operate substantially as a middle-class job-creation scheme.
  14. To treat sufferers as individuals and with dignity and not to try and squeeze them into to a particular theoretical pattern of treatment and diagnosis (Rippere, 1994: 105) but nonetheless robustly eschewing faddish techniques of dubious efficacy.

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## REVIEW OF EILEEN BARKER'S (ed.) *LSE ON FREEDOM*

Professor Antony Flew

Published by *LSE Books*, (xx+375pp, £15.00. ISBN 0-7530-10453-3)

This is a collection of twenty-one essays commemorating the centenary of the London School of Economics. Although the Editor's insistence upon throwing some contribution from every Department in that institution has ensured — to put it gently — that the contributions are not all equally relevant or equally valuable, the collection does nevertheless contain a remarkable amount of good stuff.

By far the most entertaining yet at the same time academically completely serious article is Jean Aitchison's "Free or Ensnared? The Hidden Nets of Language". Her pupils are much to be envied. Did you know, for instance, that Eskimos do not have all that many words for different kinds of snow, so that "British skiers possibly outdo Eskimos in the varieties of snow they can name"? Or that increasing sociolinguistic research evidence shows both men and women tending to assume that "the generic *he* refers primarily to men"? The moral — though she herself draws none — surely is that those sincerely intent on avoiding sexist language will employ sexually indeterminate plural forms. For to replace generic *hes* by equally generic *shes* — as seems nowadays the usual practice among politically correct academics — is to replace one sexist word by another.

Another exceptionally valuable contribution is Christopher Badcock on "The Freedom of the Gene". He starts from the observation that "Modern social science has tended to portray biology as deterministic, and itself as committed to freedom. This is paradoxical, because sociology has emphasised social conditioning in much the same way that academic psychology use to believe in behaviourist conditioning."

This emphasis has misled some social scientists, and many others influenced by their supposed findings, to "shift even the moral responsibility for crime from the individual who commits it to society as a whole." It was of course this sort of

radical rubbish that Margaret Thatcher was rightly, if perhaps in infelicitously, rejecting when she uttered those now notorious words: "I don't believe in Society. There is no such thing, only individual people ..." Noting that "social scientists often show an almost phobic attitude to any mention of evolution or genes", Babcock proceeds to argue that "appeal to the gene rather than to groups or society does not have the effect of robbing individuals of their freedom."

For readers of *The Individual* the most disturbing article is that by Eileen Barker. It concerns the activities of professional "deprogrammers". These people kidnap children who have been converted, allegedly by some irresistible "brainwashing", to membership of some disfavoured "cult" or "sect". In return for large sums of the parents' money they then subject those children "to an unforced regime of persuasion in order to "free" them from the cult." What is so disturbing about this is that it seems to be impossible to persuade a jury to convict such kidnappers. Apparently such jurors are either not presented with or cannot be got to understand the crucial distinction between the two senses of the word "brainwashing".

In one it refers to such forcible means of persuasion as were employed by their Chinese captors against prisoners taken during the Korean War. In the other people are said to have been brainwashed into holding a set of beliefs for no other or better reason than that those beliefs seem to the speaker absurd and incredible. And in any case it ought to be obvious that, if some "cult" or "sect" really did possess any method of irresistible yet non-violent persuasion, then it would already be much more numerous than any such disfavoured group actually is — and vigorously growing.

The very first sentence of the first contribution to *LSE on Freedom* quotes Dr Johnson's characteristic insistence: "Sir, we *know* a will is free, and there's an end on't." One of the reasons why there has not been "an end on't" is that he misstated what it is that we are all in a position to know. This is that we are members of a kind of creatures who constantly can, and

therefore cannot but, make choices between two or more alternative possibilities of action or inaction. Some of the actions which we choose to perform are performed of our own free will. But others are performed only under constraint, in the sense that the alternative of not performing them would have required us to accept what for us would have been unacceptable costs. For, as John Locke deceptively remarked, "the question is not proper, *whether the will be free* but *whether a man be free*."

In the contribution on "Agency, Causation and Freedom", which is perhaps the least useful of the lot, the author begins by not making this Lockean point. He forthwith proceeds to consider whether or not the statements "every event is caused" and "sometimes agents act or will freely" are logically compatible. But he fails to introduce a crucial Humean distinction; a distinction which, by refusing to admit the notions of physical as opposed to logical necessity and impossibility, Hume disqualified himself from exploiting to the full.

In his essay, "Of National Characters", Hume wrote: "By *moral* causes I mean all circumstances, which are fitted to work on the mind as motives or reasons ... By physical causes I mean those qualities of the air and climate, which are supposed to work insensibly on the temper, by altering the tone and habit of the body ..." But now, whereas physical causes — such as the causes of an earthquake or an eclipse — physically necessitate the occurrence of their effects, if I have a motive or reason for acting in a certain way it still remains up to me whether I choose to act in that way or not.

So, even allowing that there are physical causes necessitating that we become the various flesh and blood creatures who we individually are, it still remains the case that we do make, and cannot but be responsible for, all the choices we do make, whether those choices are perfectly free or more or less constrained.

## REVIEW OF WILL HUTTON ET AL'S *STAKEHOLDING AND ITS CRITICS*

Paul Anderton

Published by *The IEA Health and Welfare Unit*, 2 Lord North Street, London SW1P 3LB. (ii+102pp, £7.00. ISBN 0-255-36396-6).

This is number 36 in the IEA's excellent "Choice in Welfare" Series. These cover various topics in a clear and mercifully concise manner, very suitable for study. A pleasing innovation has been the frequent use of allowing a well-known proponent of a particular viewpoint to explain it in his own way, then give appropriate critics the chance to consider it.

In this volume Will Hutton explains the main points made in his best-selling work, *The State We're In* (1995), and others which achieved great popularity with the New Left after the effective demise of Marxism. Stakeholding would restore the confidence in and commitment to "society" which had been dissipated during the preceding decade or so particularly by the selfish individualism and merciless application of market forces as practised by successive Conservative governments. He accepts capitalism as the economic basis, but contends that it can have many different forms and considers some of these which operate elsewhere. In particular, reformed capitalism would require a new legal framework for the firm which would involve commitment to suppliers, employees and customers as well as shareholders and directors, with emphasis on long-term investment rather than the "short-termism" which, Hutton contends, is a serious brake on desirable investment and exerts upward pressure on interest rates.

Keynes is rehabilitated as a major economic theorist whose prescriptions should be preferred to those of pure free-market advocates.

The commentaries on stakeholding are given by Tim Cong-

don, David Green, Sir Stanley Kalms, Martin Ricketts, and Elaine Sternberg, with Will Hutton given the opportunity to write a rejoinder to *them*.

In my view Tim Congdon effectively disposes of the argument that British industry is damaged by "short-termism" and that the financing arrangements in any other countries are more desirable. His argument is from direct observations on economies and is impossible to summarise here in reasonable space. The reader must judge its quality for himself.

David Green considers Will Hutton's analysis of the future of the Welfare State and "social cohesion". Hutton considers that the basic Welfare State can only be preserved if it compromises with the desire of the growing affluent "middle class" for better services for itself; otherwise their support for it will fade to the serious detriment of the underprivileged who will then have no social (i.e. state tax-financed) support at all. This has been described as "nationalising inequality" and would include such measures as streaming in comprehensive schools and different levels of service and payment in the NHS. This may be regrettable to "old socialists" but Hutton regards it as realistic.

This apparently new-found selfishness of the affluent is part of a wider criticism of attitudes which he attributes to the dominance of "the market" since 1979. Green points out three assumptions of Hutton's, each of which he demonstrates as mistaken:

- that under Thatcherism "the market" "became the sole organising principle of society".
- that free-market theorists do not care about "community" but only about what can be measured in cash.
- that "the market" is the cause of the serious social prob-

lems that have developed since 1979.

In fact, Green says, the Tories remained essentially paternalistic in their welfare policies — drawing much criticism from "market purists"; Hutton's idea of social cohesion is strong bureaucratic leadership because he does not understand Adam Smith, in particular, in the advocacy of social cohesion on the basis of commonly agreed rules. Green indicates other, much more cogent, reasons for the breakdown of "morals" and the family unit in particular. He goes on to consider the three high-profile "problems" now occupying so much media and political attention — welfare "dependency", health, and education — and not only exposes critical weaknesses in the "stakeholder" arguments but indicates much more viable alternatives.

The contribution by Sir Stanley Kalms is the briefest and, being based on practical (and successful) direct market experience, of major significance. He shows that the proposed interventions in present business practices to promote stakeholding would be destructive of their supposed benefits. In fact the benefits allegedly resulting from the legal imposition of stakeholder principles are largely in place at present as a result of the much maligned market mechanisms. Sir Stanley indicates the likely consequences of compulsory stakeholding which are chillingly reminiscent of the known results of "old socialism".

Martin Ricketts points out that Hutton's criticism of free-market theory applies only to discredited and outdated static equilibrium models. He examines the evolution of institutions, showing that Hutton's assertion, that only state intervention can correct the injustices and inefficiencies of British capitalism, is not justified. In considering the Japanese economy — which Hutton chose as an example of the benefits of government guidance and long-term investment strategy — Ricketts points out that the strength of Japan was fairly short-lived and now Japanese economists are recommending adopting British ideas!

Elaine Sternberg demonstrates the logical difficulties of stakeholding theory if it is taken at all literally. She demonstrates that if a stakeholder is any person or group affecting or affected by the firm — the usual definition — then any sort of rational management becomes impossible. It also destroys the meaning of private property. The arguments here are strangely reminiscent of the "socialist calculation" discussions. From a purely philosophical point of view, this contribution is the most damaging to stakeholder theory.

In his rejoinder Will Hutton effectively acknowledges the force of arguments against stakeholding but insists that "the market" has failed and cites the best-selling status of his works as evidence of widespread acceptance of the stakeholding idea as a civilising influence on the ruthless application of free-market capitalism — with the bonus of increased efficiency. But there have been many popular but nevertheless mistaken ideas — history is littered with them. The French Revolution, socialism, and fascism for instance all commanded great enthusiasm and loyalty until their disastrous effects were learned the hard way — by being attempted in practice. From experience it is surely better to think carefully first before committing lives and resources to new and seductive ideas.

It does not seem to me, at any rate, that Hutton answers his critics at all convincingly. The reader must judge this for himself, of course. But as stakeholding theory is apparently very popular among the chattering classes who support the present government it is necessary to subject it to very careful analysis. This book supplies a wealth of material very capably condensed and presented with due balance. It deserves careful study by everybody seriously interested in contemporary political ideas and influences.

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