

Artist in society: a misfit?

The ways of insurance agents are beyond the ken of ordinary humans, or so it appears to me.

What prompted this reflection was a letter in my local newspaper from a middle-aged woman car driver. She complained that when she had to renew her insurance the agent increased the charge by more than 50 per cent, despite the fact that she had a clean driving licence, had no parking tickets and had driven for eight years without a claim. The increase came when she described herself as an artist, whereas previously she had been described as a painter.

Apparently the insurer had thought she was a painter and decorator. Why, then, should a painter and decorator be considered less dangerous on the highway than a watercolourist? Are there any statistics to prove that artists of any age are worse drivers than the average decorator, or that elderly artists are more dangerous than their non-artistic peers?

This is intriguing because it demonstrates that there is a lack of comprehension current among insurance companies. Are those in some other occupations, such as academic professors, at greater risk to society and them-



selves than humdrum citizens, calling for an increase in their premiums too?

When it comes to artists, it is commonly believed that they are less subject to stress and its consequences, and so less aggressive in behaviour. This surely reduces their liability to traffic accidents. Unlike many other people, artists are not in a hurry, but take time over their work.

Art has been accepted as a vital adjunct to moral health, bringing to the surface potentially destructive emotions and energies and dispersing them harmlessly. As Robert Louis Stevenson put it in his 'Virginibus puerisque' (1881): "A little amateur painting in water-colour shows the innocent and quiet mind." The same goes for other artistic occupations, in visual media, music or poetry.

Enthusiasm the route to inhumanity

We live today in a world where man's inhumanity to man, as Robert Burns put it in 1786, "makes countless thousands mourn". And, alarmingly enough, this human trait seems to be on the increase from day to day. It must have something to do with the general atmosphere of fear.

According to Bertrand Russell, writing in 1950: "Fear is the main source of superstition, and one of the main sources of cruelty". I suspect that we cannot take an alternative view promoted by George Bernard Shaw in 'The Devil's disciple' (1901) and conclude that "The worst sin towards our fellow creatures is not to hate them, but to be indifferent to them: that's the essence of inhumanity."

Indifference is indeed a sin, but it ranks lower than sheer cruelty. Indifference is the ugly aspect of bureaucracy, but bureaucracy in itself does not promote physical assault upon unoffending fellow humans such as we witness repeatedly today.

Much of the sheer brutality of the present may be set down to fanaticism in one form

or another, which drives individuals to cast off empathy and sympathy which serve to make us recognise common failings and make some allowances, however grudgingly, for those who indulge in antisocial behaviour in our midst. The social sinner, we tend to believe, is never beyond all redemption, yet for the fanatic onlooker all is either black or white and deserves no consideration.

The dictionary definition of a fanatic is someone "filled with excessive (mistaken) enthusiasm, especially in religion". And excessive enthusiasm is remarkably widespread in our culture. If you attend a football match you will probably encounter it, either during the match or during the usual aftermath inspired by alcohol. If you attend a peaceful demonstration of some kind you may well find yourself exposed to the jeers and fisticuffs of a group of fanatics.

Where will we find an antidote to this rigid fanaticism that takes no account of others? I must admit my inability to answer that question. Yet something must be done, and soon.

Depression over the antidepressants

A great deal of concern has been expressed lately — most recently in a BBC2 *Panorama* programme on 3 October — about undesirable effects experienced by some children treated with antidepressant drugs for depressive symptoms. The UK Medicines and Healthcare products Regulatory Agency has advised that selective serotonin reuptake inhibitors, other than fluoxetine, should not be used to treat depressed children younger than 18 years because of a suspected tendency of these agents to increase the risk of suicidal behaviour.

In *Nature* for 9 September there is an account by Erika Check of Washington of some of the problems faced when children are prescribed antidepressants. In the US the Food and Drug Administration told manufacturers of SSRIs earlier this year to label such products with warnings that ask doctors to watch patients closely for signs of suicidal tendencies.

The evidence for the hazard has been reviewed recently. It appears that in some instances SSRIs are linked to suicidal behaviour in children, but there are other contentious issues under discussion. It is not known whether in fact this effect applies to all drugs within the class and whether the risk is greater than that of leaving the depression untreated. It is not even established how effective these drugs are in relieving childhood depression.

One study compared fluoxetine treatment with cognitive behaviour therapy, which depends upon teaching depressed individuals to alter their patterns of thought. The most effective treatment appeared to be a combination of both methods but, whether the drug alone or the combined therapy was used, children given fluoxetine were more liable to think about harming themselves or other people. And if fluoxetine brings relief, it is not evident why related drugs should fail since they all operate by increasing the availability of serotonin, which then affects mood and emotions.

One problem in children is that they are especially prone to show a placebo response to antidepressants. This makes the biological effects of the drug difficult to determine. Some children treated with an inert medicine have shown improvement only 70 per cent less than in others given the active substance. Another complication is that some patients in clinical trials may be suffering from bipolar disorder or manic depression, for which SSRIs are known not to be effective.

Psychiatrists believe that, too often, the drugs are being prescribed by general practitioners whose knowledge of mental health is not extensive, who do not add the support of behavioural therapy and who are unable to monitor their patients closely to detect any suicidal impulses they suffer. When a diagnosis of depression is made in a child or an adolescent, it is advisable for a primary care doctor to seek the help and advice of a psychiatrist.