

# **THE ADOPTION OF PSYCHO-COERCION TO MANIPULATE THE UK DISABLED COMMUNITY**

**THE CREATION OF THE POLITICS OF FEAR**

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### **THE CREATION OF THE POLITICS OF FEAR**

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#### **Abstract**

The 1982 Thatcher Cabinet minutes identified the intention to adopt 'the politics of fear' to coerce the British public to accept the need for private income replacement health insurance, to remove the financial burden of the National Health Service and the welfare state. Every administration since Margaret Thatcher adopted social policies to move towards this ultimate political ambition, which has bipartisan support. The difficulty was that the psychological security of the UK welfare state was embedded within the public psyche and removing it would take a long time. Forty years later, that ambition has now been achieved. Thatcher's devotion to neoliberal politics, which is an ideology that supports free market competition with an emphasis on minimal State intervention, meant that the political ambition to reduce the financial burden of the welfare state would be relentlessly pursued by successive administrations. The breakthrough to justify introducing the 'politics of fear' followed the 2008 global financial crisis. The Brown 'New Labour' administration was obliged to fund a fifty billion pound bank rescue package, which increased over time and significantly increased the national debt. Elected in 2010, the Coalition administration used the size of the national debt to justify the introduction of austerity measures, which were designed to reduce the costs of the welfare state and guaranteed that those in greatest need would endure preventable harm. This was the beginning of the end of the UK welfare state as funding was removed from essential public services, which generated human suffering on a vast scale.

**Key words** neoliberal politics; psycho-coercion; preventable harm

#### **Introduction**

The creation of the world-renowned welfare state began in the United Kingdom (UK) immediately following the end of the war in Europe in July 1945. Clement Attlee (1883-1967) studied at Oxford University and trained as a lawyer. A Labour MP from 1922, Attlee was elected as party leader in 1935. During the Second World War he contributed to Winston Churchill's coalition government, holding the title of 'Deputy Prime Minister' from 1942-45, and Attlee then won the post-war general election. Written by Sir William Beveridge, a social economist, the 'Beveridge Report' (Beveridge, 1942) recommended a state welfare system for post-war Britain. The Labour government was elected in 1945 with a landslide victory, which was used to introduce a series of measures between 1945-51 that became known as the 'welfare state'. The 1946 National Insurance Act guaranteed that those in need would access benefits, and the National Health Service (NHS) was established on 5th July 1948 (Tweddell, 2008). Aneurin Bevan MP was appointed as the Minister for Health and, in 1952, justified the need for the NHS in his book of essays 'In Place of Fear' (Bevan, 1952) with chapter 5 reproduced online in 2019 (Harrington, 2019).

Powerful vested interests with profits at stake compel the public authorities to fight a sustained battle against the assumption that the pursuit of individual profit is the best way to serve the general good... The collective principle asserts that the resources of medical skill and the apparatus of healing shall be placed at the disposal of the patient, without charge, when he or she needs them; that medical treatment and care should be a communal responsibility that should be made available to rich and poor alike in accordance with medical need and no other criteria. [Bevan, 1952, Chapter 5], (Harrington, 2019).

Famous for his determination to have a social programme offering protection 'from cradle to grave,' Beveridge (1942) proposed that all working people should pay a weekly contribution to the State. In return, benefits would be paid to the unemployed, the sick, the retired, and the widowed. This would offer a minimum standard of living in Britain below which nobody fell, thus protecting those in greatest need with the advent of social security when removing the fear of destitution.

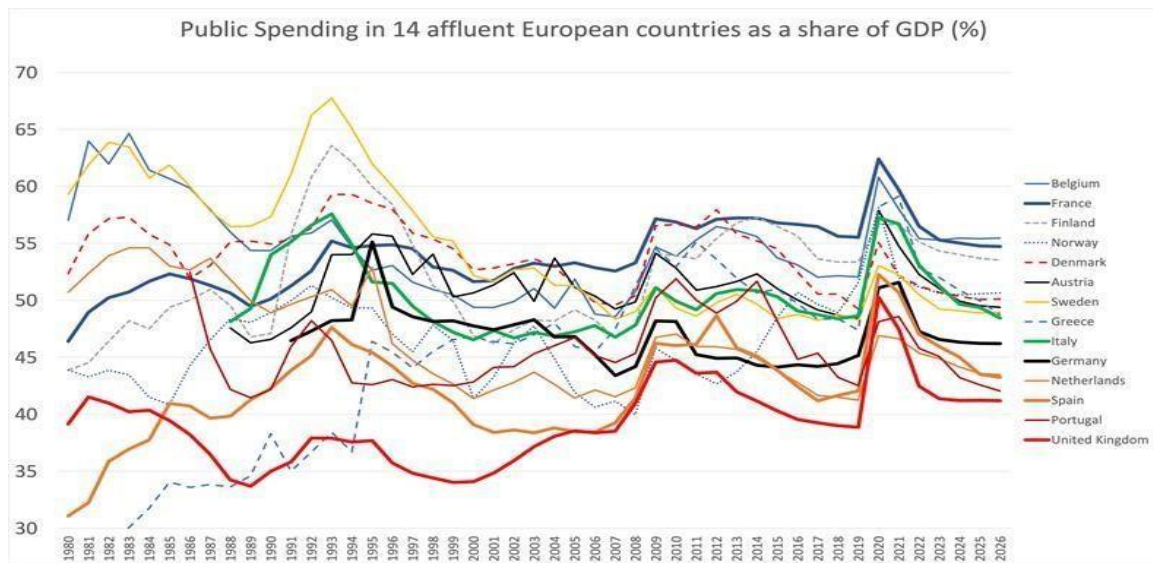
How times have changed in C21st UK. The welfare state including the NHS was arguably the UK's greatest asset when offering health care and financial support to those in greatest need, with the psychological security of the welfare state being available for anyone should they ever need it. This changed with Margaret Thatcher's time in office as Prime Minister (1979-90), as the adoption of neoliberal politics meant she was adamant that social policy reforms should include the eventual removal of the NHS (Cabinet, 1982) and a move to private income replacement health insurance (Sutcliffe-Braithwaite, 2013; Travis, 2012; Stewart 2016; 2018; 2018b), despite her public declarations that the NHS was 'safe with us' (Travis, 2016).

Political scientist Paul Pierson called Thatcher's social security policies 'death by a thousand cuts.' The aim was not to abolish the welfare state entirely, but to chip away at it, leaving social security as a last resort for the very poorest minority, and making it irrelevant to those on middle and high incomes, who would choose private provision instead. In this, Thatcher was successful. When journalist Nicholas Timmins started his 'biography of the welfare state,' in 1993, the welfare state seemed so attenuated that many of his friends 'joked that I had better be quick about it before the thing disappeared'. The contention that Thatcher failed to achieve her mission to destroy the welfare state starts from a false premise; she never intended to do so. However, she was largely successful in residualising welfare, and efforts to do so went along with an increasingly harsh rhetoric about those reliant on social security (Sutcliffe-Braithwaite, 2013).

With social policies adopted using a fiscal priority whilst disregarding health and wellbeing (Barr et al, 2016), every successive neoliberal administration since Thatcher demonstrated that they were ideologically motivated to destroy the UK's lifeline of support (Beresford, 2013; 2017). Without exception, successive administrations claimed that the costs of social security were unsustainable, whilst disregarding the fact that, historically, the UK has allocated one of the lowest amounts of Gross Domestic Product (GDP) to public spending since 1980 in comparison with other affluent countries (Dorling, 2016), and now funds the lowest amount of GDP on public spending (Figure 1) when compared with 14 other affluent European countries (Dorling, 2021).

Seventy six years since the launch of the welfare state, neoliberal politics now dominates the UK and the western world (Monbiot, 2016; OECD, 2003). 'Cash Not Care' (Stewart, 2016) are the only priorities of the welfare state. Administered by the Department for Work and Pensions (DWP), there is a political emphasis to reduce the financial demands of the welfare state regardless of human consequences, which can be fatal for many of those in greatest need when claiming the Employment and Support Allowance (ESA) long-term disability benefit, which was introduced using a new assessment model in October 2008 by the Brown 'New Labour' administration (2007-10). With constant DWP hostility (Patrick, 2012; Garthwaite, 2011; 2014; 2015; Mills, 2017) and the relentless threat of repeated ESA assessments (Redman and Fletcher, 2021), many disability benefit claimants attempted suicide shortly after an ESA assessment decision refusing access to the benefit (Mills, 2022; Boardman, 2020; Barr et al, 2016; Dwyer, 2019; Butler 2015; Cummins, 2018; 2021; Stewart, 2018a; Hiam et al 2017; Scott-Samuel et al, 2014; McManus et al, 2014). Some claimants were

**Figure 1: Public spending in the UK, and elsewhere in Europe, 1980-2026**



Source: courtesy of Professor Danny Dorling

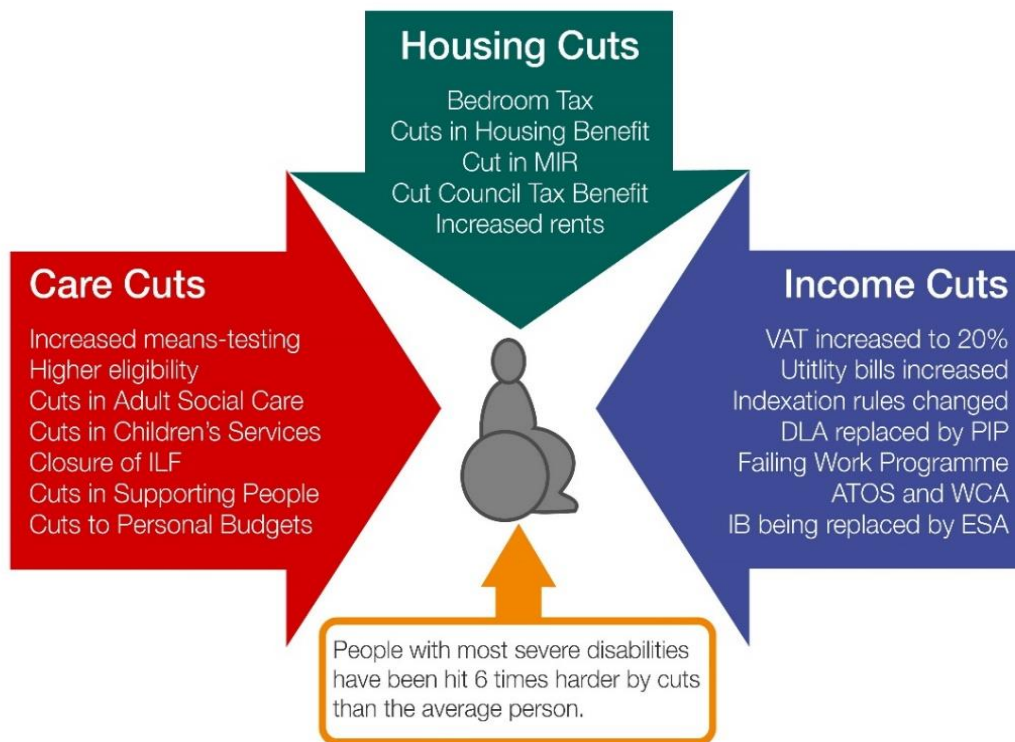
starved to death by the State due to the extremes of benefit conditionality (Pring, 2020a), with no-one held to account, as social policy reforms were rapidly moving the UK towards becoming an authoritarian State for those in greatest need. Most recent social policy reforms, adopted since 2010 by the Cameron coalition administration, were introduced to covertly and successfully remove the past psychological security of the welfare state, and to move the UK towards the eventual adoption of income replacement health insurance for the majority of the British public (Stewart, 2016; 2018b; 2019a; 2021).

Self-reported suicidal thoughts, suicide attempts and self-harming (without suicidal intent) are associated with great distress for the people who engage in them, as well as for people around them. They are strongly associated with mental illness, and help to identify people at increased risk of taking their own life in the future... Benefit status identified people at particular high risk: two-thirds of Employment and Support Allowance (ESA) recipients had suicidal thoughts (66.4%) and approaching half (43.2%) had made a suicide attempt (McManus et al, 2014, Chapter 12: 2).

The adoption of punitive austerity measures by the Coalition administration (2010-15) was demonstrated to be 'a failed experiment on the people' (McKee et al, 2012). Austerity was 'a political choice, not an economic necessity' (McKee et al, 2012), was ideologically motivated, was adopted without ethical approval and guaranteed that when added to extreme social policy reforms, the disabled community would suffer more than any other group (Figure 2), with the greatest reduction of their income and rises in their costs (Duffy, 2017). The hostile political rhetoric of the Coalition administration, claiming that social security costs could not be sustained, overlooked the fact that UK public spending was one of the lowest when compared with other affluent nations (Dorling, 2016), so relentless claims of excessive costs always were a political smokescreen (Dorling, 2021). Austerity measures were adopted without any consideration for the resulting public health crisis they were always destined to create, as demonstrated by over 50,000 more deaths than expected in England linked to austerity measures in 5 years (Gregory, 2021).

The chronically ill and disabled community who are unfit to work were identified by successive neoliberal administrations as being an unacceptable financial burden on the State (Mills, 2022; Garthwaite, 2015;

**Figure 2: The various austerity cuts impacting on disabled people**



Source: courtesy of Dr Simon Duffy

Dwyer, 2018; Groves, 2015; Hiam et al, 2017; Stewart, 2019a) in order to stigmatise disability benefit claimants (Baumberg, 2016) and to successfully discredit the concept of the welfare state. Evidence of psycho-coercion began as political rhetoric replaced facts with fiction when creating a 'climate of hostility' (Birrell, 2011; Mills, 2017). Over time, the disabled community would suffer preventable harm, severe mental distress (Mills, 2022; Boardman, 2020; Mehta et al, 2018; Barr et al, 2016), and financial hardship due to political ideology, which identified the need to remove this State financial burden (Duffy, 2017) and to persecute disabled claimants who make demands on social security funding (Garthwaite, 2015). The significant increases in government debt were created by the international banking crisis of 2008 (Amadeo, 2022), but it was those in greatest need who were destined to pay the human costs for bankers' greed and incompetence (Mehta et al, 2018).

The Interpersonal Theory posits that feeling like a burden is key to suicidality and that it is a 'misperception' not based in reality. Yet perceptions of welfare claimants, and perhaps especially those who are disabled, have mental health conditions, and are out of work, as an economic burden and a drain on the economy is actively crafted by governmental and anti-welfare rhetoric. Claiming welfare is cast as a form of 'welfare dependence', which is compared to the 'fetishised' independence and imagined autonomy of paid employment... This article draws on research literature that evidences the negative psychological impact of burden discourse and how this shows up in people's accounts of feeling suicidal, in suicide notes, and in family accounts of those who have died by suicide. In doing this, it highlights the systemic, intersectional and cumulative production of suicidality by governmental 'welfare reform' in the UK (Mills, 2022).

Another large financial demand on the welfare state is the funding of the State Retirement Pension, initially from the age of 65 for men, and age 60 for women. The State Pension costs were destined to increase as life expectancy increased over time until 2018, when a public health warning was identified as life expectancy in England and Wales stalled when linked to social policy reforms and extreme austerity measures, adopted since 2010 by the Coalition administration (Hiam et al 2018). Known as 'Jobseeker's Allowance' since 1996, unemployment benefit was another variable, and there would be times of vast unemployment during major recessions, which increased the financial demands on the social security budget. During the term of the Coalition administration (2010-15), by the end of 2011 almost 2.7 million people were unemployed, and the quarterly unemployment rate reached 8.4 per cent, the highest rate since 1995 (ONS, 2018).

### **The adoption of psycho-coercion**

There is a tendency to overlook the fact that it was the Blair 'New Labour' administration(s) (1997-2007) that recommended that disability benefits should be made as difficult as possible to access, as the administration betrayed millions of working class Britons who had voted for them (McGarvey, 2021), and the UK moved further towards becoming an authoritarian state (Giroux, 2018) when influenced by right-leaning neoliberal politics.

Continuing with Thatcher's 'dark legacy' (Young, 2013), the Blair administration(s) (1997-2007) commissioned 'policy-based' reports to justify the future threat to the welfare state, with psycho-coercion and preventable harm guaranteed by adopting a flawed disability benefit assessment model (Stewart, 2018a; 2018b). Commissioned by 'New Labour', and exposed as being self-referenced (Ravetz, 2006), the Waddell-Aylward (2005) monograph recommended their discredited (Shakespeare et al, 2016) biopsychosocial (BPS) non-medical functional model of assessment to limit access to disability benefits, which was adopted for the Work Capability Assessment (WCA) in 2008 (Stewart, 2019a; 2019b). Blair adopted American social and labour market policies (Daguerre, 2004) using similar rhetoric as the previous Conservative administrations, as the 2006 green paper (DWP 2006) introduced the future use of the WCA to restrict access to the new ESA disability benefit, which replaced Incapacity Benefit (IB).

Additionally, New Labour promotes the creation of an active welfare state which makes receipt of unemployment and social assistance benefits conditional upon participation in work-related activities... Welfare to Work, usually referred to as the New Deal, represents the first real attempt to implement activation policies for the unemployed in Britain. The reforms involve a radical paradigm shift since they are based on a typically American 'workfare' approach... The case for the Americanization of British social policies is getting stronger in light of recent political developments (Daguerre, 2004).

Social policy reforms were supported by the main political parties and were guided by American corporate advisers UnumProvident Insurance since 1992 (Stewart, 2016; 2018b). They influenced future UK social policies as demonstrated at the 2001 Malingering and Illness Deception Conference (Halligan et al, 2003), which recommended that a BPS assessment model should be used to identify 'malingering' claimants of disability benefits. UnumProvident Insurance continue to escape all accountability for recommendations which were adopted by successive UK administrations, and were destined to create the preventable harm of chronically ill and disabled service-users when unfit for work, who are routinely identified by DWP Ministers as being 'economically inactive' (Stewart, 2019a). Using the Waddell-Aylward (2005) BPS model of assessment for the WCA, the DWP presume all disability benefit claimants are guilty of benefit fraud until proven innocent, as they disregard the identified public health crisis created by the WCA (Barr et al, 2016).

This unmitigated social policy disaster must have started somewhere and, it appears, it all began at a conference, near Oxford. Justification for the future demolition of the welfare state was created in November 2001 at the 'Malingering and Illness Deception Conference', held at Woodstock, near Oxford, with the conference attended by like-minded individuals including Aylward and LoCascio, from UnumProvident Insurance, who both made a contribution... At least one expert compared chronically sick and disabled people to APES and, of course, there were a number of 'experts' in Psychology waxing lyrically about the causes of psychosomatic illnesses and illness deception... All these 'experts' were authorities in their relevant academic fields and all had strong opinions about 'malingering' and so, gradually, the planned future demolition of the welfare state would be brought into being as there was no representative at the conference to challenge this collective opinion. (Stewart, 2016: 59).

Written evidence submitted by UnumProvident Insurance to the Work and Pensions Select Committee in December 2002 (WPSC, 2002), during the Blair administration, laid the groundwork for future UK social policy reforms with a staff member seconded to work with the government on future social policy designs.

We are currently working with the Department for Work and Pensions on this, and have had discussions with HM Treasury and the Prime Minister's Office. We have met with officials to help better understand the nature of the IB casebook, and to discuss how our commercial expertise might be more widely applied. In addition, we will shortly be supporting the National Employment Panel in its work on the New Deal for Disabled People through a secondment of one of our senior managers (Memorandum submitted by UnumProvident Insurance to the Select Committee) (WPSC, 2002).

Whilst the State Retirement Pension and unemployment benefit are financial obligations that the DWP cannot restrict, every successive neoliberal administration since Thatcher planned the reduction of the increasing costs of the welfare state by gradually threatening the income of the chronically ill and disabled community, and by challenging the validity of their claims (DWP, 2008), which peaked during the Coalition administration (2010-2015) (Boardman, 2020; Dwyer, 2018; Garthwaite, 2011).

Terms such as 'culture of worklessness', 'dependency', 'workshy', and 'unwilling' are often used without question when talking about sickness benefits and those who use them. Yet unfortunately this thinly veiled character assassination of people who are receiving sickness-related benefits is not a new phenomenon. For example, it can be linked to the distinctions between the 'deserving' and the 'undeserving' poor going back over a hundred years or more... The separation of disabled people receiving Employment and Support Allowance (ESA) into either a 'support' or 'employment' group could create further distinctions, creating a distinct danger that certain types of illness or disability will be perceived as less deserving of unconditional public support than others, creating a problem uniquely framed by work rather than health (Garthwaite, 2011).

The Waddell-Aylward (2005) commissioned monograph recommended the reduction of disability benefit claimants by one million (p12), and the reduction of the value of long-term disability benefit to the equivalent of unemployment benefit (p99). The most extreme recommendation was the use of financial sanctions (pp165-167), which removes all benefit income for a designated period of time causing a crisis for those in greatest need (Mills, 2017; Beresford, 2017; Webster, 2019).

But over the past three decades there has been a dramatic shift to increased conditionality in social security, accompanied by increased harshness in penalties. This has started to spawn a substantial new literature. This review article considers three significant recent publications. Although written from different perspectives, they all conclude that the current UK sanctions system cannot be justified (Webster, 2019).

Led by Prime Minister David Cameron, sanctions impacting on those in greatest need were significantly increased by the Coalition administration's pursuit of austerity (2010-15), and they were enthusiastically applied by DWP staff when adopting 'institutional violence' (Redman-Fletcher, 2021).

The present article seeks to explain how ordinary people carrying out their daily duties in employment service offices were able to implement cruel and inhumane social security reforms... We contend that it is crucial to situate this behaviour in the context of policy and practice changes which have encouraged the production and delivery of 'institutional violence' on the front line... encouraging front-line workers to deliver service in ways which led to a range of harmful outcomes for benefit claimants... Because front-line staff were measured ultimately on 'off-loads', finding ways to sanction claimants and/or dissuade claimants, as opposed to finding ways of facilitating transitions into work, had become a more rational option. When asked how the 0-13 week team would achieve the 'off-loads', worker three proceeded to explain how they would frequently treat claimants with 'disrespect' and use psychological harm as technique: 'they were pushing them until they either cleared off ... or they got sanctioned' (Redman-Fletcher, 2021).

Another influential report commissioned by the Blair administration was provided in 2007 by former City banker David Freud. Commonly known as the 'Freud Report' (Freud, 2007), it was created in less than six weeks and was commissioned 'to offer examples of how to limit the costs of out-of-work benefits, and to progress the government's Welfare to Work agenda' (Stewart, 2019a; 2019b). All recommendations from the 'Freud Report' (2007) were eventually adopted, including the recommendation to use private contractors to conduct the WCA to restrict access to the new ESA disability benefit by creating 'disability denial' (Stewart, 2021). Freud's influence would later become very significant. Never elected, he was ennobled by David Cameron in 2009, became a life peer, and was appointed as a shadow DWP minister in David Cameron's opposition administration. In the Coalition government formed in 2010, Freud was appointed as the Parliamentary Under Secretary of State for Welfare Reform at the DWP, and the DWP spokesperson in the House of Lords. In 2014 Freud claimed that profoundly disabled people should only be paid £2 per hour because they were 'not worth' the minimum wage. He was forced to apologise (Dassanayake, 2014).

Following the general election in 2015, Freud was appointed as a Minister of State at the DWP in the new Conservative administration to oversee the adoption of Universal Credit (UC), which was a social security system he developed to merge six former benefits including the ESA into one system to claim social security support. As Minister he adopted the recommendations from his 2007 report (Freud, 2007). Freud insisted that the government needed to target its welfare strategy on the 'economically inactive population' (p1) including single mothers, older workers, and the long-term claimants of disability benefits. Freud made many exaggerated claims in the report (Freud, 2007) as psycho-coercion by the DWP continued. Freud advised that the 'fiscal prize is considerable' if his recommendations were adopted. He insisted that he 'couldn't believe' (Sylvester and Thomson, 2008) that any disabled person had been awarded a disability benefit for life, demonstrating that this millionaire former City banker had no comprehension that someone with a



permanent and profound disability will have it for life, and no amount of testing by an unaccountable private contractor, using an assessment model that disregards clinical need, can change that reality (Stewart, 2019a).

Of course, there is a tendency to overlook the fact that the many claims in the 'Freud Report' (2007) were challenged by Professor Danny Dorling when writing as a guest Editor for the Journal of Public Mental Health, which exposed the fact that Freud had 'misinterpreted his own references' (Dorling, 2007). So, the predicted future mass reduction of the numbers of claimants of long-term disability benefit would not and could not happen (Dorling, 2007). Hence, future punitive social policy reforms (DWP, 2008) were justified by using recommendations from the Waddell-Aylward (2005) report and the Freud Report (2007), which were two totally discredited (Ravetz, 2006; Dorling, 2007) government commissioned reports (Stewart, 2019a).

Incidentally don't be fooled by the figures in the (DWP commissioned) Freud report suggesting spectacular falls in the number of Incapacity Benefit claimants in pathways pilot areas (a 9.5% fall on page 44 of his report). David Freud got his numbers wrong (to verify this simply read the sources he cites – they do not apply to all claimants as he implies, most of whom have been claiming for years, but only to a small minority), but then he is not a social scientist but a banker – so why should counting be his strong point? (Dorling, 2007).

### **Disability Denial**

Adopted by the Coalition administration in 2010, austerity measures added to the growing number of social policy reforms, highlighted in 2008 when the Brown New Labour administration (2007-10) introduced the ESA as the new long-term disability benefit, which condemned those in greatest need to endure the WCA (Stewart, 2018b), and guaranteed that the past psychological security of the UK welfare state would be successfully demolished creating a public health crisis in its wake (Boardman, 2020; Barr et al, 2016).

This article has demonstrated some of the problems faced by people with mental health conditions and disabilities resulting from the changes that have emerged from welfare reforms instituted over the past 12 years. These changes, rather than enhancing support for people with disabilities, have been unjust and ethically unsound, undermining citizenship and damaging to peoples' health and well-being... At present, the system appears at worst to be punitive and at best to provide an inadequate sticking plaster. The system needs to ensure that people with disabilities are not just supported but are encouraged to thrive (Boardman, 2020).

The disability benefit assessment is conducted by Maximus, an unaccountable American corporate giant providing the Health Assessment Advisory Service to the DWP. The assessment for the ESA benefit uses the WCA which was designed using the Waddell-Aylward (2005, 2010) BPS model, which failed all academic scrutiny (Shakespeare et al, 2016; Ravetz, 2006). Gradually, every clinical lead in the UK demanded that the WCA should be abolished, including the Royal College of Psychiatrists, the Royal College of General Practitioners, the British Medical Association, and the British Psychological Society, who all identified the WCA as being 'unfit for purpose' (Stewart, 2018b). They were all disregarded by the DWP, as is the growing mental health crisis directly linked to the fear of the next WCA, and the constant DWP threat of sanctions. To date, the DWP have disregarded all published research which identifies the ongoing and inevitable public health crisis created by social policy reforms and the use of the WCA (Boardman, 2020; Dwyer, 2018; Dwyer et al, 2019; Barr et al, 2016; Garthwaite 2011; 2014; 2015; Patrick, 2012; 2016; Mills, 2017; 2022; Cummins, 2018; 2021; Stewart, 2018a; 2019a; 2019b; 2021).

Indeed, a recent report by the Work and Pensions Select Committee was highly critical of the assessment, arguing that the WCA is failing to correctly assess employability, while also noting that there is a 'widely felt mistrust of the whole process' amongst claimants. In June 2012, the British Medical Association passed a motion calling for the WCA to be withdrawn, and committed to lobbying for its replacement with a rigorous and safe system that does not cause avoidable harm to some of the weakest and most vulnerable in society (Patrick, 2012).

To distract attention from the predictable negative impact of the planned austerity measures, added to extreme social policy reforms, the Coalition administration (2010-15) put every effort into discrediting disability benefit claimants, with their derogatory comments guaranteed to be reproduced by the media. Continuing and enhancing Thatcher's 'dark legacy' (Young, 2013), the past psychological security of the welfare state would be transformed. Claimants of social security income were deemed to be a financial burden to the State, and a political rhetoric of stigma, shame and blame became regular commentary by the Coalition front bench and DWP Ministers (Garthwaite, 2011; Mills, 2017), as disability hate crimes escalated and the disabled community now live in fear of the DWP and have become prisoners in their own homes (Birrell, 2011; McEnhill and Byrne, 2014; Beresford, 2017). Guided by the international neoliberal Organisation for Economic Co-operation and Development (OECD, 2003; 2010), a catastrophic indifference to human need has been the underlying concept of the UK social policy reforms since their escalation in October 2008 by the Brown New Labour administration (2007-10), when the ESA replaced IB as the long-term out-of-work disability benefit. By using neoliberal politics, the reforms of the UK's financial safety net, which was originally designed to protect those in greatest need (Beveridge, 1942), had been in the planning stage since 1982 (Cabinet, 1982) and, as a consequence, the UK is now more unequal than at any time prior to the Thatcher administrations (Cummins, 2021).

Britain was, in fact, a more equal society before the arrival of Thatcher in Downing Street than it has been at any time since. The attacks on the welfare state by the New Right in the 1980s were based on views that saw poverty as a result of individual moral failings rather than structural inequality. There is a long history of regarding welfare systems as expensive and dependency-creating. Populist notions about 'scroungers' and the alleged exploitation of the welfare system by the so-called 'undeserving' are used to attack the overall notion of the welfare state. When New Labour was elected, there followed a period of investment in health and education. In the area of welfare, New Labour was committed to reforming the system using a rhetoric of rights and responsibilities that was not too far removed from Thatcherite views. In 2010, the Coalition Government argued that austerity policies were needed because of the precarious state of public finances. The 'nation in crisis' narrative used to justify austerity was a Thatcherite echo (Cummins, 2021).

## **Conclusion**

Those in greatest need and claiming long-term disability benefit when unfit to work were relentlessly demonised by the Coalition government (2010-15), who successfully adopted psycho-coercion by the DWP whose social re-engineering supported by the press and media successfully discredit disability benefit claimants (Duncan Smith, 2012; Patrick, 2012; 2016; Garthwaite, 2014; 2015; 2016; Barr et al, 2016; Mills, 2022), who continue to be intimidated by the DWP (Stewart, 2019a). Their relentless persecution includes hostile DWP letters demanding attendance for the fatally flawed WCA whilst disregarding clinical need (Stewart, 2018a), with a DWP motivation to sanction as many claimants as possible (Dwyer, 2018; Beresford, 2017), and with DWP staff encouraged to cause 'psychological harm' to deter disability benefit claimants from claiming social security benefits (Redman & Fletcher, 2021). Many of those who are unfit to work were

destined to die often by suicide or starvation when, quite literally, ‘killed by the state’ (Elward, 2016: 30; Pring, 2017; 2020; Stewart, 2019c), with no-one held to account for this government imposed psychological tyranny (Stewart, 2018a) created by social policy reforms using psycho-coercion to remove the past psychological security of the welfare state when influenced by corporate America since 1992 (WPSC, 2002; Stewart, 2016). This has been achieved. Chronically ill and disabled people who are unfit to work live in fear of the DWP, who disregard coroners’ warnings of the risk of suicide relating to the WCA (Pring, 2020b). The adoption of the ‘politics of fear’ (Cabinet, 1982) was skilfully introduced over time, and the creation of ‘disability denial’ (Stewart, 2021) was adopted for social policy legislation relating, exclusively, to the costs of the welfare state and not to the health, wellbeing or to the survival of disability benefit claimants. Thatcher’s ‘dark legacy’ continues... (Young, 2013).

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### **Conflict of interest**

The author has declared no conflict of interest.

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## Biography

Mo Stewart is a medically retired healthcare professional, originally trained in the NHS. She is also a disabled veteran of the Women's Royal Air Force medical branch and, since 2009, has worked as an independent disability studies researcher. Mo's research exposed the influence of corporate America with UK social policy designs since 1992, and the ultimate political objective to eventually remove the UK welfare state to replace with private healthcare insurance similar to the system used in the US.

Mo was the research lead for the [Preventable Harm Project](#) that she led for ten years (2009-2019), and continues to identify the ongoing public health crisis created by UK social policy reforms and the adoption of the fatally flawed WCA to limit access to long-term disability benefit.

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