



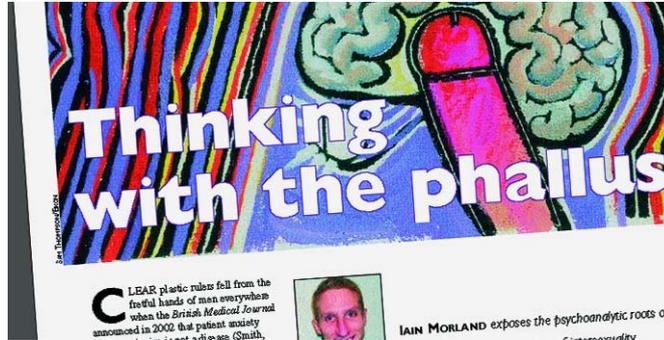
LETTERS

Letters should be marked clearly 'Letter for publication in *The Psychologist*' and addressed to the editor at the Society office in Leicester. Please send by e-mail if possible: psychologist@bps.org.uk (include a postal address). Letters over 500 words are less likely to be published. The editor reserves the right to edit, shorten or publish extracts from letters. If major editing is necessary, this will be indicated. Space does not permit the publication of every letter received. Letters to the editor are not normally acknowledged.

Intersex thinking and psychoanalysis

AIN Morland ('Thinking with the phallus', August 2004) perhaps misses the point that a significant proportion of neonatal surgical interventions are dictated by medical reasons to do with survival. I also question his analogy with the size of the clitoris that a 'tongue couldn't be too big to be a tongue'. Indeed, there are tongues that are dysfunctionally big and require surgical reconstruction. Functionality is a crucial factor and should perhaps be the sole determinant alongside survival for such surgical interventions.

Despite an increasing tolerance of gender ambiguity and uncertainty, sex is still



determined by one's genitalia with an expectation of clarity at birth. Most importantly, psychology and psychotherapy should be conveying that greater tolerance, flexibility and openness be encouraged among families and clinicians dealing

with intersex people. I do not see why, in the absence of a life-threatening condition, a person should be denied the right to make decisions implicating his or her body and sexual identity. A hurried irreversible decision serving the

purpose of alleviating the anxiety of involved parties 'may lead to unhelpful, precipitate action when the activity that actually needs to take place is the mental activity of tolerating uncertainty whilst time is made to make more informed and considered decisions' (Sutton & Whittaker, in Di Ceglie, 1998).

Equating psychoanalysis with Freud's out-of-context words is like equating phallus with penis, something the author rightly addresses as problematic. I felt there was lack of open-mindedness, not only in thinking that psychoanalysis has nothing to offer to the management of

IN 'Thinking with the phallus' (August 2004) Iain Morland attempts to argue that medical decision making in cases of surgical sexual assignment is to be explained by 'the persistence of psychoanalysis in contemporary medical practice'. Now whatever one might think of such surgical practices (and clearly they are open to all sorts of critiques, as the other authors of the 'Intersex' special issue make clear), this is a form of reasoning that should leave most readers baffled, especially as psychoanalytic reference points tend to operate, if anywhere, at the margins of today's dominant discourses. At best, as they say in court, the evidence is merely circumstantial; and at worst, it seems, Morland's argument is based on a logic that runs something like 'well it looks like a leather sofa so it must be one'.

Morland of course has no need to interview the surgeons

involved to see if they are indeed influenced by psychoanalytic thinking or have even read Freud, nor does he produce any explicit evidence that these medical doctors draw on psychoanalytic theory in their work. Moreover, he explores no alternative hypothesis, the most obvious one being pre-Freudian and to do with the largely paternalistic cultural assumptions of most Western societies alongside an embedded ideological commitment to the presumed binary nature of male and female, which have been present in such societies for centuries. However, it gets worse.

In the body of the article we find short decontextualised quotations from Freud that reflect nothing of the twists and turns in Freud's thinking as he struggled right up to his last papers with the question of how sexual identity is formed and how sexual object choices are made – a clearly important

question. Instead we are told that Freud 'enthuses' about the 'strikingly visible and... large proportions' of the male organ. If, however, we take the trouble to turn to the passage in question, we find no such enthusiasm but rather a complex attempt to explain castration anxiety (as a feared threat to one's sexual desire) as it arises in both sexes.

Other sleights of hand follow. For example, when Freud, in another quoted passage, clearly plays down the biological givens of sexuality by making a distinction between the genital organ and its psychic representation(s) (as phallus) we find Morland stating that Freud here 'could arguably be describing psychoanalysis itself'. What, one wonders, does this mean? Indeed, earlier Morland makes the ludicrous claim that the urological surgeon, Philip Ransley, in equating the phallus with the penis is making a 'Freudian slip par excellence'.

Of course no evidence for this presented and one can only conclude that the 'slip' is in the mind of the author.

Needless to say, this is not the place to have a long debate on the meaning of castration anxiety or the phallus (both terms being from a psychoanalytic point of view complex terms), but surely readers of *The Psychologist* deserve a better, more reflective and more acute level of scholarship.

One last quibble. I tend to like PhD candidates in English departments as they often have interesting things to say, but since when are they the voice of expertise on topics such as sexuality, gender and psychoanalysis? Naturally, this is question for the editors of this special issue, though the answer may be best glimpsed through a glass darkly.

Alan Rowan
Enfield Barnet and Haringey NHS
Mental Health Trust

intersex people, but in assuming that it has caused their maltreatment. I still struggle to understand why many psychologists feel the need to damn psychoanalysis in order to put an argument forward and am saddened to see that this is done with extremely limited understanding and knowledge of psychoanalytic theories. If we see psychoanalysis and psychology as two different

sexes, I wonder, can we tolerate 'intersex' thinking? Could practising what we preach be a start?

Sophia Chatzidimitriou
Marathonos 19
Nea Chalkidona
Athens
Greece

Reference

Di Ceglie, D. (1998) (Ed.) *A stranger in my own body: Atypical gender identity development and mental health*. London: Karnac Books.

Open access to academic publishing

AS a psychologist working in the NHS, I am often frustrated in accessing research articles. Trawling numerous databases is time-consuming, and my employer often does not subscribe to a journal of interest. If dissemination of ideas and knowledge drives research, why are there so many barriers to access?

Although research publishing has changed greatly with the popularisation of the internet, the business models of publishers have not. Learned societies (including our own) rely on journal sales for financial survival. Library budgets can't keep up with the ever-increasing number of journals. Meanwhile, publishers benefit indirectly from government funding: the taxpayer funds the research, then pays repeatedly to access the publications! Developing countries could also make use of research, but cannot afford the subscriptions.

I am encouraged by the development of open access (OA) initiatives by organisations like the British Medical Journal and BioMedCentral. In these models, publication costs are typically paid for by research-funding bodies. These costs are a fraction of total research monies, but give readers and institutions free access to full,

reviewed texts. Authors retain copyright, so articles may be freely reproduced by them as long as credit is given.

Understandably, some publishers are jumpy about these initiatives (Wray, 2004), and learned societies like ours may not be enthused. OA should increase the access to (and impact of) psychological evidence and ideas, but the Society relies on subscription monies to fund important activities such as lobbying. However, the House of Commons Science and Technology Committee recently gave strong support to the OA model (see News, September 2004), and the European Union is reviewing the academic publishing system.

Authors may also resist change if papers published within new models 'count' for nothing. Getting published is often a career necessity, and university departments need publications to attract funding and staff. Thus traditional measures of academic status are powerful maintainers of the status quo. But as the internet becomes the natural medium for research publication and consumption, perhaps there are alternatives (Smith & Eysenck, 2002).

I note that this issue appears in mainstream media with increasing frequency, but has

If you read an article in *The Psychologist* that you fundamentally disagree with, then the letters page is your first port of call: summarise your argument in under 500 words. But if you feel you have a substantial amount of conflicting evidence to cite and numerous points to make that simply cannot be contained within a letter, you can write a 'Counterpoint' article of up to 1500 words, within a month of the publication of the original article. However, it is best to contact the editor about your plans, on jonsut@bps.org.uk.

Don't forget, we are also still looking for contributions for:

- **Looking back** – personal reflections on the history of psychology;
- **Question time** – a brief question on any aspect of psychology, from the frivolous to the serious; and
- **Relationships** – feuds and great collaborations, fantasy or otherwise, for 2005 (the Society's 'Year of Relationships').

not been widely discussed within the Society. With initiatives like BioMedCentral real changes are already happening, and there is political will for more. As consumers and producers of research, and with the Society publishing some of it, we all need to be aware of the possibilities and discuss them.

Ben Pollinger
Department of Clinical Psychology
South Tyneside District Hospital

References

- Smith, A. & Eysenck, M. (2002). *The correlation between RAE ratings and citation counts in psychology*. Retrieved 29 July 2004 from psyserver.pc.rhbc.ac.uk/citations.pdf
- Wray, R. (2004, 30 June). Open access jeopardises academic publishers, Reed chief warns. *Guardian Unlimited*. Retrieved 29 July 2004 from media.guardian.co.uk/site/story/0,14173,1250464,00.html

I HAVE just read the news item 'Free for all could mean costs for all' in September's *Psychologist*. The message seems to be that competition and market forces are beneficial to the dissemination of scientific knowledge. And, moreover, that the BPS is the best at it – it, I assume, being exploitation and profiteering!

Whilst these points may or not be true, it remains the case that libraries can no longer

afford subscriptions to sufficient journals to adequately inform their readers. That the government is proposing an 'author pays' style of vanity publishing is to fall into the hands of those publishers who will continue to profit from the scientific work of others.

Further, it fails to address the driving forces for this, which are a career incentive of 'publish or become unemployed' attitude and the influence-rating systems that make some journals the 'must-be-published-in' favourites of RAE exercises, and so on.

With the advent of the internet there is absolutely no reason why publishers couldn't be cut out of the loop. Let authors put manuscripts onto restricted access sites for their peers to review. Manuscripts can be commented upon and revised as necessary, and scored across a range of criteria.

If a manuscript attracts sufficient marks, from sufficient commentators, then an emergent property of the manuscript will be its becoming an open-access paper, free and available for anyone to read, copy, download or disseminate, so long as the authors are credited.

Roy Allen
North Parkhouse
Maud
Nr Peterhead
Aberdeen

A form of professional misconduct

I AM writing about the disciplinary notice regarding Dr Kenneth Aitken (June 2004), in particular about complaints of Dr Aitken failing to complete a Disability Living Allowance form in time. I do not know Dr Aitken personally,

and the circumstances under which such delays occurred were not explained. From the reference to completing a Disability Living Allowance form I can only guess that the difficulty may in part be attributable to the unfortunate, but increasingly familiar, scenario of psychologists' limited time resources being stretched by being asked to carry out generic responsibilities and duties

DEADLINE

Deadline for letters for possible publication in the December issue is **29 October**

ARCHIVAL MATERIAL EXHAUSTED

I BELIEVE that the archival material on Cyril Burt may indeed have been exhausted, however not the first-hand accounts, particularly those that explain how Burt's mix of charm and intimidation allowed him to flourish virtually unchallenged. The curious thing is how this atmosphere continues to this day, unfortunately making me quite reluctant to subject some of my primary, and now elderly, sources to it. Steve Blinkhorn (Letters, August 2004) should have checked his facts before going into print: there was indeed a Paul Lafitte (1915–1972), a reader in psychology at the University of Melbourne, but no Jaques Lafitte. However, the point is not whether the latter was real, but whether the letter attributed to him is real. The available evidence suggests not, and this was by no means an isolated event. Burt appropriated real students' names as well as imaginary names to publish unfavourable reviews, and so on (Clarke & Clarke, 2003).

Blinkhorn has also missed the point on the Spearman issue. Nobody denies Burt's contribution to the development of factor analysis; it is his attempt to arrogate to himself Spearman's reputation that is at issue. My 'claims' as Blinkhorn dismissively puts it, are Hearnshaw's conclusions arrived at through unprecedented access to the parties concerned (including Burt) as well as archival material, a claim that current scholars cannot all make. These conclusions were scrutinised by an independent BPS panel and upheld.

Hannah Steinberg (Letters, August 2004) is mistaken to refer to the blitz, since the disputed data Burt claimed had been collated after the war. Lastly, the absence of pocket calculators is again irrelevant, since we are not talking about one or two computational errors but the wholesale manufacture of data.

Stéphane Duckett

Royal Free Hospital
London

Reference

Clarke, A. & Clarke A. (2003). *Human resilience: A 50 year quest*. London: Jessica Kingsley.

that confuse and dilute what is a valuable and specific role requiring years of specialist training.

My concerns relate to:

1. The fact that no reference is made to whether Dr Aitken, or other psychologists, should be expected to complete Disability Living Allowance forms and whether as a professional body the British Psychological Society should be supporting its members in maintaining a clear professional identity and protecting them from an erosion of their professional boundaries.
2. The fact that a failure to meet deadlines seems a matter for an individual's line management (or at most a disciplinary matter for the employing trust) and that measures already seemed to have been put in place to prevent such an event recurring. That the British Psychological Society should, notwithstanding this, become involved in what is ultimately an administrative/time management issue (albeit with undeniable repercussions for the client in question) and involve public naming and shaming at a national level brings the words 'sledgehammer' and 'nut' to mind.

I have discussed these issues with other psychologists and

they seem to share my concerns. I wonder whether there are other psychologists nationally who share them.

Edward Bloomfield

Psychology Department
Goodmayes Hospital
Goodmayes
Essex

Ken Brown, Chair of the Disciplinary Board, replies: *The Society cannot comment on individual cases. However in assessing whether a complaint shows professional misconduct, the Investigatory Committee and any conduct committee hearing would take into account what the member had agreed to do for the client and whether they had been acting in the best interests of the client in the actions they had taken or failed to take.*

The late production of reports is an area of complaint that causes enormous distress to clients. If a member's line management can resolve the issue, without the client needing to complain, that benefits everyone. However, this does not always happen, and indeed some members in private practice may not have a line manager. The Society has a duty to protect the public and the reputation of the profession, and if a complaint of late production of reports is made to it, a member should expect the Society to take the matter seriously and to take appropriate action.

Students, get organised!

DURING my time as the UK's executive board member of the European Federation of Psychology Students' Associations (EFPSA) I have noticed just how organised many of Europe's psychology students are. May's annual congress of EFPSA in Serbia and Montenegro saw over

200 psychology students attending from more than 25 member countries. Most countries sent delegations of from six to eight members, but there were just two representatives from the UK – Cedric Ginestet (the new UK executive board member of EFPSA) and me. Is this a reflection of our current lack

Iraqi mental health services – Appeal for help

A MEETING was held at the Royal College of Psychiatrists this summer to discuss ways of helping mental health services in Iraq. There were excellent presentations by Majid Alyassiri and Rachel Jenkins and an introduction by Jack Piachaud and Adil Al-Mousawi. One of the working groups at the meeting was charged with looking at ways of assisting in the training of mental health professionals in Iraq and it concluded that there was a need to compile a database covering:

- the training needs of Iraqis;
- the training opportunities in the UK where the organisers are willing to set aside one or more free places for people from Iraq; and
- funding sources to help with travel and living expenses.

The organisers would be grateful if British mental health professionals could identify courses, conferences or professional

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training events that would be willing to offer free places for Iraqi mental health professionals so that they can add these to the database. They have also asked mental health professionals to explore with colleagues and professional organisations whether they would be willing to offer such places for Iraqis. They would also be interested in hearing suggestions of funding bodies who might help with travel and living expenses for visiting Iraqi mental health professionals.

There are apparently very few qualified clinical psychologists in Iraq, so it is not easy to determine the training needs for psychologists. As a result, the organisers would be most interested in hearing of events that would be suitable for psychiatrists as well as psychologists.

If you think you can help, please contact me.

Riadh Abed

Rotherham District General Hospital

E-mail: abedrt@btinternet.com

of involvement in European and world psychology?

I looked into how these countries get so many motivated students involved in cross-cultural psychology. I found that many have national organisations like ours, but they also have somewhere to link all of the smaller, unofficial societies, so that important news can spread right across their psychology students' communities. This is something that is lacking here in the UK.

We, in the Student Members Group of the BPS, want to follow the lead of these European organisations. At the Society's Annual Conference in London this year I gave a presentation calling for everyone who is in a psychology society at their university to link to the UK's Psych-Student Network at www.psychwire.co.uk and to EFPSA at www.efpsa.org. The response to this has been good, but we now want to widen this network. We would like any psychology student who runs, or is part of, a psychology students' society to contact us at journalist@psychwire.co.uk

or smg-officers@bps.org.uk with a view to organising reciprocal weblinks.

The main benefit is access to all the services that EFPSA offers: a travel network, which provides free lodgings for any psychology student in any member European country (handy for all those international conferences you want to attend, but can't afford); a research network, which facilitates access to academia you wouldn't ordinarily have access to; an information service for those who want to study or work abroad; and an activities service that organises summer/winter schools and congresses for psychology students. In addition, if we have this network of psychology students' societies here in the UK, it will facilitate the spread of information in this country.

If you aren't already part of a psychology society, don't worry! It's easy to join one, or even start your own. For any information, or for help with starting your own society, contact me at the SMG or at Psychwire on the addresses

above. The benefits for your CV, along with the sense of community, research networks, discussions and even out-of-university activities, are well worth it.

For any information

regarding this, EFPSA or psychology internationally, contact me at keith.chrystie@talk21.com or Cedric Ginestet (Cedric.Ginestet@tvu.ac.uk).

Keith Chrystie

University of Southampton

People with labels

I HAVE been working in schizophrenia research for almost five years, and my experience has fuelled my desire to de-stigmatise the notions and beliefs

surrounding the illness in the general population. I am not surprised by the attitudes of the general population regarding severe mental illness, as the media often portray people with

schizophrenia in a very unfavourable light. Consequently, I have tried to re-educate and dispel the myths encompassed in this disease.

So imagine my dismay upon reading several articles in the June issue of *The Psychologist* where people with schizophrenia were referred to as 'schizophrenic'. In particular, Asifa Majid's report from the Shapiro Lecture (p.330), and Fiona Lyddy's article on 'lateralisation in schizophrenia and dyslexia' (p.346). Dr Lyddy states: '...while both schizophrenic patients and adults with dyslexia...'. Why have the individuals with schizophrenia

been described by their illness whereas the people with a dyslexia have not? This reinforces the notion that people with schizophrenia are categorised solely by their illness while other disorders are viewed as only one component of the person.

As *The Psychologist* has a wider audience beyond the mental health domain, this portrayal of schizophrenia could be misconstrued and has the potential to damage the efforts being made to alleviate the stigma associated with severe mental illness in society. How can we hope to dispel the labelling and stigma attached to severe mental illness when

our own health professionals continue to endorse it?

Eleanor Page
University of Melbourne

Peter Dillon-Hooper, assistant editor of *The Psychologist* and compiler of the Society's Style Guide, replies: The Psychologist follows the BPS house style set out in the Style Guide (tinyurl.com/7ye77). This was published in 2003 after wide consultation, including with the Standing Committee for the Promotion of Equal Opportunities. The guide is

deliberately not prescriptive about how to refer to people who have certain conditions; instead, to embrace the varying preferences of authors and interest groups on this question, it allows for both the 'with' usage (as in 'people with dyslexia') and the adjectival usage (as in 'schizophrenic patients'), while warning that the former can sometimes lead to cumbersome or ambiguous phrasing. The Psychologist therefore generally retains authors' own choice of terms in this area.

NEUROPSYCHOLOGISTS AND PROTECTED TITLES

THE committee of the Division of Neuropsychology wishes to express its concern at the exclusion of 'clinical neuropsychologist' as a specialist title in the consultation proposals from the Health Professions Council. We feel strongly that the HPC is failing in its primary aim of protecting the public.

Clinical neuropsychologists are often involved in crucial decisions affecting people's health, employment and well-being. It is essential that people at these difficult times in their lives can readily identify appropriately skilled and experienced practitioners, and this will not be achieved by the proposals from the HPC. Clinical neuropsychology is an established speciality with clear training routes and a recognised status within legal, health and social care settings. It is inappropriate and unhelpful for the public for clinical neuropsychology to be

the only Division of applied psychologists within the BPS not to be recognised by a protected title. We urge members with similar concerns to respond fully to the public consultation and to share their views with the DoN committee and the BPS Working Party on Statutory Regulation.

Camilla Herbert
Chair, Division of Neuropsychology

Geoff Lindsay, Chair of the BPS Working Party on Statutory Regulation, comments: *The Society proposed that 'clinical neuropsychologist' should be a protected title but the registration of applied/practitioner psychologists must be by the initial route to achieving registrable status, normally qualification as a clinical psychologist. This is a general approach to all such registers. However, the Society will continue to maintain its Register of Chartered Psychologists so the public can continue to check who is a recognised clinical neuropsychologist*

Clinical training – A suggestion

COULD clinical psychology training follow a similar pattern to training for medicine, with a five- or six-year course leading to professional status?

This appears to make financial sense for the NHS, with current costs covering wages for an indefinite period for assistant psychologists and then three years' trainee wages. An alternative training system would significantly reduce costs, with the added benefit of tuition fees paid by students for the duration of the extended course. This could still benefit students, as they would reach the financial safety of professional status at a younger age, like their medical counterparts, in order to repay loans. Practical training would still be received in-depth during the final two to three years and possibly through an

electorate placement, as with medical students, and using similar placement methods to the current doctoral course. Voluntary work could also be encouraged during vacation periods in the first two years.

However, candidates would have to select clinical psychology aged 18, which may mean they are less aware of what to expect. Competition for places would be intense, but could more places become available if the structure of the course were to change? Plus, less practical experience may be gained, but if this method of training provides the health system with doctors, why not psychologists too?

This is simply a suggestion with the purpose of opening debate. What do readers think?

Samantha Hardingham
12 Victoria Street
Newcastle upon Tyne

BPS as a support body

IWRITE in response to the letter from John Hodge, Chair of the Support Working Party (September 2004). The objectives of the Professional Practice Board (PPB) in wanting to provide help to members under investigation are to be applauded. I hope

that those who have been through the experience will feel able to share with the working party some of what they have gone through and how they could have been assisted.

Having had the benefit of an effective support system

myself, and also having being involved in providing support, I know how important it is to have both emotional and technical support. However, I disagree with some of what John Hodge expressed in his letter.

The concept that the advent of the HPC register for psychologists will instantly allow the Society to support its members requires further thought. Not all Society members will be eligible to register with the HPC, some who are eligible will not want to register. Of those who do register, many will want to retain their membership of the Society for professional reasons. The conduct of Society members will still need to be regulated. That is, of course, unless the Society intends to relinquish this role

and have no control or sanction over its members' conduct. A very undesirable scenario, I would suggest.

The perception that the Society can currently have no role in supporting members who are the subject of complaint is fundamentally wrong. There are examples elsewhere, where both regulatory and support structures exist side by side which could easily be adapted and introduced. In truth, for a long time the Society has used this conflict-of-interest argument as an excuse for doing nothing. Even now, having been in existence for over 12 months, the working party is only just asking for the views of those who have been through the process. This is not ground-breaking work; and every month that passes more

members are facing investigation without any support from their professional organisation.

Most members do not realise how vulnerable they are. I can say with certainty that the majority of Society members are under the impression that their insurance provides full cover in the event of a misconduct allegation and

are deeply shocked when they discover that it does not provide any support for the important initial stages of the process.

In many areas the Society has much to be proud of. In this area it is letting itself and its members down.

Glyn Oldfield
*Brookfields Professional
Conduct Services Ltd
Uttoxeter*

Discontented

MY normal practice with *The Psychologist* is to scan the contents page for interesting or aggravating material, read the letters in search of the same, and then throw it in the bin. However, this month (September), and purely by chance, I discovered two interesting articles by Sarah Norgate and Dorothy

DAVE ROBERTS

Bishop in the 'Supporting research' section. Why is this section not itemised on the contents page? There is plenty

of room, and if more is required, the pointless photographs could be discarded.

Robin N. Campbell
*Department of Psychology
 University of Stirling*

The Editor, Jon Sutton,
replies: *The omission of Dorothy Bishop's 'Why I study...' from the contents was an error (although it was not part of 'Supporting research') – we apologise. 'Supporting research' is always listed as a regular item, as it was in the September issue, but individual articles within the section have not up to now been separately listed. There may be a case for major items in that section to be flagged up on the contents page; we'll bear it in mind. Hope this catches Robin Campbell's eye before his issue lands in the bin!*

Looking back – Remembering Stanley Milgram

IN the early 1960s when Adolf Eichmann was kidnapped by the Israeli Secret Service and brought to trial, he was interviewed by the journalist Hannah Arendt. Eichmann had until then been the highest-ranking Nazi still at large; he had been responsible for organising with devastating efficiency the transportation to the death camps. Arendt's assessment of Eichmann scandalised many when she described him as 'an ordinary man', 'a bureaucrat' ('the banality of evil'). What was perhaps most shocking to some in her assessment was the suggestion that any society, not just Nazi Germany, could produce such a man. Whether

Milgram intentionally set out to prove Arendt's hypothesis right or not, this was in effect what he demonstrated.

I first became aware of Milgram's experiment, like thousands of other Britons, through an article in the Sunday papers in the late 1960s. So I was filled with great anticipation in 1983 when I heard that Milgram was going to make a presentation at a graduation ceremony for a small college just outside of Philadelphia, where I was living at the time. Milgram was a thin, bearded man with a quiet voice and rather stiff movements. Surprisingly, he did not talk about his seminal Yale studies, rather about some research he was

conducting on why people in urban areas are less apt to help others in contrast to those in rural areas (the 'urban overload hypothesis'). As part of his investigation into this issue he had presented photographs of absent commuters at his local railway station to determine the extent that commuters are aware of one another. As curiously engrossing as this study was, it appeared to be a bit of an irrelevance. How did he find himself researching this following from his obedience studies? I couldn't see the connection. Milgram died the following year at the age of 51.

The power of Milgram's earlier studies rests on the

INFORMATION

■ I AM intending to start an MSc in forensic psychology in 2005. I am currently undergoing training to carry out voluntary work for SOVA and the youth offending team. I would appreciate opportunities for **voluntary work with a forensic psychologist** in the **Hampshire area** from October 2004.

Lucy Murray
*E-mail: lucymurray1@hotmail.com;
 tel: 0776 682 2175*

■ I HAVE recently graduated from the University of Leeds. I wish to pursue a career in **forensic psychology** and am looking to gain work experience before undertaking an MSc starting in 2005. I would appreciate any related **voluntary experience in the Leeds/West Yorkshire area**.

Kathryn Hobdell
*E-mail: KatHobdell@hotmail.com;
 tel: 0790 491 1508*

■ I AM an assistant psychologist working in the field of learning disabilities. I am part of a working group that has developed a 'Social Skills' pack to use in a group setting

with our clients. We have piloted the pack a number of times but are still struggling to come up with a good set of assessments for clients and/or carers that will enable us to **'measure' our clients' social skills** and see if they have improved after attending the group. If anyone has facilitated a similar group and knows of any relevant assessments, we would love to hear from you.

Rachel Potter
*Bro Morgannwg NHS Trust's Learning Disabilities Directorate
 E-mail: rachel.potter@bromor-tr.wales.nhs.uk; tel: 01656 753410*

■ I AM a third-year student hoping to hear from **health and clinical psychologists** from the **West Midlands** area, who would be willing for me to shadow them and gain experience of a hospital setting.

Fay Beck
E-mail: faykceb@yahoo.co.uk

■ RECENT court cases have indicated that if homeless gypsies or travellers have a sufficient degree of 'aversion to conventional housing', then the local authority concerned

should use their best endeavours to see if there is a site where they might be permitted to stop. The **Travellers' Advice Team** often requires reports on the question of 'aversion to conventional housing'. However, we have great difficulty in finding people with the necessary expertise. If you feel you can help please contact me.

Chris Johnson
*Travellers' Advice Team
 4th Floor, Ruskin Chambers
 191 Corporation Street
 Birmingham B4 6RP
 Tel: 0845 120 2980*

■ I AM an assistant clinical psychologist working with Edinburgh Connect, which is a mental health service for looked after and accommodated children and young people.

I am aiming to create a resource bank of **assessment and intervention tools that are specifically designed for use with looked after children** and that can be used both by the Edinburgh Connect mental health team and by residential care officers.

I would be very grateful to hear from any psychologists who specialise in working with looked after and accommodated children and who might know of any assessment or intervention tools that have a strong evidence base with this specialised client group.

Caroline Macrory
E-mail: carolinemacrory@hotmail.com; tel: 0131 651 4130

■ ENTHUSIASTIC graduate psychologist wanted to undertake **part-time voluntary work with children with chronic illnesses in the London area**. Ideal opportunity for anyone hoping to pursue a clinical career. Please contact me for further details.

Ingram Wright
*Sheffield University
 E-mail: i.wright@sheffield.ac.uk*

■ I AM a PhD student of health psychology at Nottingham University. I recently completed an interview study with **survivors of facial surgery** and am now recruiting **participants for a questionnaire-based study**



Eichmann on trial – An ordinary man?

fact that he demonstrated that even horrific actions can be committed by ordinary people. Having said this, it is important to emphasise that at no point did Milgram ever suggest that we, as individuals,

are anything other than wholly responsible for our own actions; for this reason Milgram's research will never form a defence against prosecution. However, it may help to explain the apparently

unexplainable; namely, how people like Marc Dutroux, the notorious Belgian paedophile killer, succeed in co-opting those around them to participate both directly and indirectly in heinous acts. Perhaps with this insight we should not find ourselves quite so surprised, and less inclined simply to demonise. As Arendt suggested with respect to Eichmann, demonising provides us with a false sense of comfort, distancing us from those horrific actions, but in an ironic way that may simply serve to blind us from seeing such actions when they are being committed in our midst. Sociopaths, like Marc Dutroux, depend on our denial, not simply to survive but to thrive. Maybe this is the link

between Milgram's obedience studies and the later research he spoke about that evening; that is, how the anonymity of urban life and our inability to care for those around us may passively be simply an extension of what Milgram's subjects in his earlier experiments were willing to do given the right context – the complicity of an impersonal world. Whether Milgram had this in mind or not I cannot say, but what one can say is that Milgram's career demonstrated the important contribution that the field of psychology can give to these profound issues about our humanity.

Stéphane Duckett
Royal Free Hospital

exploring the relationship between particular forms of coping and long-term well-being after facial surgery. For more info or if you know of anyone who might wish to take part, please contact me.

Penny Furness
Behavioural Sciences
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E-mail: penny.furness@nottingham.ac.uk

■ MY firm is looking for a motivated occupational psychology student or recent graduate who would like some **unpaid work experience** or an internship. In return, we can offer charterable experiences and free training in various topics (assessment, leadership, etc.).

Gene Johnson
IQuentis Ltd
Rainham
Essex
E-mail: ejohn133@ford.com

■ I AM a final-year psychology undergraduate at the Open University and keen to pursue

a career in clinical psychology/ psychotherapy/counselling. I am seeking **voluntary experience, part-time**, in the **London** area from October 2004.

Mar Bueno
E-mail: goodsea30@hotmail.com

■ THE National Addiction Centre (NAC) is concerned with improving our understanding of, and ability to prevent and treat, substance misuse and associated harms. We are looking for **volunteers with an interest in the addictions** to help support a variety of projects based in south London. For more information please e-mail me.

Robert Patton
National Addiction Centre
London SE5
E-mail: r.patton@iop.kcl.ac.uk

■ I AM about to embark on my final year at the University of Westminster and I wish to pursue a career in **occupational psychology**. I have work experience in market research and with general office work. I would appreciate any relevant voluntary

work in London.
Anna Jessen
E-mail: maljes55@hotmail.com

■ I HAVE a BA in psychology from the University of Paris and I am in the second year of a master's programme in psychopathology. I have a few weeks' experience in a psychiatric hospital and CMHT. I am looking for a minimum of 300 hours of **voluntary experience shadowing a psychologist** – in the NHS or private practice. Would prefer family therapy but will consider any area of clinical psychology. Looking for offers in **London, Essex or Cambridgeshire**, starting January 2005. Thank you.
Sabine Menon
E-mail: guapomenon@btinternet.com

■ I AM currently seeking voluntary help from a **Bengali/Sylheti speaker** with my ClinPsyD thesis at the University of East London. My study is looking at the experiences of Bangladeshi mothers who have hyperactive children.

The role will include interpretation and cultural advice at both the data collection and analysis stage. The maximum involvement would be for eight interviews, lasting one to two hours. The study is taking place in east London.

If you are interested, or would like to hear more about the study, please contact me.

Jemma Rosen-Webb
E-mail: contactjemma@hotmail.com

■ I AM a psychology graduate (first class) from Durham seeking experience to obtain an assistant psychologist post. Having finished a support worker position, I am looking for **voluntary work in the Midlands** but am willing to travel. I am particularly interested in eating disorders but would greatly appreciate voluntary work in any area of **clinical psychology**.

Kate Robinson
E-mail: kdj_r@hotmail.com