Taking a lead against evil

Alexander S. Haslam and Steve Reicher's excellent article ('Questioning the banality of evil', January) reminded me of why I came into psychology in the first place. It is both highly scholarly and grapples with some of the most important issues in the 'real world'.

I would like to suggest that their analysis of brutality, group process and the abuse of leadership for evil ends is more relevant to everyday life than one might imagine.

There is a continuing spate of reports, scandals and inquiries into the abuse of vulnerable people in supposedly caring institutions. This has been going on for at least 50 years and shows no sign of abating. The literature covers wards and homes for children, the mentally ill, elderly people and people with learning disabilities. A report of 'hitting, slapping, stamping on feet, thumb twisting, intimidatory language and emotional abuse in the form of restricting food and playing on known anxieties of patients' (Commission for Health Improvement, 2003) indicates that we are dealing with a situation of ordinary people behaving in a monstrous manner; albeit not on the same scale as Nazi Germany, but quite possibly happening now in a care home or ward near you.

PAUL BALDESARE@PHOTOFUSION

Psychologists working with vulnerable people can no longer stand on the sidelines tut-tutting

I was particularly pleased to read Haslam and Reicher's emphasis on the role of leadership as a central component of the development of tyranny. Whilst psychologists do not generally have a leadership role in wards and care homes they can have a role to play in exerting any influence they possess toward humane care. This may be simply being present on a ward as an outsider with a different view of care or it may be as an integral member of the team. Recall how a dissenting stooge reduced obedience dramatically in the Milgram experiments. Haslam and Reicher have pointed out in earlier paper that while groups affect individuals, by the same token individuals affect groups.

Psychologists working with vulnerable people need to engage with the care homes and wards to bring whatever influence and authority they may have to best effect. My personal hunch is that we need to identify and support the ward managers and Modern Matrons. These individuals are often struggling to maintain standards while being squeezed between a demoralised staff force and a management who seem to have their minds on larger, 'corporate' matters.

There is also the possibility that if we do not get involved, if we stand on the sidelines tut-tutting and waiting for the next scandal, then we become contributors to the problem by our neglect.

The vast literature on abuse in institutions has generally not been very useful, largely because it has assumed that all that is needed is for the professionals concerned all to try harder. Haslam and Reicher's article shows how a psychological approach to the social world of groups, influence and inter-group hostility is highly applicable to some very serious problems that many of us deal with daily.

Paul Whitby
Community Mental Health Team for Older Adults
Bewley House
Chippenham

Haslam and Reicher write: 'In short, the true horror of Eichmann and his like is not that their actions were blind. On the contrary, it is that they saw clearly what they did, and believed it to be the right thing to do.'

Some years back one of my university professors told me that he had been one of Asch's subjects (whilst a student at Swathmore College, if I remember correctly) who had acquiesced. I was a little surprised that he disclosed this to his class since he appeared still visibly distressed by the experience, despite it being 25 years or so on from it. He told us, as Haslam and Reicher state, that it was not that he was blind to what he was seeing (he did know the line lengths were different), but neither did he believe what he was saying. He was, he told us, intimidated into saying yes.

Could it not be, therefore, that the professed belief is simply an artefact of finding oneself on the wrong side, i.e. cognitive dissonance theory? I believe that the true lesson that Arendt has taught us is that by seeking to tell ourselves that the Eichmanns of this world are somehow qualitatively different from us that we are simply reassuring ourselves that they are less than human, which, of course, they are not. Therein lies the banality of their actions. We are not as far removed as we would like to believe.

Stephane Duckett
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Item response

We were delighted to find Dr Joerg Prieler's timely article ('So wrong for so long – changing our approach to change') in December's issue. However, whereas we feel it is valuable to raise awareness of new psychometric methods, we believe it important to address two key misconceptions, rarely acknowledged in the literature, and propagated in this article.

First, item response theory (IRT) is one of two main families of new psychometric method; the other is called Rasch measurement (RM: Rasch, 1960). IRT and RM are mathematically similar and, therefore, often inaccurately considered as members of the same statistical family. This is important because these two approaches were originally developed independently of each other and have different agendas. The aim of IRT analysis is to find the statistical model that best explains the observed data. When the observed data do not fit the chosen IRT model another model is sought to better explain the data (Thissen & Steinberg, 1986).

In contrast, RM provides a mathematical model for guiding the construction of stable linear measures from scale data. This is vital for measuring change as the most important measurement axiom is the ability to test for invariance (stability). This is only achievable with RM because the presence of other parameters in IRT models renders the estimates sample dependent (Andrich, 2004).

Dr Prieler does not clarify whether he is referring to IRT or RM. If it is indeed the latter (as alluded to by his reference to 'other parameters'), IRT does not move us on much further than 'classical test theory' (CTT) when measuring change.

Second, Dr Prieler explains that using IRT will help 'avoid erroneous conclusions about the effects of interventions'. However, the application of new psychometric methods is only half the story. We must also ensure that we are measuring appropriate, explicit, valid and meaningful variables. Unfortunately, psychometric methods, be they grounded in CTT, IRT or RM, are unable to confirm that a set of items marks out a meaningful variable of interest, let alone tell us what a scale measures. A common misconception is that they actually can achieve this. Instead, this requires the application of inductive and deductive qualitative methods to define constructs, determine the extent to which scale items map out a construct as a meaningful continuum, and establish the most appropriate item phrasing, structuring and context (Hobart et al., 2007).

One group in particular has developed these ideas to an advanced level in applying theory referenced measurement (Stenner & Smith, 1982). New psychometric methods have been available for almost half a century, and although being 'tried and tested', their application to measuring change is a new and evolving area. We agree with Dr Prieler that their widespread application will require not only considerable intellectual investment, but also a paradigm shift in approach. However, we also believe it is essential that researchers are aware of key issues relating to these methods in order to make an informed choice about how best to meet those challenges.

Stefan Cano
Institute of Neurology, UCL
Jeremy Hobart
Peninsula College of Medicine and Dentistry

Editor's note: For more on this topic, see www.psychforum.org.uk

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THE NEW PSYCHOLOGIST

Well done on the new-look *Psychologist* – I think you and your team have done a great job in redesigning the look and feel of the magazine. The redesign brings it up to date, with improved layout, use of visuals and mix of news and articles. Overall a much more enticing read.

Jonathan Passmore
Senior Lecturer Occupational Psychology Programme
University of East London

I would like to write and congratulate you on the new design of *The Psychologist*. It exudes professionalism and is aesthetically pleasing. Well done!

Patrick Larsson
London

I picked up my joyful Christmas mail this morning to be greeted by the gross image on the front of the January edition of *The Psychologist*. I probably am being too sensitive, but could this picture not have been kept for the inside pages? Can we not just enjoy the joyful escapism that Christmas can bring? My wife picked the mail up from the porch and had a few choice words to say about the poor taste she perceived this to be in.

Peter Woods
Rochdale

The Editor, Dr Jon Sutton, replies: Thanks to everyone who got in touch. We had a lot of feedback, much of it about legibility: we hope you will notice some improvements in that respect in this issue, and over the coming months as the design inevitably 'beds in'.

We had quite a few complaints about the cover image (Goya's painting 'Saturn devouring his child'). The authors and I chose it as a striking depiction of the subject matter, and suitable for the first issue of the redesign for the reasons outlined in the editorial. It was seen before publication by both the Psychologist Policy Committee and the Publications and Communications Board: no member of either body raised it as an issue for concern. I also showed it to my three-year-old son, and had an interesting chat about what the image portrayed and its history. However, I recognise that this was my choice, and I apologise for any upset caused to young children who were first to the Christmas post. In future, if an image is 'graphic', I will consider obscuring it with the address label. But as you will see from the cover of this issue, that might sometimes be a fine line!

Women are doing it for themselves

I read the report of Meghan Provost's work on women and gait (News, January) and was surprised that despite the contra-indications of three studies, yet again woman are being presented as passive in their own sexuality.

Three studies have shown that at times of their maximum fertility, women are less generally attractive to men. This supports the fact that the woman is evolved to be a dominant or equal sexual member of an encounter, as the last thing a fertile woman wants is a lot of men not of her choosing bothering her.

As it is clearly the case that a woman can find and establish sexual contact with just about any man of her choice, at any time of her cycle, she does not have to rely on attracting men at any specific time. On the contrary, these studies suggest that non-procreative sex is 'natural' and that a woman when fertile is more likely to be in the driving seat when she wishes to conceive, and not to be under pressure from men she herself may not find attractive.

This makes sense as, if it were otherwise, the female would not be able to act on her own choice: which, as we know, is important to mix the genetic DNA to give the offspring optimum health. This research therefore suggests that it is not the male but the female who chooses her mate and when to conceive.

I also note in the piece a perpetuation of the myth that how women use makeup is somehow connected to their sexuality and chances of procreation. Women are more likely to use makeup not to attract men but to conceal their own low self-esteem, and this is therefore clearly a confounding variable in understanding this research. Nor is it just to suggest that men in a woman's social space, and able to see her face makeup, were necessarily there from the woman's choice. It is yet another predilection of evolutionary psychology to indulge the fantasy that women are somehow vulnerable to assault through being female, simply because these crimes are accepted as 'normal' in men, and appears to 'blame the victim' for somehow being in the 'wrong' place if raped, etc. If we lived in the 'primitive' matriarchal society structure natural for human primates, attacks on women would from necessity be very rare and probably the attacker would not survive assault from the other members of the group (male and female). (This is how ancient Celts used to live and they always killed rapists, for example, as a threat to the balance of the society).

Until evolutionary psychology stops placing women in a passive role, and perceiving all sexual intercourse as for the purpose of reproduction they will fail to understand the results of their own research.

Jennifer Poole
Romsey
Hants

MIND YOUR LANGUAGE

Given that psychologists are typically at the forefront of attempts to positively portray disadvantaged groups within our society, it was disappointing in the extreme to see an article January's News section make repeated use of the term mental retardation. Although this term remained in use within professional journals within the United States (where the offending article originated) up until last year, internationally it has been regarded as extremely pejorative for several decades.

One might have hoped that the leading professional journal for UK psychologists would have been aware of this!

Professor David Allen
Consultant Clinical Psychologist
Cardiff

The Editor replies: In fact the term still appears to be in use, in a clinical sense, at least in the journal in question. But we are grateful to you for alerting us to the international sensitivity, and we will consider alternatives in future.

Sport and exercise psychology, 2020 vision and the shortsighted Editor

From the Editor: *In last month's Careers section, we included a piece ('2020 vision') on the future of applied psychology. Inexcusably, despite asking for and receiving it, I forgot to include the Division of Sport and Exercise Psychology's contribution. Many apologies, and here it is now.*

The next 10 years offer an enormous challenge to those training for and already working in sport and exercise psychology.

Work with individual athletes at all levels will continue to attract practitioners capable of helping with performance skills. An initiative by UK Sport has seen the recruitment of 40 or so Performance Lifestyle Advisers to work alongside selected athletes, opening up opportunities for sport psychologists interested in training and development.

People are beginning to accept that the psychological dimension is huge in top-flight sport. Even the traditionally conservative world of professional football has begun to recognise it: Sven Goran Eriksson recently admitted to Gabby Logan on *Inside Sport* that his *one* regret in the World Cup was that he had not taken a mental coach with him.

Work with sport organisations continues; governing bodies like the Professional Golfers' Association and the British Olympic Association have appointed sport psychologists to work with athletes in their care. The 2012 Olympics will allow sport and exercise psychologists to demonstrate the value of their discipline to Olympic endeavours.

On the exercise psychology front, caring for the health of the nation involves increasing opportunities for exercise psychologists in GP exercise referral and setting up and evaluating exercise programmes in employment, prison and psychiatric contexts. This opens up a massive task for exercise psychologists. Many primary care trusts are establishing posts for psychologists working in cardiac rehabilitation and health promotion, and it is becoming clear that there is a large psychological component in the weight problems currently plaguing children and their parents.

Barry Cripps
Dartington
Jo Thatcher
Aberystwyth

There is more to mental health than models

Jarrett ('When therapy causes harm', January) is correct to temper the tendency to demonise some models of therapy, when he refers the work of Lambert and others on process research. Those who pointedly seek to demonstrate that particular models do harm (or good) are missing a crucial point. Mental health is established, maintained and enhanced primarily via benign, reliable relationships.

Good parenting for children and social capital (supportive social networks and strong ties) for adults demonstrate this, as do the adverse psychological consequences, when and if these interpersonal fields fail some people. If some of the latter seek therapy, then benign, warm, reliability offered by practitioners (of any model), embedded in ways of conversing that inspire hope and are trusted and understood by clients, leads to positive outcomes. By contrast, abusive and incompetent therapists (from any model) create deterioration effects.

Models are not unimportant, because properly following their strictures increases the chances that practitioners will provide confident consistency and will act with integrity. Nothing is guaranteed though, as we know from the evidence of highly trained therapists abusing their clients. Moreover, models are not all-important and certainly they are not as important as many professionals want to believe. Models (like gender, age, practitioner seniority and race) are not consistent predictors of therapeutic outcomes, whereas the relational aspects of therapy are.

A model-focused discourse has become a misleading master narrative in the therapy industry for a number of reasons. The latter include treating personal relationships as if they are impersonal interventions like drugs (the fetish of the RCT), assuming that compassion, respect and wisdom can be incrementally taught as a set of codified skills and the enlarging tendency for secular factionalism to compete with religious factionalism in their competing claims to authority about our existential challenges. These factors have encouraged the myth of the technical fix for madness and misery and the emergence of a multitude of therapeutic tribes and cults, with their particular arcane jargons, status hierarchies, idolised leaders, protracted training courses and career trajectories.

If we shift our focus from models of therapy to a broader psychosocial framework about people-in-relationships, we find that therapy (whatever the model) is only one form of personal relating that might enhance or aggravate mental health. A few pages on, in the same issue of *The Psychologist*, Schoon and Bartley outline the more complex matter of variegated psychosocial contexts in explaining differences in mental health in the general population. The clinical setting is one small secluded corner of those contexts (the life worlds of people with mental health problems), where practitioners can, at times, become tiresomely self-obsessed by their preferred models.

David Pilgrim
Professor of Mental Health Policy
University of Central Lancashire

COMMUNITY NOTICEBOARD

Do you have experience of physical, learning or mental health difficulties? Have you ever considered applying for clinical psychology? I am a clinical psychology trainee at the University of East London; I also have experience of living with rheumatoid arthritis. For my doctoral thesis I am conducting research exploring the **factors influencing the consideration of a career in clinical psychology by disabled psychology undergraduates/graduates**.

This study could be your opportunity to give an account of the factors which attract you/put you off considering clinical psychology as a career path. The study has been approved by the University of East London Ethics Committee. Please contact me if you would like to participate or find out more. All information given will be kept strictly confidential.

Suzy Twena
suzy.twena@hotmail.co.uk or 07975 693 075

Any reader who wishes to acquire an **unbroken run of the *BPS Bulletin* from September 1957 to December 1987** is invited to telephone me to arrange collection.

Harold Davis
Lincoln, 01522 520604

HENDERSON HOSPITAL CLOSURE

Most people will know of plans to close Henderson Hospital, the world-famous therapeutic community in Surrey.

There are remarkable things about Henderson (established 1947), many historically prefigurative of modern reforms: (a) a radical, alternative and non-medical approach to the treatment of severe personality disorder; (b) a democratic approach aiming at empowerment; (c) a service based on user-involvement/responsibility (decades before being a central feature of NHS policy); (d) thoughtful, structured, multifaceted therapy for PD; (e) a model which has inspired other TC's and PD services; (f) a humane, affirming approach to people with PD, when for decades such individuals have experienced discrimination/stigma, including at the hands of services; (g) innovative training, teaching and consultation to teams/trainees all over; (h) an impressive research legacy, influential in demonstrating treatment effectiveness and significant long-term cost savings.

SUTTON GUARDIAN

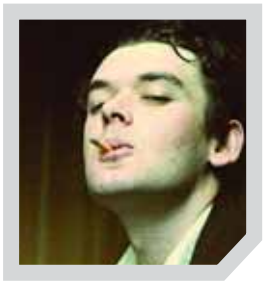
Henderson – a remarkable therapeutic community

We could go on. Is a centre of excellence to be sacrificed on the altar of the short-termist, negative commissioning? Is a 60-year-old grandparent institution to be killed off?

Martin Weegmann, *Consultant Clinical Psychologist*
Harpreet Gill, *Clinical Psychologist*
Henderson Outreach

obituaries

David Shewan (1964–2007)



The sudden death of David Alexander Shewan on Saturday 8 December was a shock, but unfortunately no surprise.

David had been struggling to manage his epilepsy; he was having both the well-known grand mal seizures and the less known complex partial seizures, during which he became disoriented, mute and frozen for about 20 minutes. The many who cared for him feared he would have one of these turns crossing a road, home alone smoking or cooking (he was a militant and unrepentant smoker who relished good food). Instead, he died during his daily swim.

Sadly, over the past six months, he had been getting seizures more frequently. As was typical of him, rather than lament his fate, he was showing off his bruises and planning to research epilepsy amongst prisoners.

As a colleague and academic, he was a genuine anarchist, and had refreshingly little time for assessment, standards, visions or any of the other 'shite' (a term he would use advisedly, and, amidst other vernacular, freely) that eats the soul of the modern academic. He was proud of his first-class honours from Glasgow in 1987, prouder of getting it after allegedly spending most of four years 'wasted', although this may have been bravado. Later, he had to be almost blackmailed into getting his PhD.

Although he did not suffer 'tossers' gladly, he was never mean-spirited, and many colleagues and students have been grateful for his acumen, intelligence, wit and compassion. Academically, David will be best remembered for his work with Phil Dalgarno showing people can use heroin unobtrusively for years without major harm. Apparently controversial, this view simply proposes that 'hidden populations' of non-problematic drug users are common, but the expediencies and politics of research leads to a focus on persons in prison or the health system, excluding the majority of individuals who are able to control their recreational behaviour. His most significant paper was a study of non-prison, non-medically distressed heroin users who he followed up 10 years after their recruitment in the 1980s.

Students found his lectures inspiring – spontaneous, idiosyncratic, well-informed and punctuated by the voice and anecdote of the street. Whilst having a free and frank relationship with grape, grain and herb, and being something of a barfly, David was generally early to rise, early to work, and scrupulous in ensuring he met his academic and professional responsibilities.

In recent years he became co-director of the Glasgow Centre for the Study of Violence. He led his staff with characteristically robust and affectionate leadership, and a whole new area of research was opening up to him.

David was a loyal friend, a magnificent drinking buddy and, for some, a caring ex-lover. He was a devoted step-father and step-grandfather to the daughters of one of his longest partners, and learned sign language so he could communicate with one of the step-children with hearing difficulties. His heroes included Iggy Pop, Jim Kelman, John Coltrane, eminent forensic psychologist Ronald Blackburn, and Ronnie Barker.

He is survived by his father and sister.

Vincent Egan
University of Leicester
Richard Hammersley
Glasgow Caledonian University

Padmal de Silva (1944–2007)

I well recall a discussion with Padmal de Silva some months before he died. It centred on the declaration, 'Old age is a shipwreck' by, we believed, François Mitterand. My position was that a shipwreck is no bad thing and quite natural too. Padmal felt that a real shipwreck was not long drawn out. We agreed that patching up a dying ship to keep it afloat beyond its time may be considered inglorious. I am relieved that Padmal was spared what he may have considered an ignominious end. For me though, the loss of an extraordinary friend is awful. A buddy who combined an impish sense of humour with scholarly wisdom is irreplaceable.

Padmal was the professional most sought after in our department at the time that I joined it as beginner. People with all kinds of ailments wanted his opinion. Academics sought his views on matters of psychology, religion and how to deal with Sri Lanka's social ills. He was inundated by requests from students on how to excel in their studies and examinations. The mass media could not do without him. Any 'discussion forum' without Padmal on the panel was incomplete. He was the final authority on matters of the mind and close to being so on matters of religion, ethics and enlightened social conduct. His expertise generalised, in the collective Sri Lankan consciousness, to all human affairs. The only person who did not notice at all his fame and academic authority was Padmal himself.

Our most inspiring luminary then inexplicably took flight to England, at the height of his fame here. I was among those who felt he was making a horrible mistake in moving from influential agent in a testing environment to anonymous outsider in an undemanding set up. He proved me wrong. Padmal's cerebrum, so celebrated during his student and post-student days here in Sri Lanka, began to assert itself in the UK too. That his eventual intellectual contribution to the discipline of clinical psychology was substantial is indisputable.

As hefty an accomplishment resulted from his personal project with Wasantha, his unpretentiously strong Sri Lankan wife. The challenge for parents is to bestow on this world honourable children. Padmal and Wasantha's achievement in this regard rival his hard-to-match academic accomplishments.

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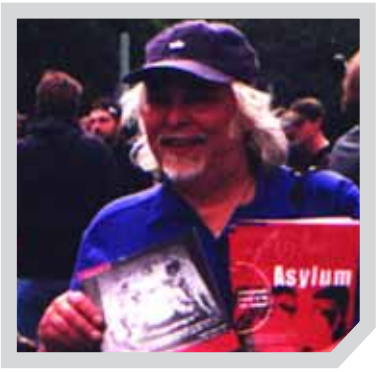
Colombo, Sri Lanka

Terence McLaughlin (1947–2007)



Terence McLaughlin died on 3 September 2007 of a secondary infection having been only recently diagnosed with advanced lung cancer.

He gained his first degree in psychology at Manchester Polytechnic in 1992. Prior to this he had been a militant revolutionary socialist for many years in industry. Whilst an undergraduate, Terence became involved in the Hearing Voices movement, which was then still at a very early stage of development in the UK. His PhD thesis ('Psychology and mental health politics: A critical history of the Hearing Voices Movement', Manchester Metropolitan University) was examined by Marius Romme in 2000.

Terence was a relatively unique psychologist in that he was fully committed to the service user/survivor movement in the UK. He was much more interested in supporting grassroots campaigns than in career advancement. During the period of his studies and then afterwards he brought radical perspectives to campaigns, conferences and publications the central theme of which were to challenge the power of experts to define what is normal and abnormal for others. In 1995 he was one of the authors of Sage's *Deconstructing Psychopathology,* which sought to give these perspectives a wider audience.

He was, until his death, executive editor of *Asylum: The Magazine for Democratic Psychiatry*. His innovative academic research work was always in the service of wider political struggles, and he sought to keep histories of resistance to ruling ideological paradigms and state practices alive.

Terence wasn't one for putting himself forward – he was a modest man and a real unsung hero of mental health activism. He was often to be found in the background, facilitating the involvement of other people. Campaigns with which he was involved included the development of the Hearing Voices Network in Manchester, the Paranoia Network, the North West Right to Refuse Electroshock campaign, Psychology Politics Resistance and the Mental Health Bill.

Terence had a fully functioning bullshit detector and a nicely sceptical attitude about those in positions of power, including psychologists. He was also a very generous person with a mischievous sense of humour. It is a terrible shame that he's died so early and he'll be sorely missed by his family and friends and those whom he inspired.

Ian Parker
Manchester Metropolitan University
Dave Harper
University of East London