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NEWSLETTER

OF THE CPA/SCP



SECTION ON WOMEN & PSYCHOLOGY
SECTION : FEMMES ET PSYCHOLOGIE

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TABLE OF CONTENTS

	<u>Page</u>
1989-90 Executive.....	1
1989-90 Provincial Representatives.....	2
Coordinator's Message.....	4
Editors' Message.....	6
SWAP Annual Business Meeting - 1989.....	7
SWAP Financial Statement - 1988-89.....	11
SWAP Travel Bursary Report.....	12
SWAP Institute Report.....	13
SWAP Student Paper Award Report.....	13
SWAP Student Paper Award Winner - 1989.....	14
SWAP Institute Abstracts - 1989.....	19
CPA-SWAP Symposium - 1989.....	25
SWAP Institute - 1990.....	27
SWAP Institute - 1990 - Call for Papers.....	28
DSM-III-R Petition.....	29
CPA Nomination/Election Reminder.....	30
News from British Columbia.....	31
News from New Brunswick.....	32
News from Nova Scotia.....	33
New About Our Members.....	34
Employment Opportunities.....	35

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SECTION ON WOMEN AND PSYCHOLOGY
1989-90 Provincial Representatives

COORDINATOR'S MESSAGE

Welcome to a new SWAP year. The Institute and the Saturday afternoon symposium in Halifax were resounding successes. Lorene Clarke opened the Institute with her sweeping overview of sexual violence in Canada, and Florence Denmark closed with data and comments about women and fame in psychology. On Saturday afternoon, after the still too sparsely attended business meeting (yes, I urge you to come and speak up), we heard from Lykke de la Cour and Mary Wright about the early history, lifestyles, and career paths of women in psychology in Canada; then Elinor Ames brought the house down describing the subversive origins of SWAP, reminding us all that there is much subversion yet to be done. Thanks are due to Joanne Gallivan for her excellent job in organizing the Institute, especially as she managed this enormous task from a distant locale. Thanks are also due to Janet Stoppard for organizing an inspiring symposium and for her excellent work as SWAP Coordinator.

Another landmark occurred in Halifax. One of our founding mothers, Cannie Stark-Adamec, was presented the Applied Division Award for Outstanding Contribution to the Applications of Psychology to Human Problems, a great honour. Much of the work cited was about women and women's issues, which demarcates a new era, one in which work on women is considered an established, legitimate area of study (finally we've attained the status of rats).

Congratulations also go to Wendy Pullin (University of Regina) for winning the SWAP student paper award for her study of "Psycho-social factors associated with lagtime to diagnosis of breast cancer," which was done with Henderikus J. Stam (University of Calgary).

Good news also arrived from the Committee on the Status of Women. The guidelines on "How to tell if your therapist is sexist" finally passed at the CPA Board meeting in Halifax. After some minor modifications, they should be available soon.

The new year has a full agenda, which I would like to outline. From my perspective as coordinator, this is a critical year and we are going to need extra help from you to accomplish our goals.

First of all, the restructuring of CPA was approved. Implementation is scheduled for May/June 1990 at the next convention. Since the Applied and Experimental Divisions will no longer exist, sections will have more direct access to the Board and more power, particularly large sections, such as our own.

A number of new positions on the CPA Board will be available this year due to restructuring. We must make a push to fill these positions with feminist psychologists. If you have any ideas for feminists who are known and respected in the psychological community, who might be willing to run, please start negotiating with them now. We will publish detailed procedures as soon as possible.

Topics for the 1990 Institute and Symposium are tentatively planned. Sue Pisterman (Children's Hospital of Eastern Ontario) will be coordinating the Institute in Ottawa, and is planning to focus on families and alternatives to families. I will be coordinating the symposium, and want to focus on women and journal writing (personal journals, diaries, therapeutic and research uses). Any suggestions you have for resource people and materials will be welcome.

You have probably noticed that I am asking for participation from you on many issues. Partly, this is because I am not associated with an institution, but am in fulltime private practice, a relatively isolated position from which to coordinate a section. I think this is the first time a SWAP coordinator has been a fulltime practitioner, and I need your assistance to make it work.

As a practicing clinician, who specializes in violence against women, I am painfully aware of the numbers of distressed women who cannot find a feminist therapist they can afford. This problem will be exacerbated by Michael Wilson's Tax on Goods and Services, scheduled to take effect in January, 1991. As things currently stand, health care psychologists are not exempt, which means charging approximately 10% tax on top of fees and services. I urge you all to write to Michael Wilson (Hon. Michael Wilson, Minister of Finance, 140 O'Connor Street, 21st Floor, E. Tower, House of Commons, Ottawa, Ontario, K1A 0G5 and to your Member of Parliament expressing your concerns about the effect this tax will have on the already scant health care resources for women. Postage for these letters is not required.

Finally, there are the continuing SWAP efforts. We need to keep nominating women for Fellows of CPA (1989 women Fellows include Helen M. Annis, Rosemary Barnes, Ellen Bialystok, Nina Lee Colwill, Mireille Mathieu, Marlene L. Scadamalia, and our Past Coordinator, Janet M. Stoppard), keep suggesting renowned women as invited speakers at CPA (and attending their sessions), and keep up our push on research, theory, policy and power changes in the status and understanding of women.

Thank you.

Julie Brickman
SWAP Coordinator
1989-90

EDITORS' MESSAGE

The following is an updated version of the May, 1989 SWAP Newsletter Editors' Report which was written for the last annual business meeting:

First, we would like to thank all those who contributed news, book reviews, and who, in various other ways, helped with the Newsletter this past year. In particular, Dean Nancy Sheehan, of the University of British Columbia, has been instrumental in granting us a level of financial support, over the past two years, which covered the costs of typing (word processing), printing, and mailing the newsletter. Thus SWAP's actual monetary output has been minimal in terms of production costs. Although we hope to continue using UBC facilities to produce this year's Newsletter, we don't anticipate a continuation of the generous financial support which we have enjoyed. We should expect to encounter realistic operating costs in 1989-90.

Two hundred and forty-two members currently subscribe to the Newsletter; this year, as usual, we have published three issues. While we recommend that the months for publication be maintained as September, January, and May, we have to note that getting the Newsletter out on time continues, as in the past, to be a problem. Meeting our deadlines is certainly one of our goals for this year. To this end, we appeal to Provincial Representatives and other contributors, to get articles, reports, news, reviews, employment opportunities, etc. in to us by the 15th of the month prior to publication--even earlier, if possible. It would also be helpful for those who are sending in news to submit it, as nearly as possible, in SWAP Newsletter format. We would particularly appreciate Institute Abstracts being submitted this way; in some cases, the author may wish to rewrite her abstract for publication in the Newsletter.

Although we agreed last year to accept academic papers for publication, to date we have not done so--mainly because we lack an agreed-upon review/adjudicating procedure. We recommend that this be discussed at the next Annual Meeting of the SWAP membership, so that we might put some such mechanism in place for the following year.

As always, we would appreciate more news, more suggestions, volunteers for book reviews, French-language submissions, etc.

Carol Wilson and Geraldine Brooks have agreed to co-edit the Newsletter for 1989-90. Dr. Lorette Woolsey, who is presently on leave from UBC, will not be continuing her involvement with the Newsletter.

Carol Wilson
Geraldine Brooks

MINUTES

ANNUAL BUSINESS MEETING

SECTION OF WOMEN & PSYCHOLOGY (SWAP)

CANADIAN PSYCHOLOGICAL ASSOCIATION CONVENTION

JUNE 10, 1989 - HALIFAX

In Attendance:

Rhona Steinberg	Joanne Gallivan
Julie Brickman	Christine Storm
Sue Pisterman	Beth Percival
Danielle Papineau	Lorna Cammaert
Linda McMullin	Toni Laidlaw
Debbie Whitney	Sandra Pyke
Naomi Holobow	Diane Addie
Marianne Johnson	Shake Toukmanian
Meredith Kimball	Arlene Cox
Tannis Williams	Sharon Crozier
Sandra Baxter	Wendy Pullin
Ghislaine Marcotte	Cannie Stark-Adamec
Carol Pye	Susan Hyde
Grace Pretty	Janet Stoppard

1. Motion to Accept:

The agenda as presented by Janet Stoppard, Coordinator of SWAP.
(Pyke/Steinberg) Carried.

2. Announcements

- Announced that Dr. Cannie Stark-Adamec had received the CPA Applied Division Award for Outstanding Achievement.
- Request made for suggestions of names of women practitioners and researchers in the area of "family" violence and violence against women to be made to the organizers of the 1990 Banff Conference on Behaviour Modification. Contact: J. Brickman.

3. Motion to adopt the minutes of the 1988 business meeting.
(Laidlaw/Steinberg). Carried.

4. Executive Slate

The slate for the 1989-90 Executive was read and those present introduced.
The slate is:

Coordinator Elect:	Dr. Susan Hyde (Sydney)
Coordinator:	Dr. Julie Brickman (Toronto)
Past Coordinator:	Dr. Janet Stoppard (Fredericton)

Secretary Treasurer: Dr. Mona Abbondanza (Trois Rivières)
Graduate Student
Representative: Ms. Danielle Papineau (Montréal)
Newsletter Editors: Ms. Carol Wilson, Ms. Geraldine Brooks
(Vancouver)

5. Treasurer's Report

- Read by R. Steinberg for M. Abbondanza.
- Motion to accept as read (Holobow/Pisterman). Carried.
- Discussion re the potential impact of the 10% levy on section fees to cover CPA administration costs on the SWAP budget.
- Several alternatives were suggested: a flat fee per person, or 10% of the average fee charged by the sections.
- It was suggested that the SWAP coordinator correspond with the CPA administration regarding these alternatives.

6. Coordinator's Report (J. Stoppard)

A. Congratulations extended to J. Gallivan for her efforts at organizing a successful Institute.

B. Nomination for Fellow of CPA - this year 15 fellows were elected, 7 women (2 SWAP members) and 8 men. It is important that we continue to nominate women for this honour. A lengthy discussion ensued regarding the selection criteria for fellows.

C. Monitoring nominations and elections to CPA Board.

- Given by R. Steinberg.
- Despite the fact that three women versus one man were nominated for a director's position, only one woman was elected.
- Possible explanation given for this result was the observation that "men vote for men, women vote for people".
- Is possible to write in a name on the ballot; however, need a minimum of 27 names for it to be valid. Thus would need a coordinated strategy.

D. Invited speakers to convention.

- SWAP has continued to make suggestions; however, none of those suggested was invited this year. In future years, the suggested speakers list will be rotated through the sections. It was suggested that when it is not SWAP's turn, that SWAP work in coalition with other sections, (e.g. Developmental) to nominate speakers.

E. Task Force on Specialty Designation Report.

- A number of SWAP members were asked to review the document and provide feedback:

- i) as written, the general recommendations of the task force seemed reasonable;
- ii) there was concern about the implicit medical model of practice in the report;
- iii) there was concern about the potential downgrading of M.A. practitioners and generalist practitioners;
- iv) there was concern as to a lack of recognition of the difficulty of implementing the recommendations in geographically disadvantaged areas.

F. Designation of CPA members to represent organization at conferences.

- Coordinator received a letter from SWAP member noting that CPA was not on the list of National Non-governmental Organizations to attend a Health and Welfare Consultation on Family Violence. She wrote to CPA office which replied that they were unaware of this, but noted that CPA had been invited to attend a similar consultation on child abuse.
- Question as to how CPA designates members to represent it at conferences, etc. L. Cammaert stated that it is up to sections etc., to supply the names of appropriate individuals.

G. Implication of CPA restructuring on SWAP.

- Presented by L. Cammaert.
- The sections will now play a much more active role in the organization.
- Next year's election will be crucial, as we now have only one woman on the board of directors.
- Next year will be the first time will elect "directors-at-large".
- Each of 4 individuals will be elected for a 3 year term.
- These positions are to be nominated by CPA members and represent a way to ensure that particular women are on the ballot.
- In addition, the Committee on Sections will submit 4 names, two of which will be chosen to be on the ballot. (However, next year 3 such individuals will be elected). Given that the Committee will be composed of representatives of the 27 sections, it will be very important to work in coalition with other sections.

7. Report on 1989 SWAP Institute (J. Gallivn)

- Were 88 registrants, 47 of whom were students. The total represents a very acceptable number given the small local population base available to draw from.
- There were more reviewers for papers than were needed; they all did an excellent job and had their reviews in before the deadline!
- The accounting was not yet complete, but a rough estimate indicated that the Institute broke even at minimum, and may have made a small profit.
- Dr. Sue Pisterman (Children's Hospital of Eastern Ontario, Ottawa) has agreed to serve as Coordinator for the 1990 Institute.

8. Awards and Bursaries

- There were three submissions for the Student Paper Award.
- The winner was Wendy Pullin (University of Regina) for a paper entitled: **Psycho-social factors associated with lagtime to diagnosis of breast cancer.**
- There were seven applications for travel bursary; one was withdrawn and a total of five bursaries were awarded.
- It was suggested that the Travel Bursary application deadline be changed to May 15 (the same as the Student Paper Award deadline).
- Motion: Moved that SWAP student travel bursaries only be offered to SWAP members. (Kimball/Stark-Adamec). Carried.

9. Newsletter Editor's Report - not given.

10. Status of Women Committee - Report of SWAP Liason.

- Given by R. Steinberg.
- J. Stoppard prepared an overview for the Committee on the prescribing of antidepressants to women in Canada.
- Regarding gender parity within CPA: women are well represented except at the level of section chair (i.e. only 5/21 are women).
- Guidelines for Consumers - Four years in the making with constant revisions being requested by the CPA Board. Concern has been expressed to the new president (J. Conway).
- The Committee is no longer willing to revise the guidelines and the issue is on the agenda of the June 11, 1989 CPA Board meeting.
- The Committee is also attempting to get an endorsement from CPAP for the guidelines and this looks hopeful.

11. NAC Report.

- None given to time constraints.
- The SWAP delegate for the 1990 NAC AGM in Ottawa will be Danielle Papineau.

12. Business Arising from 1989 Annual Business Meeting.

- Not dealt with due to time constraints.

13. Other Business.

- i) J. Brickman reported on the issue of the proposed national sales tax for service providers. Requested that letters be sent, protesting a tax on fees, to Michael Wilson, Minister of Finance.
- ii) J. Gallivan proposed moving SWAP business meeting and Saturday afternoon session to earlier in the week as many only come to attend the SWAP related activities and must stay the entire four days. Discussion closed off due to time constraints, so no consensus reached.
- iii) Scheduled item not dealt with due to time constraints.

14. Motion to adjourn. (Toukmanian/Percival). Carried.

SWAP FINANCIAL STATEMENT

(TREASURER'S REPORT)

January 1, 1988 to December 31, 1988

REVENUES

Previous balance (Dec. 31/87)	\$2147.99
Dues	2537.95
Profit from SWAP Institute (1988)	1043.37
Interest	16.27
TOTAL	5745.58

EXPENDITURES

Telephone, stamps, etc.	569.86
Scholarships and bursaries	1250.00
Institute (1988)	484.92
TOTAL	2304.78

BALANCE (December 31, 1988) \$3440.80

Mona Abbondanza, Ph.D.
Secretary-Treasurer

SWAP FINANCIAL STATEMENT

(TREASURER'S REPORT)

January 1, 1989 to May 31, 1989

REVENUES

Previous balance (December 31, 1988)	3440.80
Dues	1995.00
Interest	17.11

TOTAL 5452.91

EXPENDITURE

Newsletter	112.69
Telephone, stamps, etc.	34.00
Institute (1989)	37.37

TOTAL 184.06

BALANCE (May 31, 1989) \$5268.85

SWAP TRAVEL BURSARY REPORT

Prepared by Christine Storm

There were seven applications for the SWAP travel bursary. One person subsequently withdrew her application. The bursary amount (\$750) was distributed, taking into account the distance to be travelled and whether the applicant was also going to attend the SWAP Institute, which would, therefore, involve extra expenses. Five awards were made, ranging from \$125.00 to \$175.00.

The application form for the travel bursaries provided useful information which, clearly, helped in the decision making. It should be retained for future use. It would also be helpful if the paper award application deadline and the travel bursary deadline were the same. This year the deadline for the travel bursary was April 15 and the paper submission was May 15. Since those submitting papers are also considered for travel bursaries, no decisions could be made until after the May 15 deadline.

SWAP INSTITUTE REPORT - 1989

Joanne Gallivan, Coordinator

The ninth SWAP Institute was held in Halifax at the World Trade and Convention Center on June 7th, 1989. The theme for this year's gathering was "Feminist Psychology in Canada: Retrospect and Prospects". There were 86 registrants, 48 of whom were students. Invited addresses were given by two distinguished speakers - Lorenne Clark, Dalhousie Law School; and Florence Denmark, president of the International Council of Psychologists and former APA president. The Institute also featured two workshops and two paper sessions. Abstracts of the presentations are included in this issue of the Newsletter.

At the SWAP business meeting at the convention, I reported that my rough calculations indicated a profit from the Institute of several hundred dollars. However, several of the charges involved turned out to be higher than I had been led to expect. In fact, Institute costs totalled \$3667.94 and the revenue was \$3770.00, leaving us with a surplus of \$102.06.

Putting on a SWAP Institute requires the involvement of many people. My thanks to those who so willingly helped with all the tasks that an event like this entails; they include Heather Davey, Norma Wadden, Toni Laidlaw, Beth Percival, Janet Stoppard, Susan Hyde, Grace Pretty, Mary Farmer and all those who acted as reviewers for program submissions. Of course, the Institute could never have happened without the presentations that made up the program. I, and all those who attended the Institute I'm sure, appreciate the contributions of those who conducted workshops and gave papers. Plans are already underway for next year's Institute to be held on May 30th in Ottawa; information can be obtained from the coordinator, Dr. Susan Pisterman, Children's Hospital of Eastern Ontario, 401 Smyth Rd., Ottawa, Ontario, K1H 8L1.

SWAP STUDENT PAPER AWARD REPORT

Prepared by Christine Storm

There were three submissions for the student paper award. Two judges rank ordered these three, obtaining identical rank orderings. The winning paper was submitted by Wendy Pullin from the University of Regina. It is entitled "Appraising Breast Cancer Symptoms: What Motivates Women to Report them Rapidly?" The paper is co-authored by Hendrikus J. Stam (University of Calgary and Tom Baker Cancer Center, Calgary). The research report is based on a master's thesis carried out at the University of Calgary. Both judges considered the research to be very interesting and pertinent, rigorously conducted, and methodologically sophisticated. Wendy is now enrolled in a Ph.D. program under the supervision of Dr. Cannie Stark-Adamec.

Appraising Breast Cancer Symptoms: What Motivates Women to Report Them Rapidly?

Wendy M. Pullin (University of Regina) & Henderikus J. Stam (University of Calgary & Tom Baker Cancer Center, Calgary)^{1,2}

ABSTRACT

Associations between: (a) psychosocial factors, and (b) the time that elapses from a woman's first discovery of her breast cancer symptoms to her initial presentation to a medical expert (lagtime to diagnosis), were examined in this study. Reduction of lagtime is a goal of secondary prevention of breast cancer because early treatment is linked to: (a) the detection of breast cancer at an early stage, (b) less aggressive and costly treatment, and (c) a higher likelihood of survival. 103 breast cancer patients and 20 benign breast disease patients acted as respondents. Principal components analysis of 12 psychosocial variables, followed by a multiple regression analysis indicated that the following constellation of factors is associated with short lagtimes to diagnosis: (a) a serious attitude toward the significance of symptoms, (b) symptom severity, (c) fear and anxiety at symptom onset, (d) active self-examination, and (e) discussion of symptoms with others. As well, high social network scores were found to be associated with short lagtimes to diagnosis. Severe life events and chronic difficulties occurring at the time of symptom discovery were found to be associated with long lagtimes. These results can be usefully explained in terms of Lazarus and Folkman's (1984) model of cognitive appraisal.

¹This summary is based on M.Sc. thesis work completed by Wendy M. Pullin under the supervision of Henderikus J. Stam at the University of Calgary. Wendy Pullin is now enrolled in a Ph.D. program under the supervision of Dr. Cannie Stark-Adamec, Head, Dept. of Psychology, University of Regina, Saskatchewan, S4S 0A2

²The authors wish to express their gratitude to the Tom Baker Cancer Center, especially Dr. Barry Bultz and the members of the Dept. of Psychosocial Resources, in addition to Dr. Peter Greggie and the staff of the Breast Cancer Clinic, who generously provided facilities and expertise which supported this research.

This study was designed to identify how and why women acted either rapidly or slowly in reporting their breast cancer symptoms to a doctor. Reduction of lagtime to diagnosis (the time that elapses from a woman's first discovery of her breast symptoms to her initial presentation to a doctor) is an important goal in the secondary prevention of breast cancer.

Breast cancer is one of the most serious health problems facing North American women today. It is the most common cancer in women and the most common cause of death in women aged 30-44 years (Canadian Cancer Society, 1988). Present treatment methods are most effective when breast cancer is still localized in the breast. Detection and treatment at this early stage leads to a 91% chance of 5-year survival. However, once the disease has advanced, the 5-year survival likelihood drops to 60% (National Cancer Institute, 1986). Obviously, women benefit when they seek treatment while their cancer is still localized.

Although breast cancer currently has an excellent prognosis compared to other types of cancer, many lives are lost unnecessarily because women delay reporting their symptoms. The longer a woman waits to report her symptoms, the more her breast cancer will advance. Women with advanced breast cancer experience more discomfort, pain, and distress than those with localized breast cancer, due to their more aggressive treatment protocols which include chemotherapy and radiotherapy. Thus, in addition to increasing survival rates, the application of psychological knowledge to encourage shorter lagtimes could alleviate hardship for woman.

Surprisingly, after eight decades of research, no consistent links have been found between psychosocial variables and lagtime to diagnosis of cancer. This study sought to address methodological weaknesses evident in prior research by: (a) selection of a cancer site where the significance of the most common symptom (a lump in the breast) is well-recognized, (b) use of standardized scales, (c) application of multivariate statistics to test multiple factors simultaneously, and (d) adoption of a well-recognized explanatory framework for stress, appraisal and coping (Lazarus and Folkman, 1984) within which hypotheses could be clearly articulated.

Lazarus and Folkman conceive of the cognitive appraisal of threat (such as the discovery of breast cancer symptoms) as consisting of both cognitive and emotional events. Two early studies in which the association of psychosocial factors and lagtime was examined led to the conclusion that knowledge about the significance of symptoms was associated with a reduction in lagtime only when fear/anxiety was low (Goldsen et al., 1957; Cobb et al., 1954). Cognition (knowledge of breast cancer) and affect (level of anxiety in response to symptom discovery) were examined in this study to determine how anxiety and knowledge might jointly influence lagtime.

One hundred and three women with newly diagnosed breast cancer and 20 women with benign breast disease from southern Alberta were administered a semi-structured interview. Behavioral, social, and emotional events occurring at the time of symptom discovery were assessed. For example, the interpretation of symptoms as serious, and the level of anxiety occurring in response to symptom discovery were two such events. Other major variables of interest included social network and occurrence of life events and chronic difficulties. In addition, the multiple psychosocial variables assessed included demographics and health-related variables such as chronic or acute illnesses which occurred concomitantly with breast symptoms.

Four sequential stages of the time interval beginning with symptom-discovery and ending with a confirmed diagnosis were identified and used as outcome measures: (1) appraisal lagtime - the period of time elapsing between a patient's first awareness of a symptom and the conscious decision that it is a sign of illness. (2) illness lagtime - the period of time elapsing between deciding the symptom is a sign of illness and first contacting a doctor's office, (3) scheduling lagtime - the period of time elapsing between contacting a doctor (usually by phone) and actually seeing him/her, (4) doctor lagtime - the period of time elapsing between seeing a doctor and receiving a confirmed diagnosis (patient-responsible lagtime = Intervals 1 & 2; medical system lagtime = Intervals 3 & 4).

Two hypotheses were advanced. First, it was hypothesized that an interaction between knowledge of breast cancer and anxiety experienced in response to breast symptoms would occur. This reasoning was based on two assumptions. First, it was assumed that women with low knowledge of breast cancer and low anxiety in response to symptoms would experience long lagtimes due to slow primary appraisal (determining the seriousness of symptoms) and slow secondary appraisal (determining what to do) since they would experience less fear-based arousal to motivate them. Secondly, it was assumed that individuals with high knowledge and high anxiety would experience fast primary appraisal (recognizing symptoms) and slow secondary appraisal (determining what to do) if their fear/anxiety was so high that it overwhelmed and/or immobilized them.

The first hypothesis was not confirmed. This initial hypothesis concerning the interaction between knowledge and anxiety in predicting lagtime originated from the observation of the two earlier studies cited above. These studies were carried out in 1954 and 1957. Public knowledge and attitudes toward breast cancer have changed considerably since then. Scott (1988) examined national survey data collected by the Canadian Cancer Society and demonstrated that, whereas only 50% of Canadians perceived cancer as "sometimes curable" in 1954, as many as 75% perceived this to be the case in 1986. In 1954, only 77% of women surveyed, as opposed to 92% in 1986, identified a lump in the breast as a sign of cancer. This suggests that individuals are better informed and more optimistic about the likelihood of survival than they were in the past. These changes in outlook and knowledge could be responsible for a change in the association between knowledge and lagtime.

Secondly, it was hypothesized that if a woman typically repressed awareness of her anxiety, she would not acknowledge her true level of anxiety in response to her discovery of breast cancer symptoms and would delay reporting her symptoms, which would result in a long lagtime. This hypothesis was not confirmed which suggests that breast cancer may currently be associated with such a high likelihood of effective treatment and long-term survival that individuals faced with the discovery of symptoms may not have appraised the threat as an overwhelming one and may not have needed to use repression of anxiety to cope with their situation.

An interesting pattern of relationships was observed by examining all of the psychosocial variables in relation to each lagtime component. Using a principal components analysis with varimax (orthogonal) rotation the variables were reduced to a set of five factors. Collectively, they accounted for 64.03% of the variance in the original data set. Four of the factors were clearly interpretable: Factor 1 - "Anxiety and Arousal Activity" (18.16% of variance in set explained), Factor 2 - "Demanding Personal Environment" (12.43%), Factor 3 - "Pain, Depression, and Fatigue" (11.70%), Factor 4 - "Cancer Knowledge" (11.28%).

Next, multiple regression analyses were carried out using all of the lagtime components as outcome measures and factor scores as predictors. All of the factor scores were entered on a single step. The most significant result was that factor scores accounted for 43% of the total variance in appraisal lagtime. Factor 1 "Anxiety and Arousal Activity" made the only significant contribution to the prediction ($p = .001$).

Those individuals who had a serious attitude toward their symptoms, actively examined themselves, and discussed their symptoms with other individuals were likely to identify their symptoms as cancer-indicative (75% of the 91 women who discovered their own breast cancer symptoms identified their symptoms as potentially indicative of breast cancer). These events were linked to high fear/anxiety which led to rapid reporting of symptoms.

Many women reported their symptoms very rapidly. One third of the women in this study first reported their symptoms to their physicians within 2 days of discovering them and two-thirds reported them with 42 days. However, one quarter of the participants waited longer than 3 months. (Mean patient-responsible lagtime = 143 days).

The experience of severe life events and chronic difficulties concurrent with the discovery of breast cancer symptoms was significantly associated with illness and patient lagtimes. It appears that life events drew a woman's attention away from her own health concerns. One clear example occurred for a woman whose chronic alcoholic husband lost his job, leading to the loss of the family home. At the same time, her young child became severely ill. As a result, this woman focussed on coping with these events and delayed reporting her breast lump.

Both a strong social network and social support obtained by talking to others about symptoms were associated with low appraisal and patient lagtimes. Patients with higher "social connectedness to others" experienced shorter appraisal lagtimes ($r_{[9,1]} = -.30, p = .002$). Social network was also modestly associated with 2 composite lagtime components; (a) patient-reponsible lagtime ($r_{[9,1]} = .17, p = .05$). Talking to others about symptoms experienced led to shorter appraisal lagtime ($r_{[9,1]} = -.27, p = .01$) and patient-responsible lagtime ($r_{[9,1]} = -.34, p = .001$). Since socioeconomic status was not found to be linked to lagtime, it is unlikely that social network was acting as a proxy for social status. If social status alone is not directly related to lagtime there is some reason to believe that social relationships within a family or community setting must provide some value unique from social status that leads to shorter lagtimes.

It is possible that women who are well-embedded in social networks may appraise symptoms sooner, or seek care more rapidly, for several reasons. First, social relationships serve to affirm a sense of self-worth. Friends help to validate one's importance. Thus, taking care of oneself is of inherent worth. Second, having a variety of friends and associates to communicate with may encourage sharing information about symptoms. With a greater number of contacts, there might be a greater likelihood of being encouraged by others to have any suspicious breast symptoms examined. Data obtained in this study suggest that both number of contacts and capacity to communicate with contacts about symptoms and their implications are important factors in the reduction of the time taken to appraise breast cancer symptoms and cope with them by reporting to a doctor.

Social support could influence lagtime via functional support, or it could be an underlying factor in an individual's overall sense of control, esteem, and perceived ability to cope with a threatening event such as the discovery of breast cancer symptoms. One of the themes an affected woman needs to address is how to gain control over the event and a sense of mastery over her life. Many of the women in this study may have enhanced their sense of control and mastery by reporting their symptoms early. This was likely tied to the assumption that early intervention would lead to survival. The absence of an optimistic expectation for survival in the event of early reporting was clearly evident in many of the individuals who waited more than three months to report their symptoms. For example, one woman had lost two daughters due to cancer in the five-year period preceding her own symptom discovery. Having watched the aggressive treatment regimens with resultant uncomfortable side-effects, physical deterioration, pain and eventual death of her daughters she had no desire to report her own symptoms. She had lost her supportive family ties and had a fatalistic expectation for herself independent of whether she sought treatment or not. She reported to a physician only when her breast was distorted, fungating, and painful.

To date, organizations dedicated to the prevention and treatment of cancer, such as the Canadian Cancer Society, have relied on improving public knowledge of cancer. This study suggests that, in addition to providing information on cancer, secondary prevention efforts to encourage individuals to report symptoms quickly could also benefit from consideration of the motivational role of anxiety and activity such as active physical examination and talking to others about one's experiences. In order to profit from the strength of social network ties, strategies that might be effective include peer counselling and family counselling. An active "marketing approach" to educate women about the importance of early symptom-reporting could be undertaken. This could be accomplished by utilizing extant organizations such as community groups, social clubs, professional groups, and church groups. Volunteer speakers, or videotaped presentations could be made available to these groups. Active campaigning (including telephone "marketing" or a media blitz) could be undertaken to encourage individuals to make the use of the available resources.

The women most at risk for experiencing long lagtimes are those who lack facilitative support networks. These individuals include isolated elderly women, single-parent mothers, and married mothers at home with young children. Information about breast cancer might be distributed to these individuals through professionals or volunteers who may already be in contact with them through home-care visitation programs. For example, isolated mothers of young children might be reached through public health nurses making new-baby visits and elderly or infirm individuals might be contacted through "Meals-on-Wheels" representatives.

Another important group to target, in terms of intervention, are those women who have witnessed the suffering and/or death of close friends and family members. This type of intervention could take place at Cancer Treatment Centers by obtaining names of relevant individuals. Professionals or volunteers trained in psychosocial and educational intervention could provide counselling and support to make sure these women remain optimistic in outlook for their own welfare in the presence of cancer symptoms. These suggestions are underscored by the observation that women may be more attuned to social support than men and that lack of support is especially related to the use to ineffective coping strategies among women, such as avoidance coping (Cronkite and Moos, 1984). Interventions aimed at women who have restricted or inadequate social networks and/or limited social support may provide them with information and contacts with whom to discuss any current or future appearance of symptoms. This, in turn, may lead to shorter lagtimes for those women who are most likely to delay reporting their symptoms to a physician.

Descent into blackness: The traumatic consequences of full disclosure for incest survivors

Julie Brickman and Linde Zingaro

The central thesis of this presentation is that there can be severe and traumatic consequences of complete disclosure for incest survivors, and that such disclosures are not always necessary, desirable or therapeutic.

Both presenters are experienced therapists, who have formed similar conclusions from vastly different types of work. Neither of us require disclosure (ever); both identify the occurrence of incest from verbal metaphors or behavioural patterns without assuming that "talking about it" is essential either for "proof" or healing. On the contrary, little talk, vague talk, or no talk can signal extensive, sadistic, prolonged abuse. The stakes for talking (for knowing) can be very high, far beyond the avoidance of punishment or of intense pain.

In this light, we explore two significant dynamics involved in disclosure consequences. One is the existential choice of the victim to participate in the incest rather than die. By viewing death as a viable alternative that the victim did not choose, we have come to understand that full disclosure means she has to live with this knowledge and its particular implications for her. To help her, so do we.

Second: many victims forge a negative (or false) identity that partly rests on the relationship (merger) between their abuser and themselves. Within this relationship, the victim experiences her only strong identity (I exist through him; I am someone through him), and experiences power based on her ability to control her abuser through his "helpless" need for her. Because this "power" occurs in the context of unfreedom (severely restricted choices), it is not labeled power, nor is it recognized as power interpersonally or socially, but is experienced as power. (It may be the ultimate extension of derived female sexual power, the kind that men have always suggested women have over them). To give up this power is to experience oneself as nothing, no one, a nonbeing, a nonexistent self. This is far worse than being a piece of garbage; even a glimmer, a brief opening of the door into nothingness, can precipitate a suicidal crisis. Only a person embedded in a context of care with enough personal strength and sufficient time to nurture a naked frozen baby soul back to life can afford the risks.

We discuss, in detail, cases--ones in which disclosure has been dangerous and ones in which it has been paced, slow and helpful. Our examples involve people with severe dissociation or multiple personality, and backgrounds of prolonged, multiple or severe abuse.

The feminist roots of the reluctance to understand and respect the power in the victim position--power that is not always negative--is also explored.

Feminist perspectives on violence against women and children: Psychological, social service and criminal justice concerns

Lorenne Clark, Dalhousie Law School

(Abstract prepared by Janet Stoppard)

Men have always exercised an unjustified authority over women and the law has legitimated that usage and refused to see any intrinsic harm in it. Political and legal theory has never acknowledged, and has virtually refused to limit or fetter, the authority of men over women within the domestic setting, or to recognize that this effectively gives men a right to abuse that authority with impunity. The criminal justice system has utterly failed to define and treat private violence as "crime". Yet, if we could deal effectively with the problem of violence against women and children, most of our "crime control" problems would disappear because abuse of children is probably the biggest single factor in creating those we now label "criminals".

The first principle of a feminist criminal justice system is that the regulation, control, and ultimate elimination of private violence directed at women and children, is a first priority. To do this, the criminal justice system has to give up the carceral objective. Punishment by jailing is simply ineffective; it does not in reality provide rehabilitation or deterrence, but it is certainly expensive. The resources involved must be freed up for genuine rehabilitation, for counselling and therapy and support services for victims and offenders.

Effective action designed to change the reality and reduce the social costs of private and public violence against women and children demands more emphasis on prevention and early detection, decisive crisis intervention, more professional treatment programs and more efficient and coordinated deployment of police and prosecutorial resources. Key is the development of effective treatment modalities. The task for feminist counsellors must be to develop a theory and a practice which is based on social reality and which looks toward transforming that reality. The aim must be not merely to describe social relations but to change them.

Saying the truth: Feminist empiricism and the work of Helen Thompson Woolley and Leta Stetter Hollingworth

Meredith Kimball, Simon Fraser University

This paper examines the work of Helen Thompson Woolley and Leta Stetter Hollingworth as an example of feminist empiricist epistemology. As background to their work, the influence of Darwin's ideas about evolution on theories of sex differences in the late 19th and early 20th century is examined. Following traditional empiricism, both Woolley and Hollingworth believed that an accurate and true psychology of women and men would be achieved through the rigorous use of the scientific method. Their empirical work, published between 1903 and 1918, criticized the androcentric bias evident in the research and theories about sex differences. Their very sophisticated critiques of both the methodology and the content of what passed for a science of sex differences are reviewed. Their tendency to stress similarities, but deny differences, between the sexes and some of the ramifications of this tendency are discussed. Harding (1986) has suggested that feminist empiricism contradicts or challenges traditional empiricism in three ways: by questioning the assumption that the social identity of the observer is irrelevant to good science; by questioning the power of normal science to eliminate androcentric bias; and by challenging the belief that science and politics are separate. Hollingworth and Woolley's work clearly raises the first of these questions but does not address the second or third challenges. In conclusion, the factors that limited the impact of Hollingworth and Woolley's work after 1920 are explored. General factors include the increasing exclusion of women from academic work in psychology, a bias against the study of individual differences in psychology, and the lack of a strong women's movement. Specific epistemological factors include the reliance on traditional empiricism and the denial of differences.

Harding, S. (1986). The Science Question in Feminism. Ithaca NY: Cornell University Press.

Epistemological values of feminist graduate students in psychology

Mary Ricketts, Central Newfoundland Community College

This paper reports the results of a survey of the epistemological values of a sample of North American feminist graduate students in psychology, who attended the 1985 annual national conferences of the Association for Women in Psychology, and the Canadian Psychological Association's Section on Women and Psychology. A comparison group was composed of graduate students in psychology at two Ontario (Canada) universities, drawn from similar, human-services-oriented areas of specialization as the feminist students. On dichotomous measures of theoretical orientation in psychology (those that are based on the concept of opposing objectivist versus subjectivist epistemologies), scores of feminist graduate students were significantly more subjectivistic than the

comparison group. These results suggest that feminists may tend to be more critical of traditional positivist assumptions and methods than other graduate students. Feminists were also found to be significantly more liberal in their sociopolitical values than the comparison group. Item analyses were performed to identify specific issues on which feminists were more likely to hold extreme views than the comparison group. The results suggest that feminists may feel like "outsiders" in graduate school because they are both less orthodox in their views about methodology, and more politically liberal, than their peer group.

Burn-out and marginalization in social service work: A preliminary report
Janice L. Ristock, Ontario Institute for Studies in Education

Burn-out has been identified as a common problem for women who work in the social service system. Women who work within alternative social service organizations, such as feminist collectives, may be at an additional risk for burn-out because these services are marginalized within the mainstream social service system. For example, funding for these services is inadequate and insecure requiring the workers to be involved in fundraising activities in addition to their front line work. Another area of concern is the lack of financial security for workers within these alternative organizations. For example, feminist collectives are not unionized and many do not have pension plans (Ristock, 1987). Thus, for many women the lack of financial security is an additional component that adds more pressure to their work environment. Finally, many women feel that they are unable to progress in their work and experience growth and change. That is, they feel marginalized within the alternative social service sector and see few opportunities for advancement. This paper explores the relationship between marginalization and burn-out within the social service system. A survey was sent out to a selected group of women in the social services through two Ontario based coalitions - the Ontario Association of Interval and Transition Houses (OAITH) and the Ontario Coalition of Sexual Assault Centres. These specialized services are most often woman run and women controlled that focus on the needs of women who are victims of violence. The results support theories that indicate that burn-out is socially constructed. These social service providers exist in a context where few resources exist and only small changes are palpable. Structural changes for alternative service organizations are recommended and the development of social policies for the service sector are discussed. This paper will present preliminary results from on-going research in this area.

Feminist psychology/feminist psychotherapy: Toward the understanding of women's life experiences

Eleni Skodra

Women's everyday life experiences have been socially constructed as "personal problems", i.e., medical, psychological and psychiatric. Often, the

solution to these "women's problems" have taken the form of psychopharmacological treatments and, to a lesser extent, psychotherapeutic ones.

As is well known, the above modes of treatment of women's problems involve imposing changes on women (and women's lives) according to what is dictated by "scientific theory" and "science based" practice. Neglected during attempts to treat women's problems are: 1) the need to validate women's own experiences whether these be psychological, socio-political or economic and, 2) the women's own understanding of their experiences. Furthermore, what also remains outside of the traditional therapeutic process is the acknowledgement of the therapist's roles as both facilitator of women's development and co-contributor to women's empowerment.

The purpose of the present paper, therefore is threefold. First, to describe and critique the process by which women's life experiences are transformed ideologically and through practice into "individual problems". Second, to review the ways by which mainstream modes of therapizing women contribute to women's oppression and isolation rather than to their personal development and freedom to define and deal with their own life experiences. Third, to discuss how a feminist psychology and approach to therapy helps to a) re-construct women as active individuals who, as they develop, are able to define and understand their life experiences and, b) shift perspective from where the therapist is the powerful, "knower of all truth" to one where there is a power balance and co-operation between therapist and client. The discussion in this section includes a review and critique of the mainstream and feminist psychology literature as well as focus on my own experiences with working with women in psychotherapeutic settings.

What might a feminist approach to psychological assessment look like?: Some preliminary considerations

Eva Székely, Youthdale Treatment Center and Ontario Institute for Studies in Education

Looking back at feminist psychology over the past twenty years, we find that feminists have made considerable progress in opening up many areas of psychology from women's perspectives, challenging main(male)-stream interpretations of our development and the problems we encounter as psychopathologies. There remain, however, numerous areas of psychological theory and practice that are yet to be critically evaluated from a feminist perspective. One such area is psychological assessment ("testing"). The paucity of attention to assessment is all the more surprising because most of us in clinical settings do engage in this activity and, for many of us, this activity is a source of significant conflict.

The conflict arises in part because feminists' explanations of the origins and development of personal problems differ from those that can be offered on the basis of standard psychological assessment. Assessment data and interpretations are typically presented as objective (free from personal bias), neutral and, often, atheoretical. Feminists and other social scientists have called into question these claims, arguing that social scientific practices are necessarily value-laden and they are predicated on certain assumptions about the world and human beings in it.

The purpose of this workshop is to open up a number of questions about the assumptions, nature and uses of psychological assessment and to raise some of the issues that would be presented by attempting to introduce a feminist approach to assessment. What might be the reason for introducing such an approach? Are feminism and psychological assessment (as the latter is known and practiced today) compatible at all? Is it possible and feasible to speak of one feminist approach that could be brought to assessment? What might be the broad outlines of this (these) approaches? Discussion of these questions may lead to further examination of the assumptions underlying our practices as feminists and help to clarify the conflicts many of us experience when we respond to a referral for "testing".

Feminism and cognitive behaviour therapy: A proposed integration

Teresa Sztaba, University of Manitoba

In recent years, the popularity of cognitive psychology has been demonstrated both in the academic literature and in the emergence of a form of therapy based on its principles. Concurrent with this cognitive movement within psychology and therapy has been the rise of support for feminist beliefs. Given that psychotherapy has often been a powerful means of socialization which negates the value and experiences of women, feminist criticism has been leveled at therapeutic approaches, such as cognitive behaviour therapy, which have been developed by men, based primarily on male experiences.

Nonetheless, cognitive therapy has proven to be a highly efficacious, action-oriented problem-solving tool, adaptable for use with a variety of clients and a number of emotional disorders. Rather than discarding a potentially valuable therapeutic approach, it would be useful to determine if it can be modified or expanded in such a way as to incorporate feminist beliefs. This paper briefly reviews the basic assumptions and techniques of cognitive and feminist therapy. Following this review is a comparison of cognitive and feminist therapy, assessing the commonalities between the two approaches as well as those features of cognitive therapy which would require modification if conducted from a feminist perspective.

Included in the comparison of cognitive and feminist therapy is an examination of the role of cognitions, emotions, and social processes in therapy; the nature of the therapeutic relationship; use of behavioural techniques; the process of questioning dysfunctional thoughts, assumptions, and beliefs; and the role of therapist as model. This material is summarized in a table comparing feminist and cognitive therapy.

The paper includes suggestions for four major changes which the cognitive therapist could make if she wished to work from a feminist perspective. It is concluded that feminist cognitive therapy may be a valuable integration of feminine and masculine principles within the practice of psychotherapy.

Speaking as an expert: "Powerless" language and perceived competence of knowledgeable women and men

Debbie L. Whitney and Linda McMullen, University of Saskatchewan

Six language features were selected for study from among those sometimes identified as "women's" language (Lakoff, 1975) or "powerless" language (O'Barr, 1982). The language features were hedges, intensive adverbs, tag-questions, interruptions, assents and politeness strategies. Previous studies partially support the claim that these language features occur more often in the speech of women than of men, with the exception of interruptions which occur less often in the speech of women than of men. Recently, it has been claimed that these language features occur more often in the speech of individuals who have low status relative to that of the person or persons being addressed (again with the exception of interruptions which are expected to occur more often in the speech of individuals with relatively high status). Rarely have sex and status been included as variables in the same study. The attributional consequences of using some of these language features have been explored in studies of contrived speech. Some of the language features have been associated with lower perceived assertiveness, competence and credibility. In this study, samples of actual conversations were obtained from forty pairs of speakers. In all dyads, one member had more knowledge of the topic discussed and thus greater relative expertise and status. Half of the experts were women and half were men. Experts were paired in equal numbers with female or male conversational partners. Two questions were to be answered. Did use of any of the six language features by female experts and male experts differ from that of their conversational partners? What effect did use of these language features have on perceived competence of the speaker?

SWAP SYMPOSIUM PRESENTED AT THE
1989 CPA ANNUAL CONVENTION

Janet Stoppard organized and chaired a symposium to mark the 50th anniversary of the founding of CPA. This symposium explored the role of women

in Canadian psychology from the formative years of the discipline/profession to the present day.

The symposium was entitled Woman and Canadian Psychology: Learning from our Past and included the following papers.

Engendering Psychology: Women's impact on psychology in Toronto from 1920 to 1945.

Lykke de la Cour, Department of History, University of Toronto.

The marginality of women in the social and life sciences is often cited as one of the key factors responsible for the sex biases historically prevalent in scientific research and theory. Dominated by men and masculine viewpoints, it is argued, fields such as psychology have naturally reflected a patriarchal perspective. This paper will explore the interrelationship of gender, research, and theory by examining the research undertaken by women in psychology in Toronto during the inter-war period. Far from occupying a marginal position, women psychologists were a major and vital component of the profession during its formative years from 1920 to 1945. After briefly outlining the early history of women in psychology in Toronto, this paper will attempt to illustrate and evaluate the extent to which gender did operate as a factor in the selection of research topics, methodological approaches, and the construction of theoretical frameworks.

Women ground-breakers in Canadian Psychology: World War II and its aftermath.

Mary J. Wright, University of Western Ontario

During World War II qualified women psychologists in Canada were highly valued. At home they filled academic posts vacated by men serving overseas. Abroad they attained senior ranks as officers in the Canadian Women's Army corps and assumed leadership roles in non-military, but war related activities. The post-war careers of these women are discussed with reference to those of their male contemporaries. Also described is the participation of women in the power structure of the Canadian Psychological Association before the impact of the Task Force on the Status of Women in Canadian psychology.

Building for the future: Canadian Women Psychologists, 1979 and beyond.

Elinor W. Ames, Simon Fraser University

Many important events for women psychologists took place within and without the Canadian Psychological Association during the 1970s and 80s. These

included the "Underground symposium", the founding of a Section on Women and Psychology, the Task Force on the Status of Women in Canadian Psychology, and the establishment of mechanisms for implementing the Task Force recommendations. An informal history of this period and its results will be presented. With the majority of the Task Force recommendations now implemented and with SWAP and its Institutes instrumental in promoting and supporting women within CPA, it is time to look at the status of Canadian women psychologists more broadly. What are the women psychologists of Canada doing in the late 1980s in terms of their workplace, provincial association affiliations, and efforts for themselves and for other women? Wild and biased speculations about the future of women psychologists, both academic and professional, will be offered.

1990 INSTITUTE OF THE
CANADIAN PSYCHOLOGICAL ASSOCIATION'S
SECTION ON WOMEN AND PSYCHOLOGY

Prepared by Susan Pisterman

The 1990 SWAP Institute is tentatively planned for Wednesday, May 30, 1990 in Ottawa. We invite you to participate in making this Institute a stimulating and rewarding event. **Families: Contemporary Issues** has been suggested as a tentative theme. Papers, symposia, panel discussions, and workshops on research, clinical, and theoretical aspects of this topic are now being solicited. We hope the presentations will cover a broad range of issues and could include: changing family structures; alternatives to family; intergenerational issues; child care; care for the elderly; family violence; sibling issues; adoption; divorce and separation; reproduction issues; immigration and families; the impact of employment/unemployment on families; the impact of chronic illness, health, and mental health problems on families; support groups; and family-oriented interventions.

Needless to say, this list is not exhaustive. We welcome your comments about the proposed theme and your suggestions for keynote speakers. Please inform your friends and colleagues.

BLIND REVIEW

All submissions will be subject to blind review. To ensure unbiased selection of proposals, please include the requested cover sheet. Do not include that information, except for the title, on any other sheet of your proposal.

WHO MAY SUBMIT PROPOSALS

Anyone may submit a proposal regardless of sex or membership (or lack thereof) in SWAP or CPA. Submissions may be made by people in disciplines other than psychology.

DEADLINE

Proposals must be received by January 31, 1990. Notification of decisions about proposals will be made as soon as possible.

TRAVEL FUNDS

SSHRC travel funds may be available to CPA student members whose submissions are accepted for presentation at the CPA meeting.

ADDITIONAL INFORMATION

If you have any questions about a proposal you may wish to submit, please contact Susan Pisterman at (613) 737-2492.

CALL FOR PAPERS FOR 1990 SWAP INSTITUTE

FORMAT

Please submit, for proposals of all types, the following:

1. A cover sheet which lists the title of the proposal, the authors' names (including the moderators and/or discussants for symposia), professional affiliations, addresses, and phone numbers and the approximate amount of time required for the presentation.
2. Three (3) copies of a 200-300 word abstract/summary. An abstract should be submitted for each presentation within a symposium.
3. Two (2) stamped self-addressed envelopes.

Single paper presentations should be limited to 30-45 minutes and workshops, panel discussions, and/or symposia should be limited to 1-1/2 hours.

Proposals should be mailed to:

Susan Pisterman
Dept. of Psychology
Children's Hospital of Eastern Ontario
401 Smyth Road
Ottawa, Ontario K1H 8L1

DSM-III-R PETITION

This petition was prepared by Dr. Paula Caplan, Dept. of Applied Psychology, Ontario Institute for Studies in Education. Please tear it out, circulate it, and return it immediately to: Maureen Gans, Applied Psychology, O.I.S.E., 252 Bloor St. West, Toronto, Ontario, M5S 1V6.

PETITION

Despite much protest and numerous petitions, the American Psychiatric Association has included two categories in their revised edition of the Diagnostic and Statistical Manual-III that will be profoundly damaging to women. Neither Self-Defeating Personality Disorder (previously known as "masochism", and sometimes still referred to as this in the literature) nor Late Luteal Phase Dysphoric Disorder ("Premenstrual Syndrome") fit the DSM-III-R's own standards for nomenclature of: 1) being solidly based in high quality research, 2) minimizing subjectivity in deciding when a particular label should be used, and 3) being atheoretical. The APA is calling these diagnoses "provisional", needing further study, and therefore suitable only for education and clinical investigation purposes. However, this gives clinicians a free hand to use them whenever they wish. There is tremendous potential for misuse since categories introduced into the manual are often blindly accepted.

My own research has shown that most of the PMS studies are seriously flawed in design, leading to no conclusive arguments in favour of using such a label as a mental illness. The research on Self-Defeating Personality Disorder is appalling. Almost all researchers have taken this category as a given, as a valid entity. No one has tried to systematically prove that SDPD exists, except for two exceptionally poor studies by Dr. Robert Spitzer, primary author of the DSM-III and head of the APA committee that created these new categories. Dr. Spitzer himself has admitted that psychiatrists have not found acceptable psychiatric treatment for people given either label. Thus, patients so diagnosed will have been branded with labels that are at best useless and at worst destructive.

We, the undersigned, protest the inclusion in the DSM-III-R and any future version of the DSM, the diagnoses of Self-Defeating Personality Disorder and Late Luteal Phase Dysphoric Disorder, as both of these blatantly disregard the APA's own standards for nomenclature, and make a mockery of the research and diagnostic process.

Name

Address

Occupation

DSM-III-R PETITION

A REMINDER - CPA NOMINATIONS AND ELECTIONS

This petition was prepared by Dr. Paula Caplan, Dept. of Applied
Submitted by Jean L. Pettifor, CPA Chair, Committee on the Status of Women
circulate it, and return it immediately to: Marleen Gans, Applied Psychology,
0.1.S.E., 252 Bloor St. West, Toronto, Ontario, M5S 1W6.

What can you do if you want more women elected to CPA positions?

Obviously plan ahead, know the procedures used by CPA, see that competent women are nominated, and lobby for the vote.

Despite much protest and numerous petitions, the American Psychiatric Association has included two categories in their revised edition of the Each fall CPA calls for nominations to be considered for providing at least two candidates for each position of: President-Elect and two Directors-at-large. The Nominating Committee attempts to provide a slate of candidates which is representative of geography, gender, language, and sub-discipline interest. Any Fellow or Member whose name is submitted to the Nominating Committee in a particular year by 1% or more of the Members and Fellows eligible to vote shall automatically be included among the nominated candidates for one of the Director-at-large positions.

In June 1989, in the interests of restructuring, the AGM approved an amendment to elect six additional Directors--two of whom would represent each of: Scientists-Practitioners, and Practitioners. A mechanism is to be developed by which these nominations would come from the sections.

Watch for announcements; nominate, lobby and vote.

Also note that nominations for CPA Fellows are solicited each year and you may submit the names and resumes of deserving women for consideration.

Occupation

Address

Name

The Women's Research Centre has recently published books entitled: Just give us the money: A discussion of wage, discrimination and pay equity and In women's interests: Feminist activism and institution change. Two books about to be published are: A reading guide on patterns of violence in the lives of girls and women and Recollecting our lives: Women's experience of childhood sexual abuse. These and other publications are available through the Women's Research Centre, 101-2245 West Broadway, Vancouver, B.C., V6K 2E4.

* * * * *

Munroe House in Vancouver, a second stage housing for battered women, has begun a support group for women who are having access to their children. Scheduled meetings are held at the YWCA. Child care and bus fare are provided on request. For more information call Nancy or Ajax at (604) 734-5722.

* * * * *

Simon Fraser University will be hosting the conference, "Transferring tomorrow: Women's studies in the secondary schools," to be held at the Harbour Centre campus, November 2-4, 1989. For more information call (604) 291-3543.

* * * * *

Vancouverites are eagerly awaiting the film and video festival, In Visible Colours, to be held November 15-19, 1989. The festival organizers hope to raise awareness of political, cultural, social, economic, and gender issues. For more information contact Lorraine Chan or Zainub Verjee c/o National Film Board, 300-1045 Howe St., Vancouver, B.C., V6Z 2B1, (604) 666-3828.

* * * * *

These two items appeared in the Canadian Research Institute for the Advancement of Women (CRIAOW) newsletter: There will be a Women's Studies Forum on Women and Development at the University of Victoria, 25 October, 1989; and Disabled Women's Network Canada (DAWN) is conducting a survey to determine the needs and priorities of Canadian women with disabilities. For more information contact Jillian Ridington, Researcher, DAWN-Canada, 3464 W 27th Ave., Vancouver, B.C., V6S 1P6 (604) 254-3485.

* * * * *

Crabtree Corner (YWCA) is holding a workshop for parents about prevention of child sexual abuse at 101 East Cordova, October 10, 1989. For more information contact Mary Ellen at (604) 689-2808. A limited number of daycare spaces are available.

Crabtree Corner (YWCA) offers emergency short-term day care with qualified staff at 101 East Cordova, 9:30-4:00 daily. Ideal for mothers needing to attend a class, meetings or conference. Call (604) 689-2808 by 9:15 the day you'd like daycare.

NEWS FROM NEW BRUNSWICK
Submitted by Raymond Shred

The Department of Psychology at the Dr. Everett Chalmers Hospital in Fredericton is organizing a one-day conference entitled The Prevention of Sex Offences in the Community. It will be held on Friday, September 29 from 8:00 to 4:30. Speakers will include: Sandra Byers of the UNB Psychology Department; Jeanne d'Arc Gaudet, Chair of the NB Advisory Council on the Status of Women; Corporal Lillian Ulsh of the Fredericton Police Department, and representatives from education and social services.

For further information contact: Theresa Melanson or Dr. John Goyeche at the Psychology Department, Dr. Everett Chalmers Hospital (506) 452-5400 or 452-5287.

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Mount Allison University in Sackville recently instituted the first course in what is hoped will become a Women's Studies Program. The course is entitled Canadian Women: Critical Perspectives.

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From SWAP's NB Representative: SWAP members in New Brunswick are invited to send any news concerning research concerns, coming events, or other matters of interest to me (Raymond Shred) for inclusion in the Newsletter or for communication to members of the Executive as appropriate.

NEWS FROM NOVA SCOTIA
Submitted by Carol Pye

An organizational meeting of the Women's Interest Group in Psychology was held at the IWK Boardroom on May 19th at 5:00 p.m.

Attending were Jane Bradley, Marg Farmer, Valerie MacDonald, Joan MacDonnell, Fran MacIntyre, Judy Matthews, and Carol Pye.

A variety of potential functions to be served by the group were considered including:

- Examining the authority structure of Psychology in N.S. and the role of women in that structure;
- Performing a lobbying role for such women's issues as day care, spousal battering, and federal government grants to anti-feminist groups such as Real Women;
- Giving input to the Clinical Ph.D. Program at Dalhousie regarding course content and faculty appointments;
- Advocating for women's mental health;
- Sponsoring presentations and workshops and conferences on women's issues;
- Liasing with CPA's SWAP;
- Conducting collaborative research;
- Reviewing clinical issues and cases such as chronic illness, treatment for female sexual offenders, post-partum depression, child sexual abuse; and
- Providing mutual support.

The group decided to attempt to meet a broad range of the above objectives. We will liaise with APNS but not function as a formal APNS committee. The group will be non-restrictive in the women considered as members, that is members of other professions such as lawyers with training and interest in Psychology, are welcome as are students, academics, and others involved in psychological services.

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A conference entitled: **Abuse: A family and community problem; helping women and their families** will be held October 26 - 28, 1989 in Amherst, NS. The conference features a number of in-depth workshops on working individually or in groups with women, children, and abusive men from families where wife assault occurs. It is sponsored by the Cumberland County Transition House Association; call (902) 667-1200 for more information.

NEWS ABOUT OUR MEMBERS

Congratulations are due Janet Stoppard, the most recent Past Coordinator of SWAP, who has been appointed Associate Dean of the School of Graduate Studies and Research at the University of New Brunswick. This five year appointment was effective August 1, 1989.

Janet Stoppard, also recently received major funding from SSHRCC supporting her research on the influence of gender and emotionality on person perception. Among the research questions she plans to investigate are how women and men are evaluated when they express similar emotions in similar situations and the conditions under which a person is judged to be "emotional." Dr. Stoppard would like to know of other Canadian researchers working in the area of gender and emotionality. She can be contacted at:

Psychology Department
University of New Brunswick
Bag Service #45444
Fredericton, NB E3B 6E4
(506) 453-4707

or via Electronic Mail -- Stoppard@unbmvs1

EMPLOYMENT OPPORTUNITIES

CAPE BRETON HOSPITAL

BRAEMORE HOME CORPORATION

2 - PSYCHOLOGISTS

The Cape Breton Hospital, located on scenic Cape Breton Island is a multi-disciplinary mental health treatment facility serving a catchment area of approximately 150,000. In-hospital (62 beds), Day Hospital and Community Mental Health Services are provided. The Psychology Department consists of nine (9) Ph.D. Level Psychologists working in all areas of the complex. We presently have an opening for a Psychologist working within the In-patient and Out-patient Adult Service and another in the Child and Adolescent Out-patient Department. Experience in psychological assessment as well as marital, family and group therapies would be an asset. Ph.D. level training is required.

Salary is commensurate with qualifications and experience. An excellent benefit package is available. The successful candidate must be registered or eligible for registration with the Nova Scotia Board of Examiners in Psychology. Interested applicants may forward a complete C.V. to:

Mr. Jim Hunter
Director of Human Resources
Cape Breton Hospital
Braemore Home Corporation
P.O. Box 515
Sydney, N.S.
B1P 6H4
(902)539-3370