

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 SWAP Executive.....	1
1989-90 Provincial Representatives.....	2
Coordinator's Message.....	4
Editor's Message.....	6
News About Our Members.....	6
SWAP Institute 1990.....	7
Application for SWAP Travel Bursary.....	8
SWAP Student Paper Award.....	9
CPA Committee on the Status of Women.....	10
How to Tell if Your Therapist is Sexist.....	11
An Open Letter to SWAP Members.....	14
Draft Proposal.....	16
Guidelines for the Career Counselling of Girls and Women.....	19
Book Review.....	22
Employment Opportunities.....	25

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COORDINATOR'S MESSAGE

Welcome to 1990 and the 1990's. I hope it is a good year and a good decade for all of us and for all women.

I have been in touch with a number of you about ongoing SWAP business during the fall. Unfortunately, there is neither enough time nor money to get in touch with everyone about some of the important issues that have come up. I hope you will read them in this message and respond to me at your earliest convenience.

First of all, as many of you know, the Examination for Professional Practice of Psychology (EPPP) has to date contained few or no questions about women. This is on the verge of changing. Through Jean Pettifor, a director of CPA, an Item Writing workshop has been set up for June 1990. At the time I am writing this message, I do not yet have the exact date; however, it will be right around the time of the convention and it will be in Ottawa. We need women who specialize in women's issues to participate in this Item Writing workshop. There will be an honorarium of \$100. If any of you are interested, I suggest you write directly to Jean Pettifor at 2731 Crawford Road, N.W., Calgary, Alberta, T2L 1C9.

Fall business of the coordinator usually includes the suggestion of invited speakers for CPA. This year I suggested to the committee that Paula Caplan be invited to address the entire convention on her recent book Don't Blame Mothers. Applying their major criterion "to honour individuals and groups that have made outstanding contributions to the science or profession of psychology in Canada" the committee decided to invite Dr. Caplan as a speaker. The Applied Division invites speakers, and names have been forwarded to them both by myself and by the convention committee.

A second major item of fall business is the nomination of women for Fellows of CPA. Usually both the coordinator and the coordinator-elect send nominations in, but I encourage all of you to participate in this process annually.

At the business meeting last spring I was instructed by the membership to write to the chairperson of the Committee on Sections to protest the 10% fee by the central office to each section as unfair to the sections with greater membership. I wrote to Dr. John Conway, Chair of the Committee on Sections and have received his reply. Six other sections sent similar letters. Dr. Conway is recommending to the CPA office that a flat charge per member be billed to the sections instead of a percentage fee. This would certainly be more fair to us as we are one of the largest sections.

The second major item of business is the restructuring of CPA. As you know this means the end of the two divisions, Applied and Experimental, and the concomitant increase of the responsibility of sections. It also means six new directors will be added to the Board of Directors. The Chair of the Committee on Sections has solicited nominations from sections and we responded as quickly as we could. Please look for SWAP members when your ballot arrives.

With regard to the convention, Sue Pisterman is doing a wonderful job of organizing the SWAP Institute for the spring. I hope I will see you there and I am still working on organizing a symposium entitled, "The Unique Role of Fiction and Literary Journals in Understanding Individual Women's Lives."

The guidelines for How to Tell if Your Therapist is Sexist, prepared by the CPA Committee on the Status of Women, is now available from the central office and I think will be helpful to any one who is receiving calls from women looking for therapists. (Ed. Note: This document is reprinted in its entirety, on pages 11-13 of this issue.)

Psychology still has not received an exemption from the GST, although I understand that Blenkarn and the Blenkarn Commission did recommend an exemption for us. At this date we do not know if we have received one. Because this will greatly affect the potential of women to use psychologists as therapists, I urge you all once again to contact Michael Wilson, Brian Mulroney, and your MPs. The Blenkarn Commission was apparently impressed by our ability to lobby.

I am writing this message the week after the murders of the 14 women in Montreal. We all know in our different ways what these murders mean--the final result of rampant misogyny in a violent society. To me, as someone who specializes in the area of violence against women, these are sex crimes. Yet this man could not be identified as aberrant or pathological. He is an indicant of the degree to which our society accepts misogyny and violence as normal. The murders also highlight what happens to women as they climb the ladder of success--punishment rather than reward--punishment we all know in smaller ways. I choose to emphasize these murders in my message as a way to remind us all that there is a great deal of work left to be done so that we do not get smug in the accomplishments we have attained to now.

Thank you.

Julie Brickman, Ph.D.
SWAP Coordinator
1989-90

MESSAGE FROM THE EDITORS

Welcome to another issue of the SWAP Newsletter. We hope you will find this first issue of 1990 a stimulating and informative introduction to a new year of publication.

As well as our regular features, this issue includes the full copy of a two-page brochure prepared by the CPA Committee on the Status of Women--How to Tell if Your Therapist is Sexist, an open letter to SWAP members from Dr. Paula Caplan regarding a proposed category for the DSM-IV, and an excerpt from the Report of the Collaborative Action Working Group on Counselling entitled Guidelines for the Career Counselling of Girls and Women.

The next issue of the Newsletter is scheduled for May 1990. Please have all submissions for this last Newsletter of the season in to our offices by **APRIL 6, 1990**. (This includes news from provincial representatives.)

Best wishes for a successful New Year.

Geraldine Brooks
Carol Wilson

CORRECTION: Due to a printing error, please note that the Employment Opportunities notice appears on p. 23, not p. 25 as indicated on our cover. Also, News from British Columbia, which arrived as we were going to press, is on p. 24.

NEWS ABOUT OUR MEMBERS

Dr. Joan L. Pettifor has been elected to a three year term as Director on the Board of Directors of the Canadian Psychological Association. She now chairs the CPA Committees on Ethics and the Status of Women. She has recently retired from employment with Alberta Family and Social Services. She continues to chair the Professional Examination Board in Psychology, and also the Practice Review Committee for the Psychologists Association of Alberta. She is also doing part-time teaching, consulting and writing.

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

Plans for the 1990 SWAP pre-convention Institute are underway for Wednesday, May 30, 1990, the day preceding the CPA Annual Convention. The Institute theme is "Families: Contemporary Issues." We anticipate a stimulating program featuring an invited address, paper presentations, workshops, etc. which cover a broad range of topics. All those interested in presenting are reminded that the deadline for submissions is January 31, 1990 (Student Travel Bursary and Student Paper Award deadlines are April 30, 1990).

The fees for the Institute are \$40.00 for students and \$60.00 for non-students. This fee includes lunch and refreshments. You can register by completing the registration form included with the CPA Convention registration material.

All submissions and inquiries should be forwarded to:

Dr. Sue Pisterman
Department of Psychology
Children's Hospital of
Eastern Ontario
401 Smyth Road
Ottawa, Ont. K1H 8L1

Fax 613 738-3216
Tel 613 737-2492

SWAP TRAVEL BURSARIES FOR STUDENTS

The Canadian Psychological Association Section on Women and Psychology is offering travel bursaries to students in psychology who are interested in attending the Canadian Psychological Association Convention in Ottawa, Ontario, May 1990. Priority for the travel bursaries will be given to those students whose papers have been accepted for the CPA convention programme or the SWAP Institute and who need the money to help defray their expenses.

Interested students should fill out the following application in French or English. Submissions should be sent no later than April 30 to:

Dr. Christine Storm
Department of Psychology
Mount Allison University
Sackville, N.B.
EOA 3C0

1990 INSTITUTE OF THE CANADIAN PSYCHOLOGICAL ASSOCIATION'S
SECTION ON WOMEN AND PSYCHOLOGY
Application for SWAP Student Travel Bursary

Name: _____

Mailing Address: _____

Telephone: (H) _____ (W) _____

University: _____

____ M.A. or M.Sc. candidate

____ Ph.D. candidate

Are you presenting at CPA? _____ yes _____ no

If you are presenting, is it a _____ paper? _____ poster?

Are you the senior author? _____ yes _____ no

Please attach a copy of your abstract(s).

Are you presenting at the SWAP Institute? _____ yes _____ no

Are you attending the SWAP Institute? _____ yes _____ no

Are you a SWAP student member? _____ yes _____ no

Estimated travel costs: _____

Other considerations? Please specify.

SWAP STUDENT PAPER AWARD

In keeping with its goals of advancing the place of women in psychology and of promoting research of special relevance to women, the Section on Women and Psychology will offer a \$500 student paper award this year. The award will go to the best paper submitted to the CPA Annual Convention or the SWAP pre-convention Institute which advances psychological knowledge about issues of particular concern to women.

Submissions may be in French or English. Papers co-authored with another student or faculty member are acceptable, but the research must be primarily that of the applicant who must be first author.

Interested students should submit a summary (approximately 3 pages in length) of their paper or poster. If any of the authors are not students, this should be indicated. Submissions must be received no later than April 30, 1990. Selection will be by blind review, and selection criteria will include the following:

1. scientific excellence
2. significant contribution to psychological knowledge
3. absence of sexism
4. clear and effective writing style.

Students submitting papers for consideration for the award will automatically be considered for a SWAP Travel Bursary.

Address inquiries and submissions to:

Dr. Christine Storm
Department of Psychology
Mount Allison University
Sackville, N.B.
EOA 3C0

NEWS FROM THE CPA COMMITTEE ON THE STATUS OF WOMEN

How to Tell if Your Therapist is Sexist is a two page brochure prepared by the CPA Committee on the Status of Women and adopted by the CPA Board of Directors in June 1989. It is a consumers' guide on how to recognize sexist therapists and how to find non-sexist therapy and counselling. The questions which a woman should ask herself about therapists/counsellors are based on the Guidelines for Therapy and Counselling with Women which was also prepared by the Committee on the Status of Women and adopted by the Board of Directors in 1980. In 1984 CPA published Therapy and Counselling with Women: A Handbook of Educational Material which was intended to assist professionals and consumers to promote sex-fair therapy and counselling with women. Among the recommendations of the Report of the Task Force on the Status of Women in Canadian Psychology (presented to the CPA Board of Directors in April 1976 and published in Canadian Psychological Review, Vol. 18, No. 1, January 1977), was "that CPA promote activities which are intended to develop sensitivity to and awareness of the problem of sex bias and sex-role stereotyping in psychotherapeutic practice and counselling services. . . ."

At the same time, south of the border the American Psychological Association Task Force on Sex bias and Sex-Role Stereotyping (1975) was charged with investigating sexism in psychotherapy and recommending corrective actions. The findings indicated that therapist sexist behaviours fell into four general categories, namely, (1) fostering traditional sex-roles, (2) bias in expectations and devaluation of women, (3) sexist use of psychoanalytical concepts, and (4) responding to women as sex objects, including seduction of female clients. The Task Force developed thirteen general guidelines for ethical and effective therapy with women. In 1978 the APA's Division 17 on Counseling Psychology adopted Principles Concerning the Counseling and Therapy of Women. Over a similar time period a number of organizations have produced guidelines to assist consumers in obtaining non-sexist therapy.

Psychologists, consumers, and other interested persons will find all of these documents worthy of their attention. The continuing efforts of the CPA Boards of Directors is contributing to a healthier and more egalitarian society.

The document, How to Tell if Your Therapist is Sexist, is printed in its entirety below.

HOW TO TELL IF YOUR THERAPIST IS SEXIST

Prepared by the CPA Committee on the Status of Women

Approved by the CPA Board of Directors on June 11, 1989

Seeing a therapist/counsellor is something a necessary step in dealing with psychological difficulties. Therapists differ not only in their approaches to treatment but also in terms of their beliefs and attitudes about the nature of women and appropriate roles for women. Encountering negative or disrespectful views about women from a therapist can lead to considerable distress. For example, clients disagreeing with such biased views are sometimes accused of resisting therapy. Therefore, they may waste a great deal of time, energy, and money trying to develop and maintain their self-respect as women in the face of such treatment.

Therapy is supposed to help a woman develop her sense of self as well as alleviating her difficulties. By seeking non-sexist treatment, you will help yourself. Some ways of finding a non-sexist therapist are as follows:

1. Check out the credentials and registration of the therapist/counsellor.
2. Check with your friends or a concerned group (in this case a women's organization) for any comments or suggestions.
3. Ask the therapists/counsellors about their experience with the problems that are of concern to you.

The following questions have been designed by the Canadian Psychological Association to help you think about your therapist's/counsellor's attitude towards women. These statements are not a psychological questionnaire but highlight issues for your consideration.

Read each statement and circle either "yes" or "no" as it applies to your experience.

1. Does your therapist/counsellor become upset when you tell her/him that you want to meet with several therapists/counsellors before choosing one? YES NO
2. Is the therapist/counsellor willing to discuss with you their beliefs about and approach to therapy. YES NO

- | | | | |
|-----|---|-----|----|
| 3. | Is the therapist/counsellor willing to help explore behaviour (such as assertiveness and independence) and activities (paid employment or non-traditional hobbies) that do not fit the traditional rules for "feminine" behaviour? | YES | NO |
| 4. | Does your therapist/counsellor believe that a woman can reach her full potential either through marriage and motherhood <u>and/or</u> in other ways. | YES | NO |
| 5. | Does the therapist/counsellor act as though it is women's responsibility to make relationships work and to raise children? | YES | NO |
| 6. | Does the therapist/counsellor recognize that many aspects of society are biased against women? | YES | NO |
| 7. | Will your therapist/counsellor explore with you the possibility that some of your problems may result from society's definition of women as inferior rather than assuming that your problems arise from your personal inadequacy? | YES | NO |
| 8. | Does the therapist/counsellor sometimes use language or ideas that indicate women are dependent and passive, implying that you, as a woman, should always exhibit dependent and passive behaviours? | YES | NO |
| 9. | When you have problems around times of physical changes (your period, menopause, childbirth), does your therapist/counsellor tend to blame these physical changes for all your emotional problems, ignoring other aspects of your life? | YES | NO |
| 10. | Does your therapist/counsellor tell sexist jokes or use language that is insulting or negative toward women? | YES | NO |
| 11. | Does your therapist/counsellor regard physical and sexual abuse as crimes and actively acknowledge that there is no justification for physical or sexual violence? | YES | NO |
| 12. | Are you encouraged to refuse to accept violence and encouraged not to feel guilty about being a victim? | YES | NO |
| 13. | Does your therapist/counsellor expect you to accept what they say as the final authority about you and your problems? | YES | NO |

14. Does your therapist/counsellor seem to have different standards of sexual behaviour for men than for you as a woman? YES NO
15. Does your therapist/counsellor think that the only valid sexual feelings are heterosexual ones? YES NO
16. Has your therapist/counsellor ever treated you as a sex object by making sexual remarks or innuendos that made you feel uncomfortable? YES NO
17. Has your therapist/counsellor ever made sexual advances to you? YES NO
18. Is your therapist/counsellor willing to consider your household and/or job responsibilities when scheduling your appointments? YES NO

If you have answered "yes" to any one of items 1, 5, 8, 9, 10, 14, 15, or 16, or "no" to any of items 2, 3, 6, 7, 11, 12, 13, 17, or 18, your therapist may have acted in a manner that could be considered sexist, irresponsible, and/or unethical.

Subtle sexism can be detrimental even if difficult to document. Trust yourself when the situation makes you uncomfortable.

If you feel uncomfortable in the situation, consider doing one of the following things:

1. Talk with your therapist/counsellor about your concerns, perhaps including these questions in your discussion.
2. If your therapist fails to satisfy your concerns, you may wish to consider consulting with another therapist/counsellor.
3. Call the appropriate provincial professional organization to inquire about whether this behaviour would be considered unethical, given their ethical code.

Some therapists/counsellors are psychologists. Psychology is a regulated profession which provides protection for you as a consumer of this service. If you would like more information, call your provincial psychological organization listed in the telephone directory and/or write for the "Guidelines for Therapy and Counselling with Women", available from the

Canadian Psychological Association
 Vincent Road
 Old Chelsea, Québec
 JOX 2N0

AN OPEN LETTER TO SWAP MEMBERS

Dear Colleagues,

Because of your expertise in an area relevant to a current project close to my heart, I am writing to ask you for a little help--or more, if you choose.

In 1985, when the American Psychiatric Association proposed two virulently misogynist diagnostic categories (Self-defeating Personality Disorder and Late Luteal Phase Dysphoric Disorder) for inclusion in their Diagnostic and Statistical Manual of Mental Disorders (DSM), I was forcefully struck by the APA's power to decree--for mental health professionals and the general public alike--what is normal and what is not, and specifically what is normal and abnormal behavior in women.

Those two proposed categories involved pathologizing the normal behavior and nonpathological reactions primarily of women (in the case of Self-defeating Personality Disorder) and exclusively of women (in the case of Late Luteal Phase Dysphoric Disorder). In 1985, I said in a presentation to an APA hearing on Self-defeating Personality Disorder that that category was a way to call psychopathological the women who had conformed to societal norms for a "feminine" woman (what I have called the "good wife syndrome", the woman who, for instance puts her own needs ahead of other people's). I further pointed out then that they were not proposing a parallel diagnosis which would pathologize the men who had conformed to societal norms for a "real man"--i.e., the John Wayne type or "Macho Personality Disorder". The APA ignored that point.

In November 1988, feminist sociologist Margrit Eichler and I put together a description of what had until then been colloquially called "Macho Personality Disorder." We have tentatively called it "Delusional Dominating Personality Disorder", and a copy of that description is enclosed in this letter. Suggesting to the APA that it is time for them to take the progressive step of recognizing that this kind of disorder is indeed a form of serious pathology and to label it as such, in view of the harm it causes to people who suffer from it and those with whom they live and work, we formally submitted it for the inclusion in the DSM-IV, which is apparently scheduled for publication by the mid-1990s (or perhaps 1992--it is difficult to find out a definite deadline).

We feel that, although it may well not be accepted for the DSM, it is nonetheless high time to pull together the evidence that it does constitute a serious psychological problem. Dr. Allen Frances, Head of the Work Group to Revise the DSM, has reminded us that categories in the DSM are supposed to be based on empirical evidence. We are quite certain that much of the relevant evidence already exists, either in published or unpublished form and that is where you come in. Can you help in one or both of the following ways, please?

1. Read the enclosed description of the DDPD, and consider what articles (published or unpublished, empirical or clinical) with which you are familiar might be used as evidence that (a) such a phenomenon exists and/or (b) that it is a problem, e.g., that people with DDPD are likely to be abusive or to have a great deal of trouble forming close, lasting interpersonal relationships or dealing with interpersonal problems. Examples of published work that we suspect would be relevant to any one or more of the DDPD criteria include: work on the Rape Myth Acceptance scale; work on the Attitudes Toward Women scale; work on marital and other family relationships, etc. Please try to let your mind wander, be creative, consider long shots --anything that you know or suspect just might be relevant. Then call me or mail to me articles or references, and we'll get to work on them. Please also pass the word on to other colleagues and students.

2. If you know a student who is looking for a simple, straightforward, clean study to do for a master's or doctoral thesis or a Qualifying Research Paper or even, perhaps, a graduate course term paper, then there are some validation studies we want to do or have done for the DDPD. These would include: checking interclinician agreement about which people could be labelled DDPD; checking which of the criteria we have proposed actually cluster together as a syndrome; and checking whether there is so much overlap with other, existing DSM categories that DDPD does not warrant a separate category. We would be glad to provide guidance, supervision, etc., for anyone wanting to do such work.

We would like, too, to encourage any clinician who has had one or more patients or clients who seems to fit some or most of the DDPD criteria to write up these cases, and send them to us, and submit them for publication. This among other things, will help to swell the much needed literature in this very serious problem.

Thank you in advance for your help.

Sincerely,

Paula J. Caplan, Ph.D.
Department of Applied Psychology
Ontario Institute for Studies in Education
252 Bloor Street West
Toronto, Ontario M5S 1V6

(416) 923-6641 ext. 2574

DRAFT PROPOSAL OF CATEGORY PROPOSED FOR INCLUSION IN THE AMERICAN
PSYCHIATRIC ASSOCIATION OF DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL
DISORDERS - IV

Written and proposed by

Paula J. Caplan, Ph.D., C. Psych., and Margrit Eichler, Ph.D.
Ontario Institute for Studies in Education
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Toronto, Ontario CANADA
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Not to be cited or quoted without written permission of the authors, but
may be photocopied for workshops, courses, or letters as described below,
as long as the authors and source are noted.

Anyone wishing to support the inclusion of this category in the DSM-IV is
urged to write a letter of support to the authors listed above, giving us
permission to include your name in the covering letter we plan to send
with the proposal for this category to the DSM-IV revisions committee.
Or, you may write directly to the head of the DSM-IV revisions committee,
Dr. Allen Frances, American Psychiatric Association: 1400 K Street,
N.W.; Washington, D.C. 20005. If you do the latter, please send us a
copy.

Delusional Dominating Personality Disorder (DDPD)

Individuals having this disorder are characterized by at least 6 (?) of
the following 14 criteria (note that such individuals nearly always
suffer from at least one of the delusions listed):

1. Inability to establish and maintain meaningful interpersonal relationships
2. Inability to identify and express a range of feelings in oneself (typically accompanied by an inability to identify accurately the feelings of other people)
3. Inability to respond appropriately and emphatically to the feelings and needs of close associates and intimates (often leading to the misinterpretation of signals from others)

4. Tends to use power, silence, withdrawal, and/or avoidance rather than negotiation in the face of interpersonal conflict or difficulty
5. Gender-specific locus of control (belief that women are responsible for the bad things that happen to oneself, and the good things are due to one's own abilities, achievements, or efforts)
6. An excessive need to inflate the importance and achievements of oneself, males in general or both. This is often associated with a need to deflate the importance of one's intimate female partner, females in general, or both.
7. The presence of any one of the following delusions:
 - A. The delusion of personal entitlement to the services of
 1. Any woman with whom one is personally associated
 2. Females in general for males in general
 3. Both of the above
 - B. The delusion that women like to suffer and to be ordered around
 - C. The delusion that physical force is the best method of solving interpersonal problems
 - D. The delusion that sexual and aggressive impulses are uncontrollable in
 1. Oneself
 2. Males in general
 3. Both of the above
 - E. The delusion that pornography and erotica are identical
 - F. The delusion that women control most of the world's wealth and/or power but do little of the world's work
 - G. The delusion that existing inequalities in the distribution of power and wealth are a product of the survival of the fittest and that, therefore, allocation of greater social and economic rewards to the already privileged are merited

(Note: The simultaneous presence of several of these delusions in one individual is very common and frequently constitutes a profoundly distorted belief system)

8. A pronounced tendency to categorize spheres of functioning and sets of behavior rigidly according to sex, e.g., belief that housework is women's work.
9. A pronounced tendency to use a gender-based double standard in interpreting or evaluating situations or behavior (e.g., a man who makes breakfast sometimes is considered to be extraordinarily good, but a woman who sometimes neglects to make breakfast is considered deficient)

10. A pathological need to affirm one's social importance by displaying oneself in the company of females who meet any three of the following criteria:
 - A. are conventionally physically attractive
 - B. are younger than oneself
 - C. are shorter in stature than oneself
 - D. weigh less than oneself
 - E. appear to be lower on socioeconomic criteria than oneself
 - F. are more submissive than oneself
11. A distorted approach to sexuality, displaying itself in one or both of these ways:
 - A. A pathological need for flattery about one's sexual performance and/or the size of one's genitalia
 - B. An infantile tendency to equate large breasts on women with their sexual attractiveness
12. A tendency to feel inordinately threatened by women who fail to disguise their intelligence
13. Is unable to derive pleasure from doing things for others
14. Emotionally uncontrolled resistance to reform efforts that are oriented toward gender equity
 - A. the tendency to consider oneself a "New Man" neither proves nor disproves that the patient fits within this diagnostic category.
 - B. Patients who fit this description should not be diagnosed as having obsessive-compulsive disorders, since obsessive-compulsive disorders affect only a limited part of the personality and functioning, whereas this disorder is pervasive and profound, a maladaptive organization of the entire personality.

Incidence: By far most commonly seen in males but occasionally present in females. Tends to characterize leaders of traditional mental health professions, military personnel, executives of large corporations, and powerful political leaders of many nations but can be found in all social strata and religious and ethnic groups.

Note: In keeping with the stated aims of the DSM, the proposed category is atheoretical, but there is little or no evidence that it is biologically based. In fact, there is a great deal of evidence that it is an extremely common disorder that involves a great deal of psychological upset both to the patient and to those with whom the patient deals. There is also evidence that the disorder is socially-induced and, therefore, that individual psychotherapy and group therapy are useful. As an example, it is generally recognized among clinicians working with male perpetrators of wife battering, rape, and incest--many of whom fit the description of the Delusional Dominating Personality Disorder--that group treatment can be very helpful when it includes identification of the patients' problems and provision of a milieu in which different values and interpersonal styles are promoted. There is also some evidence that the younger the patient when such treatment is begun, the better the prognosis.

CAREER COUNSELLING OF GIRLS AND WOMEN

The Report of the Collaborative Action Working Group on Counselling (November 1988) was produced by the Working Group established by a joint federal/provincial/territorial meeting of Ministers Responsible for the Status of Women and Ministers with Labour Market Responsibilities held in June 1987. The report is available from the Women's Directorate, Government of New Brunswick, P.O. Box 6000, Fredericton, N.B. E3B 5H1

The following is an excerpt from the report which may be useful for career or vocational counsellors of girls and women.

GUIDELINES FOR THE CAREER COUNSELLING OF GIRLS AND WOMEN

Career counselling is understood to include services and programs designed to facilitate individuals' development and their ability to make optional choices regarding their roles in occupational, familial and social structures.

Responsible professional practice requires counsellors to be knowledgeable about the effects in human development and to apply such knowledge in career counselling with girls and women.

Guidelines

In order to ensure responsible professional practice, jurisdictions must require all individuals involved in career counselling with girls and women to adhere to the following guidelines:

1. Counsellors are aware of the assumptions underlying various theoretical approaches to the practice of career counselling and recognize that such theories may apply differently to women and men. Counsellors continue to examine theoretical bases and assumptions underlying their practice to ensure that they utilize theories and models which are free of sex bias and sex-role stereotypes and promote the realization of full potential by girls and women.
2. Counsellors ascribe no preconceived limitations on the direction or nature of potential changes or goals in counselling with women. In particular, counsellors ensure that career choice is an open process and that no individual is limited by gender--or by race, age, disability, ethnicity, sexual orientation, or religion--from the exploration of any career option.

3. Recognizing that the use of male terms as gender-neutral reflects bias against women, counsellors use inclusive and gender-fair language in all oral and written communication and ensure that resources used to assist clients with decision-making are gender-fair. As an extension of this principle, counsellors also avoid the use of generic adjectives to describe women with handicaps (e.g., blind, deaf, and so forth) in order to avoid excessive focus on the disability, descriptive phrases (e.g., women with visual handicaps) are used as a much-preferred alternative to the more generic adjectives.
4. Counsellors are knowledgeable about support services available to women (e.g., child care, legal aid, health care, transportation, emergency services) and assist clients in accessing community resources which are suited to their needs. Where significant gaps are identified in support services available to women, counsellors may initiate or act as catalysts for the development of such support systems in their communities.
5. Counsellors continue throughout their professional careers to gain knowledge and awareness of social, biological, and psychological influences on female development in general and their career development in particular.

As a part of their ongoing professional development, counsellors continue to inform themselves about specific issues which may have an impact on the career decision-making of girls/women, e.g., balancing vocational and family roles, issues related to training and employment of women in non-traditional occupations, family violence, sexual harassment and sexual assault, as well as acquiring knowledge which is relevant to counselling particular to sub-groups, such as women with disabilities, women who are culturally different, long-term welfare recipients, and female offenders.

6. Counsellors understand that the source of client difficulties often rests not only in the woman herself but also in situational or cultural factors which limit her concept of self, her aspirations, and the opportunities available to her. Counsellors recognize and are sensitive to the impact of stereotyping, prejudice, and discrimination on the basis of gender--as well as race, age, disability, ethnicity, sexual orientation and religion--and work to counteract the negative effects of such attitudes and actions.
7. Counsellors are aware of and continually review their own values and biases and the effects of these on their female clients. Counsellors assess and monitor their own activities to ensure gender-fair practices, as well as participating in professional development programs, consultation, and/or supervision to assist in identifying and working through personal biases and issues which have a limiting effect on their work with female clients.

8. Counsellors support the elimination of sex bias within institutions and individuals, by promoting fair and equal treatment of all individuals through services, programs, theories, practices and treatment of colleagues and clients which recognize the full potential of each.
9. Recognizing that there are circumstances where clients will have a preference for a same--or opposite-sex counsellor, whenever possible, clients will be given the opportunity to choose the counsellor with whom they will work.

Specific measures to be taken by jurisdictions in support of the guidelines include the following:

1. The jurisdiction is committed to providing or accessing the training and/or professional development that supervisors and counsellors require to enable them to apply these principles effectively.
2. Each jurisdiction ensures that sex-fair language and balanced depictions of women appear in all publications and resource materials.
3. Counsellors will be given an opportunity for supervision/consultation to occur on a regular basis to assist them in working through conflicts and issues which arise for them in their work with clients.
4. A process will be put in place to monitor the implementation/application of the guidelines.

BOOK REVIEW

Lips, Hilary. (1988). Sex and gender: An introduction. Mountain View, CA: Mayfield Publishing.

Reviewed by: Dr. Judith M. Toronchuk
Psychology Dept., University of British Columbia.

In an easy-flowing readable style, Hilary Lips provides an up-to-date examination of both the personal and political dimensions of gender. On one hand the book deals with the theoretical issues of bias in research orientation and the development of gender differentiation from various perspectives including the biological, psychological, and social. On the other hand, it also succinctly addresses the more practical concerns of

power and status differentials, equity, justice, and the role of pornography in attitudes towards women. A chapter entitled "Issues in the Workplace" written together with Nina Colwill deals with how the division of labour according to gender ultimately leads in our society to disadvantages for both sexes, although the disadvantages for women are greater and more obvious. This chapter also addresses the unique problems faced by women who juggle the multiple roles demanded by career and motherhood. The employment, economic, and justice issues are dealt with here in greater depth than in most psychology textbooks, making good use of Lips' skills as a social psychologist.

On the whole, the text provides a good blend of topics and a balanced viewpoint, fair to both sexes. Although she stresses environmental and social factors, Lips does not automatically write off the possibility that biological differences may play a role in sex differentiation. She discusses the effects of hormones on both male and female moods and behavior. In addition to the usual discussion of menopause and PMS included in all texts on sex differences, there is also a detailed discussion of the pregnancy, birth, and post partum experience, as well as the impact of these events on fathers. Parenting is also discussed in terms of the impact on, and the influence of, both women and men. A discussion of differences in parenting style is also included. The issues of putative gender differences in cognitive abilities, achievement motivation, morality, and relational styles are surveyed in the context of recent evidence from a variety of perspectives.

In the preface Lips promises to provide a critical approach to empirical research even as she admits her own possible bias as a feminist social psychologist. In my opinion, she lives up to her promise as well as any researcher can. The chapter on research methodology succinctly analyzes potential pitfalls in formulation of research hypotheses, research design, and interpretation of results, as well as evaluating the whole notion of objectivity in science.

As a Canadian, Lips is careful to differentiate between Canadian and U.S. populations and clearly recognizes research carried out in Canada. The text should prove particularly valuable for courses in Canadian universities, where the social climate is not always identical to that in the U.S. However, because Canadian research is in general well documented, the lack of reference to research by Williams and colleagues on the impact of television on Canadian children was surprising.

One topic which deserves a more in-depth analysis is the survey of theoretical perspectives. While Freud is dealt with at considerable length, the differences between cognitive developmental theory, social learning theory and gender schema theory are not clearly elucidated. The discussion of sociobiology could also be deepened by incorporating data and theory from women within that discipline. Another area which

typically does not receive the attention it deserves in psychology is the area of cross-cultural studies. Although Lips stresses in the methodology section the importance of including such studies, relatively few examples are included in the rest of the book. On the whole, however, the general coverage of a broad cross-section of recent research in gender differences provides a lucid text which should be much appreciated, especially by Canadian students.

EMPLOYMENT OPPORTUNITIES

UNIVERSITY OF GUELPH

PERSONNEL DEPARTMENT

ASSISTANT PROFESSOR

The Department of Psychology, University of Guelph has a vacancy for a tenure track appointment at the Assistant Professor level in Industrial/Organizational Psychology. The appointee will be expected to contribute to an active Master's Program in I/O Psychology and to a proposed new Ph.D. program in collaboration with the University of Waterloo, which is currently under review.

The successful candidate will be a graduate from a recognized program in I/O Psychology and should have established an active research program in the broad area of organizational psychology. The candidate should have teaching interests and expertise in at least one of: organizational psychology, work attitudes, organizational development. While the primary focus of the teaching will be at the graduate level in I/O Psychology, the candidate will also be expected to contribute teaching to the undergraduate program in one or more of the following areas: introductory; social psychology; statistics; tests and measurement; personality/individual differences.

In accordance with the Canadian Immigration requirements, priority will be given to Canadian Citizens or Permanent Residents.

The University of Guelph is implementing a policy of employment equity and female candidates are encouraged to submit an application. Candidates should send a vitae and arrange for at least three letters of reference to be sent to: Dr. Michael L. Matthews, Chair, Department of Psychology, University of Guelph, Guelph, Ontario, Canada, N1H 2W1. Closing date for applications and supporting material is February 28, 1990. Position subject to final budgetary approval.

NEWS FROM BRITISH COLUMBIA

Submitted by Jessica McFarlane

A workshop entitled **Women in therapy: Ethical issues for therapists**, will be conducted by Judith Myers Avis on 23 and 24 February, 1990, at the School of Social Work, University of British Columbia. For more information call Alix Hirabashi at (604) 228-2576.

A call for papers is issued for a conference entitled **Women in Social Welfare**, to be held 27-29 September, 1990, at the University of British Columbia, Vancouver. Deadline for abstracts is 16 March, 1990. For more information write Dr. Sharon Mason Willms, Women in Social Welfare, School of Social Work, University of British Columbia, 6201 Cecil Green Park Road, Vancouver, B.C. V6T 1W5.

The Western Canadian Conference on Family Practice entitled **Family Ties in a Troubled World**, will be held 9-12 June, 1990, at the University of British Columbia. Enquiries can be made by calling (604) 228-2963; or FAX (604) 228-5297.

The Academic Women's Association of the University of British Columbia is planning a workshop entitled **Women and Computers**, to be held in September 1990. For more information call Kat McGrath (904) 228-5038.