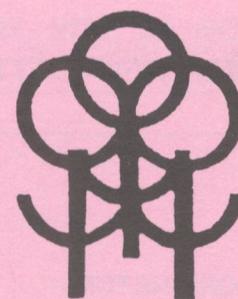


# NEWSLETTER

OF THE CPA/SCP



SECTION ON WOMEN & PSYCHOLOGY  
SECTION : FEMMES ET PSYCHOLOGIE

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JANUARY, 1994

VOL. 20, NO. 2

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**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 \$500.00 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, faculty member or non-faculty are acceptable, but the research must be primarily that of the applicant, who must be first author.

Interested students should submit two (2) copies of a summary (approximately three (3) pages in length) of their paper or poster, with all identifying data as to the author's name and university omitted from the summary. If any of the authors are not students, this should be indicated. Submissions must be received no later than **March 15, 1994**. Selection will be by blind review, and selection criteria will include the following:

1. Scientific excellence/significant contribution to psychological knowledge.
2. Absence of sexism.
3. 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. Marion Cuddy  
Department of Psychology  
Brockville Psychiatric Hospital  
P. O. Box 1050, Brockville, Ont.  
K6V 5W7  
FAX (613) 342-6194

N. B. In order to be eligible for this award you must have submitted an abstract to the Canadian Psychological Association through its Call for Papers in the autumn of 1993 and be planning to attend the conference.

**SWAP TRAVEL BURSARIES FOR STUDENTS**

The Canadian Psychological Association Section of Women and Psychology is offering travel bursaries to students in psychology who are interested in attending the 1994 Canadian Psychological Association Convention in Penticton, B. C. 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 must be received no later than **March 15, 1994** and be sent to:

Dr. Marion Cuddy  
 Department of Psychology, Brockville Psychiatric Hospital  
 P. O. Box 1050, Brockville, Ont. K6V 5W7

**APPLICATION FOR SWAP STUDENT TRAVEL BURSARY**

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**TELEPHONE** Home: \_\_\_\_\_ Work: \_\_\_\_\_

**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

Are you a SWAP student member? \_\_\_\_\_ yes \_\_\_\_\_ no

Estimated travel costs: \_\_\_\_\_

Other considerations: (Please continue on reverse if necessary).

**N. B. In order to be eligible for this award you must have submitted an abstract to the Canadian Psychological Association through its Call for Papers in the autumn of 1993.**

**FROM THE EDITOR**

Connie Kristiansen, and several of "her" students recently attended a symposium at Montreal General Hospital on the so-called "false memory syndrome". Connie's account of this symposium appears in this newsletter. It is my hope that this account will stimulate discussion among our members, and I invite you to respond with comments of your own.

If you are interested in "topical issues relating our behaviour to the physical world around us", please consider joining Section 7 - **Environmental Psychology**. You can sign up for a mere \$5.35.

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**ABOUT SWAP**

According to CPA's latest mailing list, current membership in SWAP is 223. Any member of CPA is eligible to join the SWAP Section. Fees vary as a function of class of membership: full member, student affiliates, foreign affiliates, and special affiliates.

Additional information and application forms are available from: CPA, Vincent Road, Old Chelsea, Quebec, J0X 2N0, Telephone: 819-827-3727, FAX: 819-827-4639.

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**BOOK REVIEWS**

You will notice that there are (once again) no book reviews in this edition of the Newsletter. Is there someone out there who would like to volunteer to be in charge of collecting and submitting book reviews? (Please??!! I **hate** grovelling.) In the meantime, please feel free to submit your review of any timely and relevant book you may have read lately.

\*\*\*\*\*

**SUBMISSIONS TO THE NEWSLETTER:**

Deadline for the May issue of the SWAP Newsletter is April 5, 1994.

Whenever possible, please send your submissions on a floppy diskette (either 5 1/2" or 3 1/4") in Word Perfect for PC (DOS/ASCII text is OK, too). Thanks to the genius (geniae?) who invented software to convert material composed on Macintosh computers to DOS text, you are now invited to send in MAC disks as well. Your diskette will be returned to you. Alternatively, you may submit items for inclusion in the Newsletter via e-mail. The least preferred (but still acceptable) mode is via hard copy, because it means that I, or one of our too-busy secretaries will have to retype the submission.

\*\*\*\*\*

**THANKS TO:**

**Linda Rose-Krasnor**, Chair of the Department of Psychology at Brock University, and **William Webster**, Dean of the Faculty of Social Sciences for agreeing to provide financial and secretarial assistance; **Linda Pidduck and Joanne Boekestyn**, for invaluable technical assistance; and *those who submitted material for inclusion in this newsletter.*

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It has come to my attention that Division Newsletters are expected to carry a disclaimer, so here it is: *The opinions expressed in this newsletter are strictly those of the authors and do not reflect the opinions of the Canadian Psychological Association, its officers, directors, or employees.*

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## Bearing Witness to the Patriarchal Revictimization of Survivors

**Connie M. Kristiansen**  
**Carleton University**

On Remembrance Day 1993, Dr. Harold Lief, Professor Emeritus of Psychiatry at the University of Pennsylvania, was scheduled to deliver a public lecture at McGill University and to participate in a subsequent two day 'symposium' at the Montreal General Hospital (MGH). Dr. Lief is on the Professional Advisory Board of the False Memory Syndrome (FMS) Foundation, a tax-deductible charity organization founded in 1992 and comprised of some 5000 parents whose adult children have accused them of perpetrating childhood abuse. (Actually, I'm not sure about the exact number because three weeks later, on CBC *On the Line*, the Executive Director of the FMS Foundation claimed they had 7500 members. I guess their membership is growing rapidly.)

Dr. Lief's presentation, "True and False Accusations by Adult 'Survivors' of Childhood Sex Abuse," pertained to 'False Memory Syndrome', a nosologically unrecognized term referring to an unestablished phenomenon whereby an unknown number of incompetent therapists, of whom Freud is apparently representative, supposedly 'implant' erroneous memories of childhood abuse into the vacuous minds of an unspecified number of their unsuspecting, fantasy-prone, suggestible, usually female, clients.

Me, four graduate students, a journalism student and a member of Ottawa's Women's Place went to McGill and MGH to listen and learn. And we heard a lot and we learned a lot. But not what we expected. And that's why we spoke a lot, usually in panicked desperation, gasping for what little air there was in a room stifled by ignorance.

At McGill, Dr. Lief didn't stand a chance. He was drowned out, reduced to a whisper, by the jeering, whistling, coughing, shouts and rattling noisemakers of survivors. Survivors who knew their power because they had borne witness to an unbelievable truth before. Survivors whose hearts beat softly, oh but ever so firmly, saying, "when we speak we are afraid our words will not be heard or welcomed. But

when we are silent, we are still afraid. So it is better to speak, remembering, we were never meant to survive" (Audre Lorde, 'Litany for Survival').

The audience responded to the night's official opening comments with a swelling epidemic of coughing, and Dr. Pinard of McGill's Department of Psychiatry, who was chairing the event, used his best bedside manner to blurt, "For those of you who are too sick to take it, I suggest you go up to one of our hospitals!" And after catching his breath, he asserted, "We have invited an academic to guide us in our reflection concerning the incredibly painful and all too frequent occurrence of child abuse. Real abusers should be identified and be made to suffer the consequences."

"What is 'real abusers'?" demanded one woman.

"Somebody who speaks out of turn when somebody is introducing a speaker!" The room was hot, real hot, and Dr. Pinard apparently wasn't above sweating. And he went on, "I hope that, by bringing this area to light, it will clarify the picture and support the genuine victims of abuse."

Assaulted again, the woman retorted, "All victims!"

Oblivious to the fact that he was now putting quicksand into the hole he had dug for himself, Pinard continued, "There is no doubt that memory, repressed memory is the key concept."

A man's voice flew over my head and landed on Pinard: "You are the repressed oppressors!"

Eventually Dr. Lief tried to rise to what was clearly becoming an occasion. At that point he didn't know it, but later he would state that "I've never been booed before I even opened my mouth before" (Wells, 1993). So, he tried to begin his talk: "This is a great university. Dr. Pinard, I have always had a warm spot in my heart for McGill University. As a school boy, when I read the biography of Sir William Osler who spent many of his formative years before going on to Hopkins..."

"How do you know it wasn't a false memory?" Thankfully, laughter ensued. It eased the mounting tension. Or at least I thought it did.

"False Memory is False Syndrome!" These words ricocheted from one person to another, back and

forth across the hallowed hall of knowledge.  
"He's protecting abusers!"

Not a surprising comment. Not since Dr. Ralph Underwager, formerly on the Advisory Board of the FMS Foundation, was forced to resign after he proclaimed that "Paedophiles can boldly and courageously affirm what they choose. ... With boldness they can say, 'I believe this is in fact part of God's will.' ... Paedophiles need to become more positive and make the claim that paedophilia is an acceptable expression of God's will for love and unity among human beings" (Geraci, 1993). And not since Jennifer Freyd, a cognitive psychologist at the University of Oregon and the daughter of the FMS Foundation Executive Director Dr. Pamela Freyd, exposed her father's sexual abuse and the way in which her parents are using the FMS Foundation as a weapon in their personal war against her (Freyd, 1993). "As one clinician said at a national meeting recently about the FMSF: "there is persuasive evidence that this organization grew out of one family's feud that's overgrown its boundaries and come into the popular culture" (cited in Freyd, 1993). And as a matter of interest, or, more honestly, just pure gossip, you might like to note that Dr. Lief was/is Pamela Freyd's therapist, and that he told Jennifer Freyd that "he did not believe I was abused because in the early 1980s, when he met with my father once or twice in order to admit him to Silver Hill for treatment for alcoholism, he learned that my father's erotic fantasies were 'entirely homoerotic'" (Freyd, 1993, p.26).

Anyway, Dr. Pinard, having lost any cool he might have had, yelled, "Is that your idea of a debate? Is your idea of a debate shouting louder than the speaker?" And after several moments face to face with a wall of cacophony, Dean of Medicine, Dr. Richard Cruess, took the stage, appealing to the audience to allow Dr. Lief to speak: "I'm speaking on behalf of a faculty and a university which encourages debate, which encourages the examination of controversial issues."

"What debate?!"  
Dean Cruess continued, "For me, the issue this evening is fairly clear. I'm an orthopaedic surgeon. I'm not a psychiatrist. I'm not an expert in these affairs. The issue this evening is one of academic

freedom. This is a university which has an obligation to examine issues of concern to society. Professionals in this field have assured us, those of us who are not experts, that there is an issue which requires elaboration and discussion. We have asked a very distinguished person, with impeccable credentials, to come and talk to us about this. We have not set this up as a debate or as a conference. We have an absolute right to do that."

"And we have the right to go against it!" insisted a survivor.

Next, using his scalpel skills to slash away his opponent, and like a child overwhelmed by a tantrum, Dean Cruess desperately blurted, "You do not have a right to interfere with our academic activities, in our own university, in our own way." Perhaps the heat had melted his brain. How else could he forget that this was scheduled as a public lecture and that McGill is a publicly funded institution?

But Cruess' blade didn't seem to scratch the woman. Maybe she was used to being slashed. I don't know. But I do know she went on, stronger than ever, "You do not have a right to interfere with our lives!"

In the midst of this, another survivor yelled, "Where is the Associate Dean?" Apparently he was asked to step down because of sexual misconduct (Dufresne, 1993).

Dean Cruess pressed on, professing, "We certainly have a right. I regret to tell you that ... you are suppressing an idea. There's a long history in our world, most of it bad, of people interfering with the rights of others to speak."

But who was suppressing whom? One wonders. One wonders because McGill had received a host of calls, FAXes and letters asking for "either a cancellation of this biased presentation or a redefinition of its format to allow all views and facts on this problem to be explored in a balanced, scientific format that silences no one" (Martin Dufresne, Secretary of the Montreal Men Against Sexism, in an open letter to David Johnston, Principal, McGill University, November 4, 1993). The National Association of Women and the Law, for example, wrote, "We take the position that a publicly funded learning institution has a

responsibility to offer a balanced perspective on issues which are contentious and potentially damaging to the credibility of victims of sexual abuse" and that the program agenda "should be challenged for [its] hostile premise" (Johnston, 1993).

Dr. Cruess' appeal made me think about the nature of academic freedom. The traditional definition of 'academic freedom' is based on the premise that the common good of society is facilitated by the search for, and free exposition of, knowledge. According to the Canadian Association of University Teachers' (CAUT, 1991) policy statement, academic freedom carries with it the duty to use that freedom in a manner consistent with the scholarly obligation to base research and teaching on an *honest* search for knowledge. Given that McGill University refused to present a two-sided debate on the issue of recovered memories, I figured that one could argue that McGill failed to live up to their scholarly obligation to base teaching on an *honest* search for knowledge. And Drakich, Taylor and Bankier (1993) draw attention to a pluralistic approach to academic freedom, one based on balancing freedom and equality - a perspective that has not yet been formally enshrined or even welcomed in the definition of academic freedom, at least not by the androcentric power holders in academia.

Just as technology evolves, social consciousness and hence the definition of academic freedom is evolving. And this is coming about as people, particularly members of less powerful groups, speak. Dr. Jill Vickers, a Professor at Carleton, for example, recently "urged CAUT to come to grips with and to understand how the principles of academic freedom and institutional authority, ideas that legitimize the university, can also be used to perpetuate the status quo and sustain those who are more powerful and privileged - in most cases white males" (Riseborough, 1993). Along similar lines, UNESCO is currently reviewing an international proposal regarding academic freedom (International Conference of University Teachers' Organizations, 1993). The text of this proposal makes it clear that there can be no academic freedom without social responsibility. For example, this proposal states that academic freedom includes the responsibility to "ensure the fair discussion of contrary views," something that McGill was unwilling to do, even after being asked to do so by numerous national organizations.

The UNESCO proposal also states that academic freedom entails "avoiding misleading the public on the nature of their professional expertise." In this regard, Dr. Lief was talking on the validity of recovered memories of childhood abuse, yet he is not an expert on memory, nor in the treatment of survivors of abuse, nor is he an expert on issues affecting women. Rather, he is retired professor of psychiatry who specialized in marital and sex therapy. Distinguished, impeccable credentials, Dr. Cruess?

In my mind, then, McGill University violated any definition of academic freedom. Moreover, what they did was downright harmful to the survivors of child abuse, people who've been oppressed, silenced, disbelieved and invalidated for too long (Summit, 1983). In this regard, Janice Drakich and her colleagues put it well when they wrote that "for many people, ideas and words may well be referents for highly significant experiences which have powerful meanings, evoke strong emotions, and are not simply ideas and words. The meanings and emotions attached to ideas and words render people extremely vulnerable in what, for others, might be a benign intellectual exercise. ... The reality of personal and subjective experiences must be recognized and formally acknowledged in the academy. ... To ignore this call evades the ethical responsibility of persons who assume positions of institutional authority." As they said, "most people would agree that one person's freedom to swing a fist ends when it collides with another person's nose."

With all these thoughts surging and swirling through my mind, I put up my hand, "Excuse me, could I ask you a question, Sir? Would you argue on the basis of academic freedom that it would be permissible for someone to discuss the virtues of the Holocaust or the virtues of racial discrimination?"

"Absolutely not!" Cruess said steadfastly.

Until that point, Dr. Lief was pretty quiet. But I guess he thought he'd best earn his fee, so he said, "To make an analogy with the Holocaust to someone who was among the liberators at Dachau is an insult to me, Sir."

Oh, geez. More messiness. You see, he didn't see too well. The distinguished retired professor of sexuality made a bit of a boo boo, and he was boo

booed in a big way for having done so. Although I may look a bit Dykey, I am most definitely a woman. And everyone, except Dr. Lief, seemed to know that. Well, hell broke loose some more. And using all his wits, or at least any wits he had left, Dr. Lief went on, "There are some fools here. Some people with small minds, who are intent on disrupting freedom. They may succeed, but at a price to themselves and others who came to hear me speak." That really won the audience over. Utter chaos ensued. For five minutes. Now there was no way of pacifying the audience. Not that they needed pacifying. I mean, at one time they were children who were abused, but now they were clearly adults. Now they could stand and shout, "No more!" And that's exactly what they did.

Following Cruess' appeal, and in an apparently desperate effort to save the evening, not to mention themselves, Dr. Pinard and Dr. Assalian of MGH tried to turn the talk into a question-and-answer period. Dr. Assalian called on clinician Dr. Esther Lefevre to ask the first question. Well, she didn't have a question, but she sure had a lot of shame to lay on the survivors. Under the guise of trying to help them, and after apologizing for not being a survivor herself and claiming that she understood their rage, she accused the audience of being out of control, of having no dignity, of behaving inappropriately, and of losing their credibility. Needless to say, her comments didn't go down too well.

Dr. Assalian's next tactical maneuver was to introduce the three members of the MGH human sexuality unit - all women. For some reason he seemed to think the audience would be impressed with this. They weren't. And a woman screamed, "Why don't you [i.e., MGH] treat rape victims any more?" Oh no. This time Dr. Assalian really put it in his mouth when he claimed, "It's not the same issue. Please don't generalize. We are talking about two different issues. Rape is one thing and we are talking about incest." Ann Gero of Women's Place had it right when she pondered, "incest isn't rape?"

Well, Assalian tried to set up the question-and-answer period again. And so I mustered up the courage to go to the microphone and ask my question:

"Dr. Lief, in view of the following studies, how can

you claim that recovered memories of abuse are false? One, Herman and Schatzow's (1987) finding that 74% of 53 women in group therapy, 64% of whom had moderate to severe amnesia, were able to obtain corroborating evidence, including pornographic photographs, for their recovered memories. Two, William's (1992) finding that 38% of a sample of 100 adult women failed to recall their childhood sexual abuse, abuse documented some 20 years earlier in hospital medical records. Three, a literature review by Brewin, Andrew and Gotlib (1993) showing that recollections of childhood are more accurate than previously thought and that it is parents' recollections, not those of their adult children, that are distorted. Four, Summit's (1983) finding that children minimized the frequency and severity of their abuse, compared to the subsequent confessions of their parents. Five, findings that in the case of battering, it is the male abusers who underestimate the frequency and severity of the abuse they inflicted (cited in Brewin et al.). Six, Famina, Yeager and Lewis' (1990) finding that, among a sample of 69 abused youths, all distortions of abuse were in the direction of minimization, out of embarrassment, shame, and the desire to forget about it. And seven, based on her study of 150 children who had experienced a variety of traumas, Lenore Terr (1991), a professor of child psychiatry at the University of California, noted that "even those who were infants or toddlers at the time of their ordeal and thus were unable to lay down, store, or retrieve full verbal memories of their traumas tend to play out, to draw, or to re-see highly visualized elements from their old experiences." As an example, Terr cites the case of a five year old who had been sexually abused in a daycare home between 15 and 18 months of age. The discovery was made when US Customs officers found pornographic photos of the girl. In retrospect, the parents realized that since the girl first began to draw, she had sketched hundreds of nude adults. And while playing in Terr's office, the child told Terr that a baby she drew was 'all naked' and a 'bad girl.' Moreover, while children may have no verbal recall of their abuse, they do re-enact their abuse in their play, repeating aspects of the original trauma. And such repetitive behaviours have been observed in children who were exposed to trauma prior to age 12 months when they had no verbal memory. For example, the five-year-old girl I just described experienced 'funny feelings' in her 'tummy' every time a finger was pointed at her. The confiscated pornographic photos showed an erect penis jabbing

the exact spot on the 15-to-18 month infant's belly. Thus, while adults may not recall personally meaningless events before the age of three or four, such as where they were at the time of Kennedy's assassination, they can recall trauma experienced during infancy, although such recollections may not appear in verbal form."

In the midst of my question, Dr. Pinard cut me off to ask my name: "Dr. Connie Kristiansen." "Pardon me?" "Dr. Connie Kristiansen." And then he did it again, asking if he could ask me a question. The audience yelled, "Let her finish!". So I said "No," quite clearly I thought, but I guess he had trouble understanding and so he asked anyway: "May I ask you to come up here and sit here and present your data?" Well, no way was I gonna to sit up there with those guys. I hadn't prepared to engage in a formal debate, and there was no way I was gonna let them use me to get out of the mess they had created in the first place. To put it mildly, I was pissed off. So I spoke my truth, "No! I will not join that panel." Pinard was quick to try to turn the tables, "So you don't want a debate?" I explained, "I will never sit on a panel with gentlemen of your nature. I would like to finish my question. And I would like you to grant me the courtesy to do so just as you have requested of us." He then said, "Can I remind you," and I said "No. Can I please finish what I was saying? I find it rather rude that you interrupted me." And then, as if to justify his verbal abuse, he said, "You find it rude after what we've been through?!" So I said, "Touché!"

Between being cut off by Dr. Pinard from the front and the insults and ribbing coming from two FMS advocates on my right, I somehow managed to get through my question: "How in the face of such empirical evidence, when there is more evidence for the validity of recovered memories now than there is for the distortion of memory through the recovery process, can you talk about FMS? When the four or five thousand members of the FMS Foundation have no more than their own claims of their innocence to validate their perspective. And I'm wondering why it is, in view of this, that you gentlemen are willing to talk about this 'syndrome.' That is my question."

Dr. Lief tried to answer: "You cite a number of studies about adults who have allegedly recovered memories of childhood abuse." I clarified, "They are not alleged, they have been corroborated." Then he went on, "All I'm saying is that there are many

therapists who treat people on the basis of recovered memories without external corroboration and that is malpractice, pure and simple. You mention a number of anecdotal reports, especially in Dr. Terr's paper," and I commented that her study was based on 150 children. Dr. Lief then said that, since we were talking about anecdotal reports, he wanted to present his own anecdotal evidence. And he described a daughter who had accused her father of sadistic abuse, who had just started spending time with her father and "bonding as they hadn't for several years," and who was found dead in her apartment last week. That hurt. I wondered why she killed herself. And then I thanked him for his anecdote and asked if I could respond to what he'd just said. Dr. Lief didn't seem to like that idea, "You can be funny or smart ass, any way you want to. This doesn't advance the discussion at all." And then Dr. Pinard jumped in, "We have given you a chance to ask your question. I am maintaining my invitation that you designate one of you to come up and give a rebuttal after his speech." I asked again whether I could ask a question, but my microphone was cut off. Then hell broke loose for one final encore, and Pinard ended the evening, saying "We have seen tonight the demonstration of how free speech in a scientific forum can be stolen." And with that declaration, he asked everyone to go home.

So that was the McGill non-talk. And the seven of us walked back to our hotel-apartment, welcoming the cleansing of the evening's drizzle. Overwhelmed. Astonished. Shocked. But then we laughed and talked a lot. We watched the news and laughed some more. We ate chips, pretzels, cheese and grapes, and we had a few drinks too.

Friday morning - three hours sleep. Seven women, one bathroom. Beautiful laughing, moaning and groaning. Coffee on the brew. Tea in a frying pan. Orange juice. Croissants. Diet Coke for one true addict.

Feeling like seven dwarfs, or maybe seven penguins in the barren Antarctic, we hiked up the mountain to MGH. Stepping out of the elevator at the sixth floor, we were greeted by the "Dykes Against Dr. Lie-f" and the glaring lights of the media. And as predicted by one student the night before, and just as the press was denied access to Dr. Lief's symposium, Dr. Assalian of MGH attempted to bar entry to me and two graduate students.

"Why," I asked.

"No explanations."

"But I have a right. I've preregistered and you've cashed my cheque."

"We'll refund your money in the mail."

"Why?"

"No explanations."

Dr. Assalian looked real big behind the registration counter, so I wasn't gonna mess with him. Instead, I went around the corner to where the media was filming the dykes and said, grinning, "They won't let me in!"

"It must be because your hair's too short," quipped one dyke.

"Yeah, and you wear comfortable shoes," joked another.

I then returned to the registration desk, this time with the press in tow. Dr. Assalian seemed to have shrunk considerably. Perhaps he had been using his psychiatric skills on himself. Anyway, now he asked if I would speak with him. And then, surrounded by him and two male psychiatrists in white lab coats, I was escorted to an isolated, back corridor. For a second, I was frightened. I mean, what might they be up to? But it turned out OK. For some reason Dr. Assalian thought I had organized the McGill protest, and he was afraid that me and 'my group' were going to disrupt his symposium. So I set the record straight, although he still looked real worried.

In the meantime, out in the elevator corridor, Ann Gero was seeing blue, and it wasn't the blue sky of a clear, sunny day: "As I was speaking with one of the 'Dykes Against Dr. Lie-f', I saw two lines of police marching toward us. The protestors dispersed immediately and, as a result, the police were left with a void. Suddenly, one of the police officers grabbed my arm and told me and the woman I was talking with to leave. When I asked him for an explanation, I was shoved. I explained repeatedly that I was registered for the 'symposium' and tried to show my registration papers. My explanation was met with silent hostility by a wall of men in blue. All 25 officers stood behind me and the other woman and physically forced us down the corridor and out of the building. I was confused and demoralized by the injustice. But the simple reality was that the police had the right, the authority and the power to ignore the truth that I was not part of

the organized protest and had paid to participate in the 'symposium'. And as I was about to learn, this same reality applied to Dr. Lief, Dr. Assalian and some of the other participants in the 'symposium'. They had the right, the authority and the power, as Freud did 100 years ago, to suppress and ignore the truth."

In the end, we all managed to get into the symposium. And what was it like? Well, it was pretty incredible. Sometimes our faces were blank, like white sheets. Sometimes our mouths dropped, total despairing disbelief. Sometimes our faces flamed with rage, rechanneled into the giggles of school girls. But sometimes, as our souls merged and we felt the strength of our truths and determination, we raised our hands - seven hands in a row, reaching for reality.

"Dr. Lief, what percentage of recovered memories do you believe are false?"

Calmly, oblivious to everything but himself, he replied, "My estimate is that 25% of allegations are false, but I don't know where I got that figure. Sometimes I make up a number just to get reporters off my back."

"Dr. Lief, do you really mean to say that people can develop false memories simply by watching a soap opera like General Hospital?"

"Yes."

"Dr. Lief, you say that, after speaking with parents accused of abuse, you are confident that they are innocent. But what about research findings that indicate that confidence is totally unrelated to accuracy?" (see Loftus & Ketcham, 1991).

"That's not relevant."

"Dr. Lief, what is the incidence of Multiple Personality Disorder?"

Dr. Lief didn't know, so Dr. Assalian responded, saying that, according to Dr. Collin Ross whom he had seen on TV, it's about 1 in 500.

"Why then are you focusing on an extreme, relatively rare consequence of childhood abuse when other, less sensational, disorders more commonly follow childhood abuse, such as

Borderline Personality Disorder (Herman, 1992) which occurs in about 10% of the population (Stone, 1986)? Do you realize that, by focusing exclusively on the tail of a skewed distribution and ignoring the more modal case, you are, in fact, 'lying with statistics'?" (Runyon & Haber, 1991, pp. 116-117).

No comment.

And so it went. For two tortuous days. Other highlights included Dr. Lief's implication that, because there is no scientific evidence for repression, there can be no such thing as a recovered memory. He refused to consider our suggestion that the issue of repression is a red herring because memory of trauma is primarily affected by the process of 'dissociation,' not repression. Research by Dr. van der Kolk at Harvard University suggests that the repeated overwhelming negative arousal of chronic child abuse permanently alters the limbic system, brain structures that integrate emotion, sensation and memory. Essentially, the brain can't integrate all the information it is receiving and hence memory, emotion and sensation are severed. This explains why the phenomena associated with Post-Traumatic Stress Disorder (PTSD), such as flashbacks and body memories, occur in the absence of conscious memories (Wylie, 1993).

Lief was also unwilling to distinguish between the effects of different types of trauma on memory. Although FMS advocates claim that beliefs in the validity of recovered memories of abuse are "mistakenly based on an uncritical acceptance of the premises about the nature of memory and trauma" (Tavris, 1993), this charge is actually more appropriately levelled against FMS advocates. Unlike FMS advocates, psychiatric researchers (e.g., Goodwin, 1990; Herman, 1992; Terr, 1991) examining trauma distinguish between the simple PTSD that results from a single traumatic blow (Type I trauma or FEARS) and the complex PTSD that follows prolonged, repeated trauma (Type II trauma or BAD FEARS). Type I trauma is associated with full, detailed memories of the event. According to Terr (1991), for example, previously untraumatized children who were 26 to 36 months old at the time they witnessed one terrible event were able to retrieve full detailed verbal recollections of the event. Type II trauma, in contrast, is associated with denial, psychic numbing, self-hypnosis or dissociation, rage, and memories that

are retained in spots rather than clear, simple wholes, if at all. It is the latter type of trauma and memory that is associated with chronic child abuse.

And Lief's criteria for differentiating between true and false allegations included Wakefield and Underwager's (1992, p. 502) claim that "When there is a history of emotional disturbance, diagnosis and treatment in the life of the adult raising an accusation, pathological factors in the person's personality may contribute to the development of a false accusation." Thus, Dr. Lief tried to use the known aftereffects of abuse (Herman, 1992) as evidence that abuse did not occur. Similarly, Dr. Lief urged therapists to consider "possible ways by which the person making the accusation might benefit from or receive reinforcement from making the accusation (e.g., a civil law suit, an explanation for why life has [not] gone well, the expression of anger for perceived childhood injustices, power over a dominant parent, attention, acceptance, new friends [in survivor group], etc.)" (Wakefield & Underwager, 1992, p. 499). But he never suggested that the potential costs of an accusation be considered, costs that include losing one's family, the pain of therapy, and the unbelieving scepticism of friends. And he failed to recognize that some recanters might retract their allegation because of family pressure (Olafson, Corwin & Summit, 1993; Summit, 1983) or to receive positive regard from their family and the FMS Foundation, not mention avoiding confrontation with what might be a horrific reality. As Janet (1904) put it, traumatized persons suffer from 'a phobia for the traumatic event'. Nor did he suggest that perpetrators might have a lot to gain by denying an allegation. Heck, at one point he insisted that, because a man had fathered eight children, the allegation of sexual abuse against him could not possibly be true.

Dr. Lief next encouraged therapists to be detectives, to obtain school, medical and criminal records and to interview parents and siblings to validate clients' claims of recovered memories before attempting to help them. But he did not welcome our suggestion that the FMS Foundation make inquiries to establish the veracity of its members' claims of innocence. I mean, how do we know that they're not suffering from FIBS - False Innocence Belief Syndrome, a syndrome characterized by an extreme obsession with proving one's innocence, for example, by creating an international foundation to validate

oneself?

And then he argued that the inherent power that therapists have over their clients makes clients highly vulnerable to their suggestions. But he didn't mention the feminist approach to therapy, an approach explicitly designed to eliminate authoritarian power differentials (e.g., Burstow, 1992; Laidlaw & Malmo, 1990), as a possible solution to this shortcoming of traditional patriarchal psychiatry. Nor did he mention that survivors are hypervigilant and extremely distrustful (Herman, 1992), making it less likely that they would be influenced by a therapist's unfounded suggestions. In fact, there was a lot that Dr. Lief didn't mention, including the seven studies I cited at the McGill talk.

But the icing on the cake came from a couple of other comments that spilled out of Dr. Lief's mouth. First, based on an article about the 'moral deconstruction of the middle class' by Dan Moynihan in *The American Scholar*, he argued that the standards of morality for the middle class have been raised so previously innocent behaviours are now defined as deviant, whereas the moral standards of the lower classes have been lowered, so previously deviant actions on their part are now deemed acceptable. I didn't get it, unless he was trying to imply that incest is really OK. Second, and perhaps stemming from a fear of women's inherent power, he went on to describe black families as 'uterine units' in which the grandmother, mother and daughter 'psychologically castrate' the father. So, contrary to the Montreal Gazette (Editorial, 1993), Dr. Lief did indeed come across as a hate-mongering racist. At least to us. Perhaps it was unintentional. Or perhaps I'm naive.

Basically, the MGH symposium was a one-sided, empirically unjustified scientific sham. Indeed, the closest approximation to science was provided by Concordia's Dr. Campbell Perry, also a member of the FMS Foundation Advisory Board. Dr. Perry presented evidence indicating that he was able to convince 48% of highly hypnotizable university students that they had been waken by a thump in the night. Well, given that, according to Dr. Perry, only 10 to 15% of the population is highly hypnotizable, his figures suggest that 5 to 7.5% of the population might, under hypnosis, come to believe such an innocuous suggestion. But when you consider that most therapists do not use

hypnosis, let alone try to plant false suggestions into their clients' heads, this percentage is reduced to a fraction of a fraction. Moreover, there's absolutely no empirical evidence that anyone could convince anybody that they had been sexually molested by someone whom they loved. And, assuming that everyone adheres to ethical guidelines, nor is there ever likely to be.

Well, I'm back home now. And there's a rumour going around Carleton that I organized the whole McGill protest. Must have started with one of Assalian's friends. And actually, it's pretty funny. I mean, I have enough trouble organizing my own life let alone the lives of other people! Heck, I forgot to go to class the day before all this began because I was immersed in writing a paper on memory, on true memory.

And as for my students, well, like me, they're still trying to process what was basically pretty traumatic. Trish Hurley, the journalism student, speaks of her horror in response to the inconsiderate circus that Dr. Assalian staged. As if to prove that he believed in sexual abuse, he had a client, Shirley, address the symposium. With a quivering, quiet voice, and with the eyes of the FMS advocates searing a hole in her soul, she courageously told her intergenerational story of abuse, a story that she had never disclosed in public before. Our emotions were flying. But they raged when Shirley's testimony was followed by the tales of two recanters, two women who travelled with the FMS Foundation road show. We watched Shirley sit in the audience listening to the recanters. We watched Shirley, shaking, trying to negotiate the stairs as she left half way through the first recanter's talk. We felt for her because we knew that her reality had been brutally attacked. How could Dr. Assalian allow such an event? How could he treat his client with such disrespect? How could a parent abuse their child?

Melissa Ferguson writes, "My exposure to Dr. Lief's presentation at MGH destroyed any personal naive beliefs that the world is a just and fair place. I tried to attend the symposium as a neutral, unbiased participant. But quite soon a sick childlike feeling of injustice overwhelmed me. The flaws and holes in their arguments verged on embarrassment. My intellectual mind was reeling, for I could see clearly how power and control works to silence others. It was so obvious that Dr. Lief's 'research' lacked any

scientific validity - but very few people, except for the Carleton U. group, questioned Dr. Lief's claims or expressed any feelings of outrage. And our questions were deemed 'political' by the supposed authorities. Labelling. Another mechanism of control and suppression. And it's worrying because propaganda is such a powerful tool."

And Wendy Hovdestad described her experience thus: "Listening quietly while the incredible prevalence of child sexual abuse was denied and the damage of abuse minimized and dismissed was a very painful experience. Especially horrible was the narration of case histories of child sexual abuse in tones of contempt and disbelief. Other symposium members' polite silence and seeming acceptance of what I knew to be false and vicious made me fear that I was losing touch with reality. In fact, one of the only reasons I was able sit still was because the extremely limited leg room made movement near impossible - I'm over six feet tall! I sat hunched forward in my seat, leaning on one hand and gripping my arm with the other hand. My entire body felt like a knot of tension. I realized later that I had gripped my arm so hard that my thumb print was visible for days. Academic freedom involves the free exchange of ideas. But what we experienced at the MGH symposium was a one-sided assault on reality."

In regard to Dr. Lief's claim that the moral standards of the bourgeoisie have been raised, Carolyn Allard says, "Dr. Lief claims this is one of the causes of what he termed 'child sexual abuse hysteria.' Others were *The Courage to Heal*, soap operas, and support groups. These all supposedly make vulnerable, suggestible, compliant women come to believe that they were sexually abused as children. I still can't believe that this sort of thing can happen. I couldn't have reacted much worse if I had been at a conference with Hitler or the leader of the KKK. The organizer, Dr. Assalian, seemed to choose who the questions would come from, and more often than not, they came from his colleagues. He was especially thrilled when they were women, as if to say, 'See? We are not bashing women!' And he would ask anyone who challenged Dr. Lief not to make this a 'political debate'. On top of this, many audience members, especially FMS Foundation members, tried to stare us down with eyes of ice. These stares were too long and too intense to be anything other than scare and intimidation tactics. And slowly, more and more of these people sat

closer to us. I had the eerie feeling of being surrounded. Of course I couldn't mention this to anyone except the six friends I had come with. Otherwise I would, no doubt, have been used as an example to strengthen their belief that women are overly imaginative, paranoid hysterics who make up stories."

And a week later, according to Kathleen Felton, "my anger and frustration has only begun to subside. More exactly, the impulse is being sublimated into a more socially acceptable form - it's no coincidence that a 'leaf' metaphorically adorns the bulls-eye of the lab dart board. And at times there is almost something consolatory in imagining that it may be autumn in Philadelphia, home of the FMS Foundation and Dr. Lief, as it's customary that many a 'leaf' falls in the autumn."

So, that's the story of the scientific basis of the patriarchy's revictimization of the survivors of childhood abuse, or at least our side of it. I know some people will disagree. But those folks had their chance to talk at MGH, and now we're simply taking ours. And it's not because we want to. No. The current feeding this truth saying runs a lot deeper -- we have to. If you recall, at the beginning of this story, I said "We heard a lot, and we learned a lot. But not what we expected." Well, we didn't expect to learn that the social institutions that we had some faith in, like McGill University and MGH, engaged in what seemed to us to be oppressive silencing, sexism, racism and the misrepresentation of science. Relative to our respect for truth, equality and science, this bit of learning was fundamentally disheartening. So, given this assault on our faith in science, together with the fact that we don't have faith in any omnipotent, benevolent God, we feel sort of sceptical. Sceptical in all respects but one: We are aware of our truths, and we have faith in our ability and willingness to know and express these truths.

That's the main lesson I learned from Dr. Lief. You see, on Remembrance Day 1992, I was trying to bear the pain of a needle jolting into my shoulder. I was getting a tattoo to ensure I never forgot the horrific, systemic violence against women and children. It's a small heart, encased within a thundercloud, crying tears of blood as it's ripped open by a patriarchal dagger. Now, on Remembrance Day 1993, I realize that the tattoo was unnecessary. Now I know I will always

remember. And so will the approximately 53 million women in North America who have experienced childhood sexual abuse (Bagley, 1991; Russell, 1984) and the 51% of Canadian women who have experienced at least one incident of violence since the age of 16 (Statistics Canada, 1993)

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## CONGRATULATIONS

To **June Larkin** and to **Josephine Tan**, recently honoured at APA's 1993 annual conference in Toronto for outstanding research. The Student Research Awards were presented by the Association for Women in Psychology/APA Division 35 (Psychology of Women). **June Larkin** (Advisor: Paula Caplan, OISE) won first prize with her paper *Walking through walls: The sexual harassment of high school girls*. For the paper entitled *Depression and the response of others: The role of Gender*, **Josephine Tan** (Advisor: Janet Stoppard, UNB) received an honourable mention.

June and Josephine have been invited to present their papers at the annual conference of the Association for Women in Psychology, to be held in Oakland, California, in March 1994.

## NOTICES

### NEW FROM THE NATIONAL FILM BOARD OF CANADA

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Sharon Crozier, Ph.D. is a counsellor and Career Development Coordinator at the University Counselling Services and an Adjunct Professor with the Department of Educational Psychology at the University of Calgary. Joanne Gallivan, Ph.D., is an Associate Professor of Psychology at the University College of Cape Breton. Vivian Lalande, Ph.D., is a counsellor at the University Counselling Services, University of Calgary.

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## EMPLOYMENT OPPORTUNITIES

### UNIVERSITY OF REGINA

**Tenure-track position in Clinical Psychology - Assistant Professor.** This appointment, which is subject to budgetary approval, will commence July 1, 1994. Duties include teaching at the undergraduate and graduate levels, supervision of graduate and Honours theses, and maintenance of an active programme of research. Applicants must have a Ph.D. in clinical psychology and be eligible for registration as a psychologist in the Province of Saskatchewan. The graduate program in clinical psychology at the University of Regina is a developing program based on a scientist-practitioner model of training. Preference will be given to applicants from a CPA/APA accredited graduate

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Candidates should submit a curriculum vitae, reprints or preprints, and arrange for three letters of reference to be forwarded to: D. de Vlieger, Dean, Faculty of Arts, University of Regina, Regina, Saskatchewan, Canada, S4S 0A2.

Closing date for applications is **January 31, 1994**. Inquiries concerning the position may be directed to Dr. D. Alfano, Head, Department of Psychology at (306)585-4157.

In accordance with Canadian Immigration requirements, this advertisement is directed in the first instance to Canadian citizens and permanent residents. The University of Regina is committed to employment equity.

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**THE MURIEL MCQUEEN FERGUSSON CENTRE  
FOR FAMILY VIOLENCE RESEARCH**

The University of New Brunswick (Fredericton) invites applications for the position of Director of the Muriel McQueen Fergusson Centre for Family Violence Research. This will be a **tenure stream appointment at the Associate or Full Professor level**.

The primary mandate of the Centre is to co-ordinate research and educational programs directed at understanding, treating, preventing and ultimately eliminating family violence. All research activities of the Centre are collaborative, between individuals from community organizations, government agencies, and university faculty.

The Director will be responsible for the administration of the Centre. She/he will also be expected to facilitate the ongoing research of the Centre, develop new research initiatives, and conduct her/his own research program in collaboration with community organizations. Qualifications include a doctoral degree in social sciences (or related area), a strong publication record in the area of family violence, a strong record of obtaining research grants, and a background in women's issues. Applicants should have experience with working with community organizations, and conducting collaborative multidisciplinary research. The director will be appointed to the department of her/his specialty and will have a half teaching load.

Salary will be in accordance with the Collective Agreement depending on the candidate's qualifications. The University of New Brunswick is committed to the principle of employment equity. In accordance with Canadian immigration requirements, this advertisement is directed toward Canadian citizens and permanent residents. Interested individuals should send a curriculum vitae, recent publications, a statement of community involvement, and three letters of reference by January 31, 1994 to: Brent McKeown, Acting Dean, Faculty of Arts, University of New Brunswick, Fredericton, New Brunswick, E3B 5A3. FAX: (506) 453-5102.

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**MOUNT ALLISON UNIVERSITY**

Applications are invited for tenure-track or term positions in the following areas: Behavioral Neuroscience; Cognitive Psychology; Learning & Perception; Personality & Abnormal Psychology. Successful candidates should hold a Ph.D. and have a demonstrated commitment to teaching and research. The appointments will commence on July 1, 1994, subject to budgetary approval. The ranks at which these appointments will be made, and the 1993-94 salary ranges for these ranks are, Assistant Professor, \$34,784 to \$48,872 and Associate Professor, \$44,176 to \$67,655. An application should include a curriculum vitae, statement of research and teaching interests, three letters of recommendation, and samples of scholarly activity, and be sent to: *Dr. Ben R. Slugoski, Head and Chair of the Search Committee, Department of Psychology, Mount Allison University, Sackville, N. B., Canada, E0A 3C0.*

The closing date for receipt of applications is January 31, 1994. In accordance with Canadian Immigration requirements, this advertisement is directed to Canadian citizens and permanent residents. Applications are encouraged from minority groups and both genders.

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**YORK UNIVERSITY**Faculty of Arts. Department of Psychology.

1. Applications are invited for a tenure-track position at the assistant professor level in Cognition or Human Cognitive Neuroscience with research interests in one or more of the following areas of: attentional and/or memory systems, language processing and comprehension, categorization and concept formation, and spatial cognition. Facility in teaching research methodology including quantitative and/or qualitative data analysis is desirable although not required. Duties include teaching in both the graduate and undergraduate programmes.
2. Applications are invited for a tenure-track position at the assistant professor level in visual sensation/perception with research interests in the psychophysics of spatial vision, motion perception, or colour vision. Facility in teaching research methodology including quantitative and/or qualitative data analysis is desirable although not required. Duties include teaching in both the graduate and undergraduate programmes.
3. Applications are invited for a tenure-track position at the assistant professor level in EITHER Cross-Cultural/Ethnic Studies OR Gender Studies (especially women and health). Facility in teaching research methodology including quantitative and/or qualitative data analysis is desirable although not required. Duties include teaching in both the graduate and undergraduate programmes.
4. Applications are invited for a tenure-track Clinical Psychology position at the assistant professor level in EITHER Rehabilitation Psychology OR Clinical Neuropsychology.

A Ph.D. in Psychology is required. Candidates should have a promising publication record and programme of research. Enquiries and applications with curriculum vitae, three letters of reference, and relevant reprints should be directed to **Professor David Reid, Chair, Department of Psychology, Faculty of Arts, York University, 4700 Keele Street, North York, Ontario, M3J 1P3.**

In accordance with Canadian immigration requirements, this advertisement is directed to Canadian citizens and permanent residents. York University is implementing a policy of employment equity, including affirmative action for women faculty. All positions at York University are subject to budget approval. Deadline for applications is January 31, 1994.

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**DALHOUSIE UNIVERSITY**

**Assistant Professor, Clinical Psychology.** The Department of Psychology at Dalhousie University is seeking a clinical psychologist devoted to the ideals of the scientist/practitioner model. Candidates must have demonstrated ability in research in clinical psychology and special expertise in quantitative methods or developmental psychology. Supervision of clinical students will be an essential part of the duties. This appointment, which is advertised subject to budgetary approval, for a tenure-track Assistant Professor will take effect on September 1, 1994. Our Program is a co-operative program with Acadia, Saint Mary's and Mount Saint Vincent Universities. We have excellent clinical and research relationships with teaching hospitals and other academic units. Please send a curriculum vitae and have three letters of reference sent to **Dr. Patrick McGrath, Department of Psychology, Dalhousie University, Halifax, Nova Scotia, Canada, B3H 4J1** by February 18, 1994.

Dalhousie University is an Employment Equity/Affirmative Action Employer. The University encourages applications from qualified women, aboriginal peoples, visible minorities, and persons with disabilities. In accordance with Canadian immigration requirements, this advertisement is directed to Canadian citizens and permanent residents.

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**CALL FOR PAPERS**

IT'S NEVER OK ... What's Never OK is Sexual Exploitation by Health Professionals, Psychotherapists and Clergy -- the title of an international conference on the topic, to be held in Toronto, October 13-15, 1994. The third in a series and the first to be held in Canada, the conference is sponsored by the Canadian Health Alliance to Stop Therapist Exploitation Now (best known by its acronym CHASTEN) with funding support from the Ontario Ministry of Health.

The rapidly growing awareness of sexual exploitation in professional relationships is attested by the interest the first two conferences generated: 600 health care providers and administrators, therapists, and religious and legal professionals attended the 1992 Minnesota Conference. At least as many are expected in Toronto next year. Confirmed presenters in a program covering a wide range of issues include:

Ben Benjamin	Laura Brown
Sandra Butler	Clarissa Chandler
Phylliss Chesler	Carter Heyward
Susan Penfold	Peter Rutter
Gary Schoener	William White

In addition to these invited speakers, there is a call for presentations whose deadline for submissions is January 21, 1994. Presentation topics should relate to any theme or sub-theme directly relevant to boundary violations in professional relationships. Areas to consider may include:

- \* effects of professional boundary violations
- \* working with survivors and offenders
- \* organizational dynamics and sexual misconduct
- \* developments in civil and criminal legal proceedings
- \* the post-termination relationship
- \* developments in complaint procedures
- \* training approaches to prevention
- \* models of self-help and advocacy for survivors
- \* unique dilemmas in same gender dyads
- \* defining boundary violations

The Third International Conference on Sexual Exploitation by Health Professionals, Psychotherapists and Clergy. For further information or to be put on the mailing list contact:

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