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BULLYING IN ACADEMIA UP CLOSE AND PERSONAL: MY STORY

ABSTRACT

This paper is a personal account of being mobbed and bullied over the past four and half years. This whole experience began on October 26th 2009, with what the literature describes as the **Critical Incident**. Despite the fact that the assessment instrument had not been published, and accompanying medical documentation provided a context for what had occurred, people decided to ignore this information and utilized this incident to demonstrate that what the author had done was unethical and required swift retribution by the University. However, following an administrative review, it was determined that the author had not committed this alleged offence. Certain individuals were appalled and refused to abide by this decision. The outcome was that over the next four and half years the author was subjected to many of the experiences that Leymann, Davenport, Schwartz and Elliot, Friedenberg, Khoo, and Westhues describe in **typologies** of bullying and mobbing. The most serious consequence was that on July 23rd 2012 the author suffered an Ischemic stroke. Not only was the author's medical health compromised during this experience; this experience had a devastating impact on his emotional well-being, career and professional development. Within the School of Social Work, I was unable to receive peer support, administrative acknowledgement or empathy regarding the impact that this illness had regarding my well-being. What was even more troubling was the University's unwillingness to confront the bullying and mobbing. Instead, with no resolution the school leadership continues to hold onto earlier accusations and through communications and interactions blame the victim.

Key words: mobbing, bullying, mental health consequences, physical health repercussions, personal and professional ramifications, critical incident method

July 23rd, 2012, 10.30am

That's strange I have tingling in my right hand, and it feels numb. I will just go outside for a breath of air. Wait a minute, something is not right here. Damn my whole right side has gone dead, nothing will move. Surely, this will pass; I will be alright in a few minutes. Paul, you have had stroke, it's a good thing you came to the hospital as quickly as you did, we are going to give you a clot buster, and then transfer you to Maine Medical Center.

In the ambulance on the ride down to Portland I kept thinking this can't be happening to me, I'm 52, in pretty good shape, I take care of myself, what could have caused this? Laying in intensive care, going down for the MRI, being placed in a machine for forty-five minutes, which was freezing cold, having numerous tests done at the hospital— ultra-sounds, cardiac tests, another MRI, scans on my legs, blood

work being taken over and over again— meetings with neurologists, specialists, doctors, nurses, OT's, PT's, it just went on and on. It was all surreal. I still remember the head of occupational therapy sitting with me on the 25th of July saying:

You don't know how lucky you are. We had someone last week your age, who went to sleep and didn't go to the emergency room and now we are talking about permanent neurological damage.

Yet, what had caused me to have this stroke? October 26th, 2009, on this date, it had been arranged by the Research Sequence that we would have a meeting at 12.00pm. I walked into the room thinking that this would be a regular Sequence meeting. What transpired had a devastating impact upon me, which continues to haunt me to this day. I really had no concept of what was about to take place.

Workplace Bullying and Mobbing

According to Leymann (1996), workplace mobbing intensifies bullying and can be defined as

Psychological terror or mobbing in working life [that] involves hostile and unethical communication which is directed in a systematic manner by one or more individuals, mainly toward one individual, who, due to mobbing, is pushed into a helpless and defenseless position and held there by means of continuing mobbing activities. (Leymann, 1996, p. 168)

Similarly, in "Bullying in the Academic Workplace," (Halbur, 2005) states,

Mobbing typically occurs to workers who are high achievers and are personally invested in what seems to be a secure position, but who cannot easily relocate. Thus, many people working in a tenure and tenure-track positions may be at higher risk for mobbing. (p. 3)

Critical Incident

Did you complete this assessment instrument? "Yes, I worked on it over the summer, and thought it would help us in our reaccreditation process." "It is just a draft that I sent out to my two co-authors." "Well, your instrument is very similar to Zastrow's." "I worked on mine during the summer, it is just an idea that we could possibly use with the book. I thought I was being helpful to the School with sharing what I had worked on." "Well this brings into question all of your teaching, all of your scholarship, all of your service." "Yes, you are always looking to take short cuts." "But I thought, I was being helpful, sharing this document."

As soon as I got home that evening, I immediately e-mailed Professor Zastrow. I told him what I had done and that we were contemplating utilizing the instrument in the appendices of the book. To my amazement, Professor Zastrow e-mailed me back within half an hour! Not only had I sent him the instrument that I had sent to my colleagues, but also the first section of the book. In his response he wrote: "Dear Paul, by all means you have my permission to utilize the instrument, I like your project."

According to the literature on mobbing, this is the **critical incident**:

For the past two years, I had been immersed in writing *Contemporary Field Social Work (CFSW)*. Each chapter addressed several of the new standards. Indeed, in the fall of 2008, I gave the first section of the text to two of my colleagues in the Field Work Department, for feedback and constructive criticism.

The point I am attempting to convey is that I was looking to help; to be proactive in ensuring that our course syllabi and other measures and standards that we utilize in the School of Social Work conformed to the new EPAS standards. That was one of the intentions of writing *CFSW*. Indeed, all eight blind reviews commented that one of the strengths of the book was that it addressed these new standards.

Yet, despite my intentions, all I received in return was negativity and hostility. It felt as if my whole world had come crashing down. All the hours I had spent working on this book, on my previous book, all the

articles I had written and have had published over the past ten years were trashed along with my work in the School, University community, my work in the outside community, and my teaching. Everything that I had cherished and valued in my professional work was instantly and without question eradicated. Their comment: “This brings into question all of your teaching, all of your scholarship, all of your service,” still resonates in my mind every single day.

On Friday, October 30th, I just broke down crying. It was 5:30 in the morning. I was on the kitchen floor sobbing. I realized I could no longer keep working the way I had been; saying “yes” to everybody, taking on this project and that project. I was seen on that morning by my general practitioner. She listened and diagnosed me with clinical depression. It was not the fact that she gave me the diagnosis and prescribed me medication for depression as well as sleeping medication, but the fact that apart from my wife and friends, she was the first professional to listen to me. At the School, no one would listen. When I walked into that meeting on October 26th, in retrospect it is my feeling that I had been tried and convicted before I ever got through the door.

In addition to seeing my GP, I also began meeting weekly with a therapist for individual therapy. I found this to be extremely helpful; and while I do not wish to go into details of our therapy sessions, what has become abundantly clear in all of this was the need for me to take better care of myself. Not only did I meet with professionals in the community, I also met with an individual in Human Resources at USM. At one meeting, he spent an hour and half with me and was extremely helpful. His comment, “How were you managing to do all of that,” remains with me. Again, the point being that I needed to cut back. Indeed, I should have cut back some time ago but that is hindsight now.

If this wasn't enough, on November 5th 2009, I received an e-mail informing that there was going to be a special peer review meeting on me scheduled for November 18th. My Chair made an executive decision to postpone the regular faculty meeting and **all** faculty were invited to attend. The outcome of this was that my Dean intervened and informed my Chair that such a meeting would be violating AFUM rules.

Following this, I received an e-mail saying, “There may be individuals in your Department who may wish to meet with you one on one, to discuss my actions.” I sent out an e-mail to everyone stating that I was more than willing to meet with anyone on a one-to-one basis, but I was not prepared to discuss this matter in a faculty meeting.

At the faculty meeting on November 18th, the matter was brought up that in the previous meeting on November 4th it was decided that what I said be recorded in the minutes. I stated at this meeting that if they wished to discuss this issue I would need to excuse myself. Several faculty members asked me not to leave. However, the Chair of the Department insisted that what I said be recorded in the minutes. Another colleague pointed out that we had not been in executive session, and, therefore, what I said should be incorporated in the minutes. I pointed out that I met with the Chair on Monday November 2nd and he assured me that my comments would not be recorded. However, my chair stated at the meeting that he did not recall saying that.

The outcome was that minutes of what I said or apparently said on November 18th were documented. All I recall from that meeting is the Chair repeating over and over again loudly: “Finish the sentence.” He continued badgering me until he appeared satisfied that the Department had something substantial to place in the minutes. For me, this part of the meeting was extremely overwhelming and humiliating. All I could hear was my Chair saying “finish the sentence” and “you said...” over and over again. I kept saying, “This is not that simple and that if you continue in this way, I will need to leave.” Eventually, this humiliating and degrading experience ended and the faculty moved onto other business. However, the irony of this whole experience was that two weeks later when I went to obtain a copy of these minutes, I was informed that my Chair had excluded that part of the meeting.

This was the **critical incident**, which led to four years of suffering and misery and repeated efforts by members of my Department to discredit my work and reputation.

Impact of Bullying and Mobbing

At the beginning of this article, I wrote about the stroke I suffered on July 23rd 2012. I am convinced that this stroke was a direct result of the bullying and mobbing I have endured over the past four years at the University of Southern Maine in the School of Social Work. Over the past four years, I have encountered hostility and an intimidating environment; yet, despite this, according to my teaching evaluations I have continued to teach at a high level, produced several pieces of scholarship, and have continued with my service commitments to the School, University and the Community. However, I have experienced harassment; or as described by the Chair of Peer Review, “it’s school yard bullying.”

All of this took a tremendous toll on me and my family. As already noted, the stroke on July 23rd has been the most significant event. However, for four years I have suffered a great deal of emotional and mental anguish. When this all began on October 26th, 2009 I was extremely tired; I would even say exhausted. On October 30th 2009, I was diagnosed with clinical depression by my physician. In early November I was diagnosed with acute adjustment disorder with mixed anxiety and depressed mood. It was also stated by the therapist that this depression had been present for three to four months prior to our initial meeting.

Yet, in the School of Social Work all I received was derision and contempt. On one occasion my chair stated: “Your mental health has nothing to do with what you did.” In other words, he was inferring that the assessment instrument that I worked on during the summer was a deliberate attempt on my part to utilize someone else’s work. But, the reason I shared it with several individuals was my intent to be helpful to the School with reaccreditation. If, I wanted to get away with something I would never have shared it. Based on this statement, I started working out what times to come into the School so that I would not have to run into people. I would strategize on what stair wells to use so I wouldn’t pass certain individuals’ offices. When I would get to the School, I would call my wife. When I would get to my office, I would call her again. When faculty meetings were scheduled, I would call her and we would talk about where in the room to sit and that I should not be alone in the room with certain individuals.

It was not only at the School that I found myself so afraid. I was terrified of opening up e-mails or checking voice messages. The reasoning behind this was due to the fact that over the weekend of the 6th-8th of November 2009 there had been a spate of e-mails saying that there should be a special peer meeting. There were other e-mails asking what was going on? It was as if every aspect of my life was impacted by what had occurred on October 26th. I still remember my wife sitting down at the computer and drafting an e-mail telling everyone to leave me alone and that I would not be speaking at a faculty meeting. I couldn’t even seek refuge or peace at home. I was prescribed anti-depressants and sleep medication but there was no escape from this mental anguish and torture.

I still remember in vivid detail the morning of October 30th at 5:30 am and just sobbing on the kitchen floor, saying to my wife: “I just can’t keep doing this anymore. I am so tired. All the work I have done and all I am receiving is this constant criticism. All I was trying to do was help. What did I do to deserve this? What had I done to these people to deserve this?”

Nothing made any sense. My 50th birthday, at the end of November of 2009, which should have been a time of celebration with friends and family, was just a miserable experience. I didn’t want to be around friends, I just wanted to hide from the world. Everything was so difficult. Getting up in the morning, just trying to do everyday chores was a huge effort. My brother and sister arranged for my wife, son and I to go to England for Christmas. Again, all I could think about was what a terrible thing I had done, I was a bad person.

These feelings of self-recrimination, loss of confidence, feeling as if something was wrong with me haunted me for years. It wasn’t until I had the stroke on July 23rd 2012, that I began to realize and accept that what transpired over the past four years was really not about me. This was further reinforced during the progression of the fall semester of 2012.

Not even a Stroke will Change their Attitude

In August 2012, I contacted Human Resources at the University to inform them that I had experienced the stroke on July 23rd. I really thought that by the beginning of September I would be back to normal. Yet, my days were comprised of being able to do a few things in the morning, but by mid-day every day, I would need to lie down and go to sleep. I didn't just take a nap; I was out cold for at least two-three hours.

The response I received from Human Resources was very accommodating. "What did I think I could do." "I didn't have to come back in the fall." It was arranged that for the fall semester, I would just teach my classes, and not attend faculty meetings. Yet, when I returned to the School and attended a holiday party in December of 2012 the former Chair of the Department remarked: "Back from gardening leave?" I couldn't believe, after experiencing this serious medical condition, that he could be so flippant.

Theory Makes Sense

Over the past four years I read more about the issue of bullying and mobbing. What struck me was how many of the incidents of bullying and mobbing mentioned in the literature were applicable to my experiences at USM. Leymann (1996) identified five categories of mobbing, which is comprised of 45 behaviors. While I did not experience all five categories or 45 behaviors, I am amazed at the number that I did experience.

Leymann's Typology

- 1) Impact on self-expression**
 Superior restricts opportunity for you to express yourself
 You are interrupted constantly
 Colleagues and/co-workers restrict your opportunity to express yourself
 You are yelled at and loudly scolded
 Contact is denied through looks or gestures
- 2) Attack on one's social relations**
 People do not speak with you any more
 You are treated as if you are invisible
- 3) Attack on Your reputation**
 People talk badly behind your back
 Unfounded rumors are circulated
 Your efforts are judged in a wrong and demeaning way
 Your decisions are always questioned
- 4) Attack on the quality of one's professional and life situation**
 Supervisors take away assignments
 You are constantly given new tasks
 Damaging your home and workplace
- 5) Direct attacks on a Persons Health.**

I was informed that my mental health had nothing to do with what I did:

Diagnosed with depression
 Diagnosed with Adjustment disorder
 Diagnosed with Mixed Anxiety
 Had an Ischemic stroke. (Davenport, Schwartz & Elliot, 2005, pp. 36-37)

In addition, Leymann delineates five phases of the mobbing process:

- Phase 1** is characterized by a critical incident.
- Phase 2** is characterized by aggressive acts.
- Phase 3** Then involves management that plays a part in the negative cycle by misjudging the situation
- Phase 4** is critical, as victims are now branded as difficult or mentally ill.

Phase 5 is the expulsion. The trauma of the event can additionally trigger post-traumatic stress disorder. (Davenport, Schwartz & Elliot, 2005, p. 38)

Not only did my experiences correspond to what Leymann asserts but also to the findings of Friedenbergl (2008, pp. 11-15), in which she describes eight common characteristics of mobbing. These again applied to me:

- 1) **Similarities among victims:** Mobbing victims are typically productive, they are often a little different, foreign born, have accented speech, and come from a working class background.
- 2) **Conspiracy and secrecy.** In my case, the Department Chair schedules a special meeting to which all faculty, even non-tenure line faculty are invited. Eventually, allegations of plagiarism are made and these allegations are sent to the University administration for an investigation.
- 3) **Exclusion and marginalization.** A third common component is marginalization and exclusion. Frequently, during faculty meetings, my ideas were met with derision or ignored. Yet, someone else would make the same were dismissed or marginalized while similar suggestions be a colleague a few minutes later were met with adoration and praise.
- 4) **Critical incident.** In my case, this began with the instrument that I sent out in order to assist in the reaccreditation process. In the minds of several individuals this was the evidence they had been waiting for in order to demonstrate how bad I was. Yet, it hadn't anything to do with the instrument, but more to do with how that issue was used by others to justify their extreme reaction.
- 5) **Unanimity.** Again, in my case there was a near-unanimous conviction that I was reprehensible, of abhorrent character, and that I merited punishment. This was initially carried out through faculty meetings; then this was handed over to the administration of the University with the expectation that they would severely reprimand me. When this didn't transpire and there was a change of administration, certain individuals decided that the previous administration's conclusions could be disregarded and the allegations could be made or recycled all over again.
- 6) **Flouting of Evaluation and Adjudication Policies and Procedures.** Normally, if an employee's routine evaluation notes a legitimate performance problem, a superior or HR representative will work with the employee. However, in a mobbing situation, no one is really granted duties of professional evaluation and rarely is the target's performance lacking. Again, despite a hurtful "review" by "colleagues" in the fall of 2009, my high quality of performance was validated by a post-tenure review in March 2013.
- 7) **Emotional Rhetoric Bordering on hysteria.** Incidents are usually gross exaggerations or outright fabrications about the target's character and are not related to work performance. This again was validated by my post-tenure review in March 2013. My teaching received the highest scores in the School, my scholarship exceeded that of colleagues in the School, and my service was comparable with anyone else's in the school
- 8) **Serious Consequences for the target.** Significant incidence of post-traumatic disorder, illness, anxiety disorders, nightmares, obsessive mental replays of incidents. Again, I experienced all of the aforementioned, with the addition of a stroke on July 23rd 2012.

Khoo (2010) lists following five **Bullying Activities** with the behaviors that one can expect to encounter.

1. **Attacks on target's self-expression**
 - a. Target is constantly criticized. Subjected to nit-picking and trivial fault finding.
 - b. Intimidation, humiliation and threats behind closed doors.
 - c. Given silent treatment. Bully refuses to communicate, avoids eye contact (indicator of abusive relationship), instructions received only via email, memos or yellow stickers.

2. Attacks on target's social relations

- a. Target is subjected to excessive monitoring, snooping.
- b. Conspiracy (other staff coerced into fabricating allegations. Complaints are often trivial and bizarre, bear striking similarity suggesting common origin).
- c. Target is overruled, ignored sidelined, marginalized, ostracized.
- d. Isolated and excluded from what is happening.
- e. Subtle threats to other staff that are on good terms with target.
- f. Use of target's friends to be bearers of bad tidings or as informants.

3. Attacks on target's reputation

- a. False allegations and pathological lies against target.
- b. Defamatory remarks are directed at target's character rather than on environmental factors.
- c. Stigmatization of target's reputation within the department, institution and other institutional network.
- d. Target is subjected to unjustified disciplinary action based on trivial or false charges.
- e. Truths are distorted to justify wrongdoing of the bullies and to project the blame onto the target.
- f. Resistance to independent, outside review of sanctions imposed on target.
- g. Outraged response to any appeals for outside help the target may take.

4. Attacks on target's professional life

- a. Target's explanations of achievements are ridiculed, overruled, dismissed or ignored.
- b. Starved of resources while others receive more than they need.
- c. Work plagiarized, stolen and copied. Bully then presents their target's work to the superior as their own.
- d. Either overloaded with work or have their work taken away or replaced with inappropriate menial jobs.
- e. Request for leave have unacceptable and unnecessary conditions attached.
- f. Previous approval may be overturned.
- g. Annual leave, emergency leave and sick leave are denied.
- h. Do not have clear job description. Bully deliberately makes the person's role unclear.
- i. Invited to informal meetings that turn out to be disciplinary hearings.
- j. Promotion blocked and sabotaged. Target may be degraded and demoted to a lower position instead.
- k. Subjected to unwarranted and unjustified verbal or written warnings.
- l. Under frequent threats of verbal or written dismissal based on fabricated charges or flimsy excuses often using trivial incidents from the past.
- m. Coerced into reluctant resignation, enforced redundancy, early retirement or ill health retirement.
- n. Denial of target's rights to earn a livelihood (prevention of his/her getting another job) even after target has left the institution.

5. Attacks on physical and mental health of target

- a. Target is belittled, degraded, demeaned, ridiculed, and patronized.
- b. Undermined, threatened, shouted at and humiliated especially in front of others.
- c. Harassed with intimidating memos notes or emails.
- d. Encouraged to feel guilty and to believe they are at fault.
- e. Mental health trap. (Koo, 2010, p. 62)

Conclusion

Mobbing can be understood as the stressor to beat all stressors. It is an impassioned, collective campaign by co-workers to exclude, punish, and humiliate a targeted worker. Initiated most often by a person in a position of power or influence, mobbing is a desperate urge to crush and eliminate the target. The urge travels through the workplace like a virus, infecting one person after another. The target comes to be viewed as absolutely abhorrent with no redeeming qualities, outside the circle of acceptance and respectability, deserving only of contempt. (Westhues, 2004, pp. 4-5)

Academic mobbing is an insidious, non-violent and sophisticated kind of psychological bullying. The process follows a stereotypical course whereby one is humiliated, intimidated, terrorized, ostracized, and wrongly accused. It causes intolerable suffering, despair and humiliation. Academic mobbing won't stop until colleagues and administrators refuse to participate in mobbing. The consequences of administrative participation on one hand and inaction on the other are enormous for everyone but the real losers in the University are faculty, staff, and students.

If my case isn't troubling enough, what makes this practice even more disturbing is that over the last several years at USM we have seen a revolving door of administrators. In the 15 years I have been at the University, I have had four Presidents, six Provosts, and seven Deans. Hence, there is no administrative stability or continuity. Indeed, I thought all of this was behind me on July 19th 2010 when I attended a mediation meeting. The Provost and Dean at the time did put an end to this humiliating and terrorizing process. Yet, with their departures, individuals saw an opportunity despite decisions made at the highest University administration level. The view was taken that we can do and say whatever we like, that administrators protecting the target were gone, and we will not give up until we get the decision we want.

What is even more hurtful on so many levels is that this occurred in a School of Social Work. According to Kircher, Stilwell, Talbot and Chesborough (2011), this may be a "silent epidemic" in social work and more common than we would like to admit. We emphasize and prioritize concepts such as empathy, acceptance, respect, and being non-judgmental. Unfortunately, even in Social Work we can fail to walk our talk. I experienced faculty members that are extremely judgmental, with very little tolerance, and worst of all little kindness or compassion. This leads me to my final reflection in this painful process.

As Friedenbergl indicates, it is difficult for those who have endured this hurtful and debilitating experience to speak up. However, it is imperative that faculty, staff, and students speak up, are heard, and the University acts meaningfully upon their experiences and narratives. "We will look into this" is a first step; the next is for the University to be proactive and state that this will not be tolerated. The University of Southern Maine system (2013) has policy stating that it is committed to preventing discriminatory harassment:

Speaking and acting irresponsibly damages morale, motivation and community. When behavior or actions are harassing, the University will hold the person(s) accountable. We must be sensitive to the harmful effects of hostile behavior and refrain from acting in ways that are demeaning and offensive to others. We can express our opinions and voice even strong disagreements without using statements, gestures, or actions that personally attack others.

Is this just a statement on a website or does the University of Southern Maine take harassment, bullying, and mobbing seriously? Are policies in place to seriously prevent and address this issue? Are these just words, or is this policy enforced?

Bullying and mobbing can have very serious repercussions. These include low morale, increased absenteeism, decreased productivity, high faculty turnover, open hostility, and numerous and serious physical and mental health consequences. Administration and faculty could take the position that these incidents are infrequent and only happen to a few, but these incidents nonetheless have a devastating and long term impact upon individuals bullied and mobbed. There is no place for these behaviors and practices

in an institution of higher education, a place where one ought to feel respected, listened to, treated hospitably, and where all can feel safe.

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