



***ABSTRACT BOOK***

*Fifth Biennial Conference ISCHP2007*

*July 18<sup>th</sup> – July 21<sup>st</sup>, 2007*

*Boston North Shore  
Endicott College*

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Dear ISCHP participants,

It is my pleasure to welcome you all to the Fifth Conference of the International Society for Critical Health Psychology on the Boston North Shore.

ISCHP is a loosely organised society that is predominantly held together by this biennial conference. The fact that this is our fifth conference and tenth year of existence can be largely attributed to the success of these meetings in keeping us connected and in re-visioning our engagement in a common enterprise.

A successful conference is dependent on two major factors – ideas and people. The Fifth Conference of ISCHP will undoubtedly be successful as even a cursory examination of the programme for this meeting reveals the prominence of these factors. The meeting contains innovative and varied presentations that are full of ideas – challenging and provocative ideas, inventive and innovative ideas. The meeting also provides a chance for us to reconnect with old colleagues and to get to know new colleagues. My reading of this programme suggests that it is one of the most varied and comprehensive we have produced so far, and the exciting mix it offers should cater well for the diversity of interests that characterises our members. I hope you personally find it stimulating and energising.

This conference could not have occurred without huge effort from our local Organising Committee, Irina Todorova, Liz Mongillo, and Miranda Waggoner. I would like to thank them sincerely, on behalf of us all, for the tremendous amount of hard work they have put in over the last year to put this conference in place. Thanks also to members of the Programme Committee for their work in reviewing abstracts, advising on paper streams, and contributing ideas and opinions on organisation.

So, enjoy the conference, enjoy Boston, and make the most of the opportunity to meet others in the field, to share ideas, and to develop collegial relationships that will build towards an exciting and productive future for ISCHP.

Kia kaha,  
Kerry Chamberlain  
Chairperson ISCHP

## *Keynote Addresses*

### EXPLORING LIFE WITH HIV/AIDS: A CASE STUDY OF AFRICAN WOMEN AND MEN IN LONDON Lesley Doyal, University of Bristol, United Kingdom

Thus far, social science research on HIV/AIDS has focussed mainly on issues relating to prevention rather than the reality of life after infection. In recent years this focus has begun to change but there are still few studies of HIV positive people living outside the USA. There is therefore an urgent need to extend this work to those in developing countries and in migrant communities in different parts of the Diaspora. This talk will report on the first project to explore the lives of women and men from different parts of Africa receiving treatment for HIV/AIDS in the UK. Qualitative studies were undertaken with three self-identified groups: heterosexual women, heterosexual men and gay men. This presentation will identify the commonalities among this group of African migrants. But it will focus mainly on the variety of intersecting variables that shaped the experiences of illness in these different groups. Gender and sexual identity will be shown to be of particular importance. More general conclusions will then be drawn about the theoretical and methodological implications of this work for future studies of people living with HIV/AIDS across a range of settings.

### WAR, VIOLENCE AND TORTURE: TOPICS FOR A CRITICAL HEALTH PSYCHOLOGY Elliot G. Mishler, Harvard Medical School, United States

Concerns about social inequality, oppression, and injustice are prominent features of the field of critical health psychology. Reflecting a critique of mainstream psychological approaches to theory, research, and practice, this represents a serious effort to move beyond a conception of individuals as separate and isolated to locating us within the larger social, cultural, economic, and political contexts of our lives. Given this emphasis, I was surprised by the lack of attention in standard texts and essays about the field to some of the most significant factors affecting the health and welfare of people around the world at this historical point in time, namely, war, violence, and torture. To repair that omission, several examples will be presented in this paper that underline the importance of including these neglected forms of injustice and oppression within our perspective as critical health psychologists. In raising these issues for discussion, I hope that we might collectively find ways to contribute to the understanding of and perhaps solutions to these long-standing, persistent problems.

### HEALTH AND THE ARTS Michael Murray, Keele University, United Kingdom

Art is a universal human activity. It has multiple forms and uses. There is substantial evidence linking art with health. For example, it is well established that participation in various artistic endeavours is health enhancing. Despite such evidence health psychology has not seriously connected with the arts. The purpose of this paper is to begin to redress that imbalance. It begins by considering the nature of art and its use in different settings. In particular it considers art in clinical health settings and community health settings. I focus on the latter and consider some examples drawn from a variety of sources. A major issue in debates about community arts is the issue of its theoretical underpinnings and challenges in evaluation. I argue that the theoretical basis of community arts can be enhanced by embedding it within social/community psychology. In addition, its particular contribution, as distinct from other forms of community activity, requires attention. This paper considers both the aesthetics and the function of art. I argue that art is more than representation; it is a connection with the sublime and a challenge to established truths. This may be more pronounced in professional art but is also apparent in community art. It is this quest for the transcendent that is particular to art. The focus of health psychology has often been on the more mundane, the everyday. Connection with the arts provides an opportunity to go beyond the here and now and to develop a true health psychology.

## NARRATIVE ANALYSIS AND BOB DYLAN: WHAT'S THE CONNECTION?

Catherine Kohler Reissman, Boston College, United States

Narrative analysis is shaping qualitative analysis in virtually every social science discipline and profession. In practice and research settings, participants construct stories to make sense of their experience and investigators, in turn, develop stories to communicate their interpretations. In a case study, I examine the inter-textual nature of the interpretative process at several levels. Excavating the story of a man (collected, interpreted and published years ago), I re-read the man's divorce story in light of present knowledge: how lyrics sung by Bob Dylan organized the account of the man's emotions. Relating two texts—the participant's story of his turbulent emotions and the song lyrics—opens up meanings and introduces ambiguity. Interpretation is further complicated by the reading of the story by differently positioned interpreter, who relates it to texts in his field of moral philosophy. Revisiting narratives collected in the past builds upon Burawoy's call for revisits in social research, but eschews the search for secure outcomes, substituting instead a dialogic process involving past and present, text and context, speaker and audiences.

## *Workshops*

### MEDIA LITERACY, EDUCATION AND AT-RISK YOUTH

Helena Angell, University of Florida, United States

This workshop will examine the effectiveness of media literacy programs available for at-risk adolescent youth. Media literacy is the ability to access, analyze, evaluate, produce and communicate a variety of media texts and forms. There are many different perspectives on how to educate youth about media, but few programs exist that directly address the needs of at-risk adolescent youth. Studies suggest that the social environment is a key component in the healthy psychosocial development of children. In American society, the broad socialization practices, where there is little conformity, allow for more exposure to risk-taking behaviors and attitudes. The educational, criminal justice, and medical communities now recognize that media play an active role in promoting risk-taking behavior in youth and adolescents. Because of the risk factors identified in the home, individual, and external environment, such as lack of parental involvement, the at-risk adolescent is more susceptible to the information presented in media. Substantial anecdotal evidence and some empirical data suggest that media-literate at-risk youth are more likely to avoid violence, substance abuse, and other negative behaviors. Examples of media literacy programs designed for at-risk youth, such as *Flashpoint*, exemplify how effective this approach may be in discouraging risk behaviors.

### HEARING MULTI-VOICED DIALOGUES IN HEALTHCARE: TOWARDS TRANSFORMATIVE ENGAGEMENT

Celiane Camargo-Borges, University of Sao Paulo, Brasil

Arlene Katz, Harvard Medical School, United States

Sheila McNamee, University of New Hampshire, United States

The field of healthcare traditionally privileges the categorical where, for example, diagnosis of physical and mental problems are pathologized as located within the person. We seek to address the gap between policy and lived experience and between pre-determined systems of healthcare delivery (one size fits all) and situated, local participatory healthcare creation. Is there another way to focus on the health and well-being of people in their social context – one that appreciates and respects the value of medical science while simultaneously placing at least equal focus on communication and relational engagement that facilitate or impede the health of a community? This workshop will explore the ways in which an emphasis on relationship, interaction, language and embodied practices draws attention to our own participation in diagnosis, assessment, and treatment, as well as drawing attention to the ways in which we navigate healthcare. We will present exemplars of collaborative, participatory practices in which the voice of the community informs professionals' work with them. By centering on how dialogue – a fundamentally relational process – offers us various resources for creating *ways of going on together*, participants will be

introduced to generative ideas for transforming our understandings of health and healthcare delivery. We will explore a variety of options for relational engagement that offer resources for action that move us beyond pathology to forms of interaction that are centered on potential. These resources include specific ways of inviting others to: (1) participate in dialogue, (2) enter into different lived experiences, (3) notice what is striking, (4) appreciate alternatives, (5) navigate multiple experiences and views, (6) embrace stories that create opportunities for different conversations, and (7) engage in relational responsibility. We will consider how such resources transform not only social life but how they refigure the responsibilities of healthcare professionals thereby helping to transform traditional practices into more collaborative and engaged practices. We invite participants to bring in events from their own healthcare experiences (as healthcare professionals *and* as users of healthcare services) that they have found exemplars of dialogic, collaborative practice.

USING SOCIAL EPIDEMIOLOGY AS A TOOL FOR RESEARCH, PROGRAM PLANNING AND  
COMMUNITY INTERVENTIONS. EXAMPLE: SAFE MOTHERHOOD IN THE  
DEVELOPING WORLD – INCORPORATING LESSONS FROM THE FIELD

Julie Cwikel, Ben Gurion University of the Negev, Israel

In this workshop, the SOCEPID model will be presented based on Cwikel, (2006), the first comprehensive textbook of social epidemiology. This approach draws on theories of community psychology while using the research methods of both epidemiology and the social sciences. Participants will learn how to incorporate qualitative and quantitative methods, to develop culturally-sensitive research and intervention approaches, using the model as a heuristic. World statistics shows that close to 600,000 deaths annually occur from complications of pregnancy and delivery, 99% in the developing world. The method will be demonstrated using qualitative and quantitative research on Safe Motherhood approaches in developing countries. Using a critical, feminist analysis, this examination leads to policy proposals that both promote women's health and empower women's social status. The application of the SOCEPID model reveals: some traditional practices in developing countries are effective in protecting and promoting health, while others increase the risk of maternal mortality and morbidity. Traditional birth attendants provide services in rural and remote areas where the toll of maternal mortality is particularly high and can be targeted training to enhance their effectiveness as women's health care providers and activists. This analysis calls for the use of community-based action research models to develop women-centered improvements in the health care services for pregnant and birthing mothers in developing countries.

CRITICALLY CONFRONTING HIV/AIDS AND ALCOHOL RISKS IN CAMBODIA  
(2000-2007): MAPPING COMMUNITY HEALTH CHALLENGES,  
TECHNIQUES AND RESOURCES

Ian Lubeck, Jillian Schuster, Trisha Pagnutti, Maggie Hall, Alison Rothwell: University of Guelph, Canada  
Mee Lian Wong, Lakshmi Ganapathi: National University of Singapore, Singapore  
Helen Lee, University of Staffordshire, United Kingdom  
Tiny van Merode, University of Maastricht, Netherlands  
Sochua Mu, Cambodian Minister of Women's Affairs, 1997-2004; Khemara, NGO, Cambodia  
Jessica Cadesky, UNICEF, New York, United States  
Sarith Kros, Savun Touch, Maryan Chitt, Tim Tra, Sary Pen:  
Siem Reap Provincial AIDS Office and SiRCHESI NGO, Cambodia  
Bory Ou, Phallamony Em, Sochivy Khieng, Sophea Paal, Srei Neang, Brett Dickson, Pring Noeun, Song  
Heng: SiRCHESI, NGO, Cambodia  
Bun Chemm Dy, Siem Reap Provincial Health Department, Cambodia

“Critical” insights are drawn from a longitudinal, 7-year multi-sectorial, multi-disciplinary community health program in Siem Reap, Cambodia, guided by theoretical/methodological frameworks from critical health psychology, feminist theory, and Participatory Action Research. We illustrate: first contact/problem assessment, cultural sensitization, in-depth interviews, focus groups, forming an implementing local NGO--SiRCHESI (Siem Reap Citizens for Health, Educational and Social Issues)-- and funding. Workshops for women at risk for HIV/AIDS sent selected peer-educators regularly into the community, while behavioural monitoring surveyed 560 persons annually, child souvenir vendors and men at risk were added, and annual community conferences provided feedback. We prod the globalized beer industry's recalcitrance to

improve workplace health/safety for young women selling international brands (20% HIV+), some forced, inebriated, into risky sex-work by inadequate wages ([www.ethicalbeer.com](http://www.ethicalbeer.com), [www.fairtradebeer.com](http://www.fairtradebeer.com), [www.beergirls.org](http://www.beergirls.org)). Demonstrations show “data transformations”-- videotaped field interviews, transcriptions, quantification-- and development of culturally-sensitive materials for non-literate women. Expansion to “alcohol overuse” involves interviews, questionnaires, breathalyzer testing, and prevention workshops for men drinkers and women sellers, compared to safer Canadian counterparts. SiRCHESI targets 6000 community outreach “secondary-prevention” contacts in 2007. Simultaneously, a “primary-prevention” project was implemented (2006-2008) to remove women increasingly from high-risk, beer-selling jobs, and train them for safer careers in the Hotel industry, which previously rejected their job applications. Video clips showing development of this training program and job/academic performance indicators are presented. Additional political and policy-formation activities include the involvement of trade union organizational activities, government legislators, and debating international beer executives in the press and scientific journals (e.g., the Lancet, Sept. 23, 2006). As partial response to evidence-based claims of unsafe/deadly workplaces, a “professional association” and “code of conduct” for beer sellers was created, but without provision of fair wages and free access to lifesaving medications (HAART). A 17-minute clip from the documentary, VIRGIN HARVEST (2006), shows one co-author’s actions to reduce enslavement of Cambodian women and children. A give-and-take audience session considers further work and transfers to other settings. Finally, illustrating self-sustaining processes for health interventions in the developing world, a small boutique is available with Angkor Wat souvenirs: these help finance SiRCHESI’s health-delivery services!

## *Roundtable Discussions*

THE DIALOGICAL SELF AND HEALTH  
Emily Abbey, Ramapo College of New Jersey

In recent decades, Dialogical Self Theory (DST) has been used increasingly by researchers as a means to transcend a Cartesian conception of self, and to conceptualize the person as unified and cohesive despite the presence of contradictory aspects. This round table will begin with a basic outline of DST in which ‘self’ is understood to consist of an array of relatively autonomous *I*-positions (reflecting different self-to-other relations) that are brought together through *dialogue*. Following this basic outline, the round table will explore the various links that DST has with topics of interest within the field of Health Psychology, and specifically, a person’s experience of illness or trauma. For one, DST can be used by researchers to represent and address critically the inherent complexity of the process of self-construction surrounding such experiences, especially the phenomenon of experiencing simultaneously divergent or contradictory understandings of his or her situation. Moreover, it will be offered that DST can be used to conceptualize adequately the entwinement, rather than separation, of social and personal worlds as the person makes sense of illness or trauma. Last, attention will be given to the fit of DST with some methods commonly employed by researchers in the fields of health or healthcare. Round table participants are encouraged to offer examples from their own research or life experiences that can further develop proposed links between DST and Health Psychology.

## QUESTIONING MEDIA RESEARCH IN CRITICAL HEALTH PSYCHOLOGY

Kerry Chamberlain, Massey University, New Zealand  
Darrin Hodgetts, University of Waikato, New Zealand

This round table provides a forum for discussion of media research in critical health psychology. By posing a series of searching questions we hope to stimulate conference participants to discuss and debate some fundamental issues about our practices in this field. The point is to encourage reflection, debate directions, and share effective practices for theory and research. Participants are asked to consider the following questions as a basis for participation in the session:

1. What media forms have relevance for health?
2. Does media research have any relevance for critical health psychology?
3. What theories and methodologies are relevant for media health research?
4. What might be the role of interdisciplinary collaborations in media research in critical health psychology?

5. What opportunities are there for critical health psychology to advance a move from traditional health communication to using media for social change?

#### GLOBAL TRANSLATION/ADAPTATION PROGRAM, OUR BODIES OURSELVES

Ayesha Chatterjee, *Our Bodies, Ourselves*

The Global Translation/Adaptation (T/A) Program at *Our Bodies Ourselves* (OBOS) provides technical assistance to women's groups producing cultural adaptations or other publications inspired by the book *Our Bodies Ourselves* (OBOS) for women and girls in their community, country, or region. OBOS has been adapted into more than 20 languages ranging from Albanian to Tibetan, Korean to Spanish, and the Global T/A Program is currently assisting nine women's groups' as they develop new publications in book and non-book formats. Through their adaptation projects coordinating groups work in close partnership with OBOS and become part of a global network of groups engaged in similar projects. They use their culturally appropriate health materials to conduct outreach and advocate for responsible public health policy, collaborating with local and regional NGOs, advocacy, research, and health institutions to amplify impact. Coordinating groups identify these relationships as critical to their success and catalysts for institutional growth; the process of adapting OBOS allows them to address issues within the context of women's experiences, pioneer change in their community, and position themselves as dependable partners in the global women's movement. Adaptation projects are influenced by innumerable socio-cultural, religious, and political factors; the Global T/A program builds capacity by ensuring that adaptations are completed and have a life beyond publication. While editorial control, publishing, and distribution decisions rest with coordinating groups, the program leverages its own assets and experience, and assists with planning, materials development, publishing, promotion, and post-publication outreach. Challenges are resolved through regular communication and assistance, support from OBOS and other network groups, and the shared realization that we are all part of the exciting global emergence of women's collective strength and knowledge.

#### FEMINIST-INFUSED PARTICIPATORY AND ACTION RESEARCH IN CONTEXTS OF STRUCTURAL INEQUALITY AND SOCIAL SUFFERING: EPISTEMOLOGICAL AND METHODOLOGICAL CONSIDERATIONS IN COMMUNITY-BASED COLLABORATIONS

M. Brinton Lykes, Lynch School of Education & Center for Human Rights and International Justice,  
Boston College

Participants in this round table are invited to share questions, contradictions, and conundrums encountered in collaborative participatory and action research experiences which strives to infuse a feminist perspective in all aspects of the work. The facilitator share several examples drawn from her experiences in working at the interface of mental health and human rights in contexts of war and state-sponsored violence in Guatemala, South Africa, and urban Boston. She will discuss a set of epistemological and methodological challenges facing her and her collaborators in the design of a post-deportation human rights PAR project here in New England and a project in post-Katrina New Orleans.

#### ENGAGING AND EMPOWERING HOMELESS CLIENTS: CONNECTING HOMELESS CLIENTS WITH PREVENTIVE HEALTH AND MENTAL HEALTH SERVICES

Tricia Wolanin, Help USA, Bronx Family Center, United States  
Gillian Scott, City University of New York, United States

Description: Numerous studies have indicated that individuals who are either homeless or facing homelessness, are at heightened risks for various health problems and mental illnesses. In addition, there tends to be an underutilization of services or receiving treatment only on as needed/crisis basis. This workshop will explore the development of a new model created by Dr. Wolanin and Gillian Scott that has been successfully utilized at a homeless shelter in the Bronx. This model looks at how by creating monthly preventive health workshops, clients can become engaged and empowered to attain the necessary medical and mental health services. Through exploring this model, one can learn specific techniques, strategies, and suggestions to create a trusting and empowering sense of community at your agency.



## *Symposia*

### **Symposium: INVESTIGATING AND LEARNING FROM RESISTANCE STRATEGIES OF ABORIGINAL ADOLESCENT GIRLS: REPORTING ON THE TALKING BACK PROJECT**

Susan D. Dion, York University, Canada  
Kirsten Madsen, Sheridan Institute of Technology & Advanced Learning, Canada  
Debra Pepler, York University, Canada  
Debbie Sault, Dilico Child and Family Services, Canada

There is an emerging literature on girls' aggression, but we know very little about the stresses that Aboriginal girls experience and their risk for a range of psychosocial problems in childhood and adolescence. How might we come to understand Aboriginal girls' experiences in terms of emotional and behavioral adjustment and to what extent they differ from Aboriginal boys and from other girls in Canada. Additionally, we have a lot to learn from a focus on the resilience and protective processes of Aboriginal girls who do not experience serious psychosocial problems (First Nations Child Health Care study, 1990). Talking Back: Aboriginal Girls Telling Their Stories is a 3 year research project that began with an unwillingness to accept as natural the increased incidents of aggression among adolescent Aboriginal girls, and a desire to accomplish change in our ways of knowing about and responding to the experiences of these girls. A partnership between researchers, clinicians, community members, and Aboriginal girls the goals of this project are to: (1) Advance our understanding of the lived experiences of adolescent Aboriginal girls, (2) Explore both conditions of risk and protective processes that enable girls to cope with adversity, and (3) Use this information to improve existing and develop new prevention and intervention programs for girls who exhibit aggressive behavior.

#### **Included papers:**

##### **THE TALKING BACK PROJECT: RESEARCH, THEORY, AND PROGRAMME DEVELOPMENT**

Kirsten Madsen, Sheridan Institute of Technology & Advanced Learning, Canada  
Susan D. Dion, Debra Pepler, York University, Canada  
Debbie Sault, Dilico Child and Family Services, Canada  
Amanda Shebobman, Lakehead University, Canada  
Destany Johns, Dilico Ojibway Child and Family Services, Canada

The Talking Back project began in response to concerns raised by Aboriginal community members and staff from an Aboriginal Child and Family Mental Health Agency in Northern Ontario about the growing number of girls being referred for aggressive behaviour. There is an emerging literature on girls' aggression, but there have been no studies on the stresses that Aboriginal girls experience and their risk for a range of psychosocial challenges in childhood and adolescence. This qualitative study involves researchers, clinicians (both Aboriginal and non-Aboriginal), community members and the girls (living in urban, rural and remote communities) working collaboratively to advance our collective knowledge of the stresses associated with First Nations girls' aggressive behaviour challenges. The study consists of 40 individual interviews with girls 13 to 18-years of age. By investigating the conditions of risk in their lives and the protective processes that enable the girls to cope with adversity, we plan to generate directions for developing effective and culturally sensitive services. To develop a preliminary theory for the development of First Nations' girls which is true to the girls' experiences, and to inform prevention and intervention initiatives, an innovative research programme needed to emerge. This paper addresses the ways we are drawing on our diverse strengths and meeting these objectives.

## THE TALKING BACK PROJECT AND WHAT THE GIRLS ARE TEACHING US

Susan D. Dion, York University, Canada

Kirsten Madsen, Sheridan Institute of Technology & Advanced Learning, Canada

Debra Pepler, York University, Canada

"It sounds to me like you are just being nosy about our lives." These words, spoken by an Aboriginal adolescent girl during a community meeting reflect the perception, knowledge, and understanding that participants are capable of bringing to the research process. For the authors, these words reflect the speaker's conscious concern for the research process and the position she felt that she was being asked to occupy. What do we ask of adolescent research participants, how and what do we learn from them, how do we demonstrate respect and concern for their needs? Research, as that described in this paper, is carried out with the hope that the project will not only increase our understanding of the issues being "investigated", but also enhance the lives of the participants. By including girls and those who are involved in their lives as part of the research process, enabling them to see how their ideas are attended to and put into practice, we hope to advance our knowledge of the lived experiences of the girls and put professional health providers in a better position to prevent and respond to the increased occurrence of aggressive actions perpetrated by the girls. This paper describes our research approach that draws on de-colonizing, critical and feminist theories and discusses what we, together with our partners, are learning about the complexities of completing research with adolescents that crosses racial borders.

## KNOWING/NOT KNOWING WORTHINESS: ABORIGINAL ADOLESCENT GIRLS COMPLICATE OUR UNDERSTANDING OF THE SEARCH FOR SELF WORTH

Susan D. Dion, York University, Canada

Kirsten Madsen, Sheridan Institute of Technology & Advanced Learning, Canada

Debra Pepler, York University, Canada

This paper addresses possibilities of nurturing self-worth in the face of loss, adversity and alienation. While the primary objective of the Talking Back Project is to understand and respond to the increased incidents of aggression among adolescent Aboriginal girls the point of this project is to look specifically at the role of self-esteem and self-worth as factors motivating the girl's actions. Adolescence is a period of intense growth and change with a focus on identity formation and emerging independence. Developing and/or maintaining positive self-esteem during this developmental stage can pose a challenge under the best of circumstances. Considering the challenges confronting the girls who participated in the Talking Back Project we are impressed by the degree to which they, as active social agents, seek experiences and relationships that will support the development of positive self-esteem and self-worth. At this exploratory stage in the larger project, drawing on a subsection of 4 interviews from the Talking Back Data set (40 interviews) the authors are reporting on specific cases. These cases demonstrate that while the girls navigate a world in which they are in multiple ways confronted by violence, poverty, racism, and deprivation they actively search out and cultivate experiences and relationships that affirm their sense of themselves as worthy beings.

## **Symposium: ADDRESSING THE SOCIAL CONTEXT OF PSYCHOLOGICAL SERVICES: RE-THINKING KEY CONCEPTS**

Convenor: David Harper, University of East London, United Kingdom

Psychologists working in health settings often encounter situations where the social context of their work is brought home to them. One of the ways this happens is when our explanatory models and concepts reach the limits of adequacy and we realise that more conceptual work is necessary – in other words, we need to re-think traditional concepts. In this symposium we identify three key concepts which need to be re-thought if we are to enable services to fully meet the challenges of cultural acceptability, discrimination against people with health problems and the distress caused by conflict.

In the first paper Bipasha Ahmed examines the ways in which the term 'culture' is drawn on in interviews with both South Asian women survivors of sexual violence and health professionals. In her discursive analysis she will identify both the constraints set up when professionals discuss culture and some of the

possibilities opened up as the women survivors talk about culture in ways that challenges the professional accounts. Her paper will identify ways in which we could more usefully think about and practice ‘cultural sensitivity’. In the second paper, David Harper and Kian Vakili argue that the stigma paradigm is limited because of the tendency to individualise and psychologise societal discrimination against people with health problems or disabilities. Drawing on interviews with people with a diagnosis of schizophrenia, they explore how a focus on discrimination can illuminate aspects of experience obscured by stigma-based approaches and they identify how public education campaigns could be improved by a focus on discrimination rather than medical stigma-based approaches. In the third paper, Helen Murphy addresses the notion of trauma and identifies links between trauma and an Anglo-American therapeutic ethos. Helen identifies contexts both where the notion of trauma is actively used and where it is not used and discusses this in a context of the increasing globalisation of health where experiences are increasingly seen as universal. Her paper argues that ‘globalised’ trauma is not used in the context of Northern Ireland and discusses some of the effects of this and notes ways in which services have adapted compared to ways in which services may need to adapt.

### **Included Papers:**

#### RE-THINKING ‘CULTURE’: IMPLICATIONS FOR DEVELOPING ‘CULTURALLY SENSITIVE’ THEORIES, PRACTICES AND SERVICES

Bipasha Ahmed, University of East London, United Kingdom  
Anamika Majumdar, London South Bank University, United Kingdom  
Paula Reavey, London South Bank University, United Kingdom

Developing ‘culturally sensitive’ psychological theories, practices and services has been a concern for some time, whether it is in the arena of health, mental health or other types of service provision and applied contexts. However, what being ‘culturally sensitive’ means has also been a topic for debate. The aim of this paper is to discuss ways in which the concept of ‘culture’ is constructed by service users and service professionals as a way of re-thinking how it is used when developing models and practices. Drawing on a Discourse Analysis of interviews with South Asian women survivors of sexual violence and service professionals, this paper will look at constructions of ‘culture’ by participants. It will discuss some of the pitfalls of certain constructions of ‘culture’ by service professionals when trying to develop ‘cultural awareness’ in their professional practices. It will also report on a concurrent analysis of constructions of ‘culture’ by South Asian women survivors of sexual violence who have accessed such services, which seem to challenge dominant or professional constructions. These findings will have wider implications for how we think about and hence develop ‘culturally sensitive’ services and the theories and practices which inform them.

#### FROM STIGMA TO DISCRIMINATION

David Harper, Kian Vakilli  
University of East London, United Kingdom

Some health problems attract negative responses from others and, ever since Goffman’s pioneering work in the 1960s, the notion of stigma has dominated the attempts to explain and counter such responses. However, for some commentators influenced by the social model of disability and civil rights campaigns by people with disabilities, the effects of viewing negative responses within a stigma paradigm are that social practices of discrimination not only become individualised and psychologised but they become attached to the person identified as having the health problem, rather than those who are responsible. We do not talk, for example, of the stigma of being a woman, we talk about sexism so why do we continue to talk of the stigma of mental illness or of an HIV diagnosis? In this paper, we will use an interpretative phenomenological approach to draw on interviews with British people with a diagnosis of schizophrenia, examining their experiences of discrimination. We will discuss direct and indirect experiences of discrimination (‘fear of stigma’). We will also describe some of the strategies interviewees used to manage discriminatory practices. We will argue that a focus on discrimination, rather than stigma provides a more helpful way of understanding the interview material and will draw out implications for public education campaigns aimed at countering discrimination.

GLOBALISATION AND PSYCHOLOGICAL SUFFERING IN CONTEXT:  
THE NORTHERN IRELAND CONFLICT AND THE NOTION OF TRAUMA

Helen Murphy, University of East London, United Kingdom

In recent years an Anglo-American therapeutic ethos has been applied to experiences of psychological distress and suffering which have increasingly been seen as universal in an era of globalisation. In this paper, the concept of this therapeutic ethos is presented and debated. The impact of an expressive psychologically minded individualism on culturally bound beliefs will also be explored. It is of interest that this therapeutic ethos has been used and promoted in certain international contexts but is absent in others. For example, I will argue that this therapeutic ethos is not obviously available for trauma as related to the Northern Ireland conflict. I will outline some of the consequences of this and identify ways in which health services need to adapt in order to acknowledge that our understandings of the human psyche are culturally, socially and economically bound.

**Symposium: WHAT IS THE VALUE OF LIFE? EXISTENTIAL CONCERNS OF POTENTIAL DONATING FAMILIES, DONORS, AND OF PERSONS WAITING FOR TRANSPLANTATION**

Convenor and organizer: Chantal Piot-Ziegler, University of Lausanne, Switzerland

Discussant: Kerry Chamberlain, Massey University, New-Zealand.

Tensions generated by transplantation give rise to societal reflections, and the medical world has to allow space, aside from medical performances, for emotional and existential concerns. Transplantation improves quality of life (kidney transplantation), and saves lives (heart, lung or liver transplantation). Paradoxical situations are generated by transplantation, and existential choices are central: donating the organs of a loved one to allow a stranger to live, or preserving the integrity of a dead body and wasting life-saving organs; donating organs by signing a donor card and confronting one's own death, or refusing donation; giving thanks for the organ of a deceased person, or refusing transplantation and dying. Patients, physicians, potential donors and donors' families each have their own priorities, their specific moral, ethical, and existential questions, where life and death are constantly evaluated. Distress and anxiety may arise with awareness of these existential choices and the value placed on life. Transplantation further generates a broader societal and ethical debate as how to facilitate these choices, focusing on the person in a technocratic medical environment.

**Included Papers:**

**WHY RELATIVES DO NOT DONATE ORGANS FOR TRANSPLANT OPERATIONS:  
IS 'SACRIFICE' A MORE APPROPRIATE FAMILY CARE MODEL THAN THE 'GIFT OF LIFE'?**

Magi Sque, Tracy Long, University of Southampton, United Kingdom

Sheila Payne, Lancaster University, United Kingdom

Drawing on a series of qualitative studies carried out with families who chose to donate and those who declined donation of their deceased relatives' organs, I will argue that the findings illuminate the sacrificial nature of donation, within their decision-making process. I suggest that we may have overlooked the role of sacrifice in our attempts to facilitate donation using the 'gift of life' propaganda of transplant policy. I will argue that 'gift' may not be a wholly useful concept for donation as it promotes ideas of giving and receiving rather than the difficult decisions and the sacrifice that must be made by donors and their families. Sacrifice that may well help to explain the relatively low donation rates in countries where the benefits of transplantation are well known. The findings suggest that a new model is needed to care for bereaved relatives who are approached about donation, if we are ever to realize a significant increase in donation rates. A model that more readily accommodates the perceived suffering of the donor and their family, acknowledges that organ donation is culturally challenging, and specifically addresses the propriety of the donation operation in the discussion with families and in public education initiatives.

## PROMOTING THE ORGAN DONOR CARD – AN EXPERIMENTAL STUDY

Gundula Huebner, Bernd Six  
Martin-Luther-University Halle-Wittenberg, Germany

Empathy arousal is regarded as essential for altruistic behavior. However, using empathic cues to stimulate organ donation commitment might be two folded. Becoming a potential post mortem donor means accepting one's own mortality. Therefore, being confronted with the distress of organ donation patients might stimulate mortality salience. Referring to the Terror Management Theory mortality salience activates fears of death and dying. Thus, mortality salience is likely to heighten the salience of fears negatively connected to organ donation, such as premature declaration of death. The present research tested the role of empathic cues in stimulating organ donation commitment. We compared an empathic cue message to messages providing their audience with fear reducing information. In the experiment 320 persons participated who had not signed an organ donor card before. Results revealed that the empathic cue message led to significantly higher anti donation attitudes and lower intentions to sign an organ donor card compared to messages including fear reducing information. Furthermore, reading the empathic cue message resulted in significantly less frequent organ donor card request. The results implicate that trust in the medical system is more important than stimulating empathy to promote the organ donor card.

## EXISTENTIAL AND PSYCHOLOGICAL CONCERNS DURING THE PRETRANSPLANTATION PERIOD - A QUALITATIVE STUDY

Chantal Piot-Ziegler, Nadja Ruffiner-Boner, Fabienne Fasseur,  
Thérèse Cuttelod, Jennifer Szymanski, Floriane Fonzallaz, Marie Santiago:  
University of Lausanne, Switzerland  
John-David Aubert, Manuel Pascual, University Hospital, Lausanne, Switzerland

Few qualitative studies have addressed existential concerns of persons awaiting organ transplantation. In this study, 71 persons awaiting kidney (K, n=30, age m = 52.9 ±10), liver (Li, n = 11, age m = 51.1 ±8.4), lung (Lu, n =15, age m = 52.1 ±10.4), or heart (H, n = 15, age m = 53.9 ±7.9) transplantation were interviewed at home, or in a place selected by the person. We used a qualitative reflexive method, and developed a two-step procedure: discourse analysis followed by an original Qualitative Pattern Analysis (QUAPA). We found that common existential themes were discussed: the transplantation announcement; the decision/choice process and the endorsement of the constraining “good candidate” role; the modification of objects, time and space perception; the emotional fragility caused by the difficulty in sharing existential concerns; the behaviors towards regimen and the medical world; specific social or medical stigma; and finally, hopes and expected benefits from transplantation. Nevertheless, specific patterns were identified, which depended on the particular organ related-illnesses and their impact on the person's life. Stakes were not similar across the different organ-awaiting groups, but existential concerns shared common ground and should be adequately addressed during the pre-transplantation period.

## **Symposium: “IN FITNESS AND IN HEALTH” CRITICAL PERSPECTIVES ON OBESITY AND HEALTHY AGING DISCOURSES**

Convener: Carla Rice, Trent University, Canada  
Panelist: Deborah McPhail, York University, Canada  
Panelist: Claire Carter, York University, Canada  
Panelist: Carla Rice, Trent University, Canada

This symposium will trace the history of concerns about obesity, fitness, and aging and their consequences for Canadian women from the 1950s to the present. Using genealogy, narrative methodology, and poststructuralist feminist theory, panelists consider diverse ways that obesity and healthy aging discourses have produced, contained, and othered various groups of women. Deborah McPhail begins our explorations by arguing that contemporary concerns about Canada's “obesity epidemic” have their roots in discussions from the post war period that demanded women's adoption of disciplinary practices to articulate a body “norm” which was decidedly white, middle class, and of a certain size. Turning to contemporary concerns about aging, Claire Carter follows with an examination of ways that representations of “healthy” aging conflate with anti-aging consumerist initiatives, which limit symbolic resources available for imagining

aging bodies. Carla Rice concludes our symposium by weaving together an analysis of fitness promotion campaigns with diverse women's coming-of-age body histories to show how the unfit fat female body is made from interactions of large bodies, cultural representations, and social practices that shape "bodies of size". Extending Gremillion's (2003) incisive pun about the fit female body as a life-long project, panelists emphasize how discourses about healthy bodies have encouraged disciplinary practices that insidiously reproduce and reinforce existing relations of gender, race, size, age, and class.

### **Included Papers:**

#### **"THIS IS THE FACE OF OBESITY": RACE, CLASS, GENDER AND THE PSYCHOLOGICAL DISCOURSE OF OBESITY IN 1950s CANADA**

Deborah McPhail, York University, Canada

In this paper, I trace Canada's contemporary concern about obesity to shifts in racialised and classed gender relations that took place in the 1950s. As feminists have argued, upon the return of a large number of Canadian soldiers from World War II, white, middle-class women were encouraged to leave paying jobs to take up unpaid work in the home as mothers of the next generation of white Canadians (c.f. Iocavetta, 2002). This gendered economic event was supported by the now-well-documented discourse articulating white, middle-class women as "depressed", and hence as psychologically unfit for paid work (c.f. Chesler, 1973; Friedan, 1963). My analysis of Canadian medical literature, popular press, and health policy shows that discourses about weight helped precipitate these discursive and material changes in the gendered political economy. I demonstrate how, during the 1950s, obesity in women came to be understood as a psychological or behavioural problem resulting from emotional distress, rather than as the biological problem it had previously been considered. I also show how practices of fitness, exercise, the consumption of diet drugs, and other dieting regimes were complicit not only in articulating a body "norm" for women, which was always racially- and class-charged, but also in positioning middle-class white women as housewives and mothers.

#### **'HEALTHY AGING' VS. 'ANTI-AGING': EXPLORING NORTH AMERICAN REPRESENTATIONS AND DISCOURSES OF AGING**

Claire Carter, York University, Canada

This paper provides a feminist critique of the relationship between discourses of "healthy" aging and those of anti-aging in North America. Western culture increasingly is youth-oriented and ageist. As a result, there is growing pressure to fight aging and project youthfulness in order to remain culturally intelligible and valuable. Postmodern life course theory proposes that the shift from industrialization to consumerism/capitalism has meant that individuals' identities are no longer bound to particular life course stages, and their associated roles and behaviours. Rather than being identified by the life stage they are in, individuals increasingly are defined by what they consume and by how their bodies appear. However, aging represents a threat to an individuals' ability to change and control the body, and consequently to maintain a culturally valued "adult" identity. This is of particular concern for women, as their identity and status are tied to their bodies. This paper examines how societal shifts have impacted health discourses, and whether body practices or changes are done to maintain one's health or to fight/slow the aging process. Using preliminary interviews from my doctoral research, and feminist, life course, and aging studies literature, I consider whether representations of "healthy" aging reinforce anti-aging consumerist initiatives, and how popular aging discourses affect diverse women, and their relationship with their bodies.

#### **HOW BIG GIRLS BECOME FAT GIRLS: THE PRODUCTION OF PROBLEM EATING AND PHYSICAL INACTIVITY**

Carla Rice, Trent University, Canada

This paper offers a feminist poststructuralist theory of fat based on diverse women's narratives of becoming the "fat girl" over the past thirty years in a Canadian context. Through examining cultural messages concerning fatness and fitness conveyed to contributors in their childhood social worlds, it analyzes intersections of personal body histories with broader social histories. The paper traces how discourses of physical fitness popularized through government campaigns and school curricula frame fat girls as "unfit"

and feed into disparaging attributions that “disqualify” their gender. According to women-as-girls’ accounts, bigness becomes fatness in interactions that produce girls’ social and physical unfitness and lead to exercise and eating practices typically associated with fat. For participants of diverse races, ethnicities, and abilities, attributions about fat intermingling with other differences create a difficult double bind by blocking opportunities for establishing credible feminine or tomboy identities. Women’s narratives reveal how the abject fat female body materializes out of a disordered relationship between big girls and social relations that refuse to see female physical and social fitness as embodied in anything but a thin, white, and able form. While anti-fat messages compromise their physical abilities and identity choices, women show creativity at bodily self-making, mediating devalued differences with improvisational identities as a dynamic process.

### **Symposium: NEGOTIATING GENDERED SUBJECTIVITY IN RELATIONAL CONTEXTS**

Convenor and Chair: Jane M. Ussher, University of Western Sydney, Australia

Critical feminist psychology has demonstrated the significance of gender in the construction and experience of subjectivity. Women negotiate gendered subjectivity within a relational context, with gendered roles and expectations providing the milieu within which they come to know themselves as ‘woman’. These six papers examine the relevance of this body of work for critical health psychology, which often overlooks gender. Drawing on empirical research conducted across a range of areas, we examine the complex ways in which discourse and material practice impacts upon individual women within a relational context, and the consequences of this for subjectivity and mental health. Cancer caring is shown to impact more negatively on women than men, due to the gendered positioning of cancer carers. Sexuality, a neglected area in the cancer carer research literature, is critically explored, from a gendered perspective. Taken for granted assumptions about the ‘effects’ of child sexual abuse are challenged through examining survivor’s accounts of intimate relationships with men. The role of self-silencing in the construction and experience of Premenstrual Syndrome (PMS) is demonstrated, and the negotiation of PMS in lesbian relationships explored. The power of institutional regulation of gendered subjectivity and health is illustrated, through a study of Catholic nuns. It is thus demonstrated that Critical Health Psychology cannot ignore the relational experience and construction of gender – it is central to the construction and experience of health and illness.

#### **Included Papers:**

##### **GENDER DIFFERENCES IN THE CONSTRUCTION AND EXPERIENCE OF CANCER CARE: THE CONSEQUENCES OF THE GENDERED POSITIONING OF CARERS**

Jane M. Ussher, Mirjana Sandoval, University of Western Sydney, Australia

Women cancer carers report significantly higher rates of distress and burden of care than men. This was confirmed in a study using a mixed method design, with 50 informal cancer carers, 35 women and 15 men. Semi-structured interviews with 13 carers identified gender differences in the positioning and experience of the caring role. Women described being positioned as all encompassing expert carers, expected to be competent at decision making, a range of physical caring tasks, and provision of emotional support for the person with cancer. The consequences of this positioning were over-responsibility and self sacrifice, physical costs, and overwhelming emotions, which were self-silenced. In contrast, male carers positioned caring as a competency task which they had mastered, and which provided them with satisfaction, with the emotions of the person with cancer, or their own emotions, being negative aspects of caring. These findings are interpreted in relation to the broader body of research on gendered caring, wherein the expectation that women are ‘natural’ carers’ can result in higher burden of care, compulsive sensitivity, and difficulties in setting boundaries and self care. Conversely, pragmatism, use of boundaries, attention to self needs, and avoidance of emotions are tied to traditional masculine gendered roles.

NEGOTIATING THE GENDER AND SEXUAL DYNAMICS OF THE CARING RELATIONSHIP: AN  
EXAMINATION OF THE SUBJECTIVE EXPERIENCES OF SEXUALITY FOR CANCER CARERS  
Emilee Gilbert, University of Western Sydney, Australia

Recent studies show that often the dynamics of the care-giving relationship can interfere with a couple's sexual and intimate relationship. For carers in a couple relationship with a person with cancer, providing intimate physical care to their partner can make it difficult to continue to see them as a sexual partner. This paper explores the subjective experiences of sexuality and intimacy for cancer carers in couple relationships, and examines the role of cancer and caring in the negotiation of sexuality, sexual relationships, and gender practices. Semi-structured in-depth interviews were conducted with a volunteer sample of twenty adult cancer carers in a couple relationship with a person with cancer, living in New South Wales, Australia. Interview themes included: 'changes to the intimate/sexual relationship'; 'feelings about the intimate/sexual relationship'; and 'feelings about the caring role'. Grounded theory was used to analyse the data, and the findings read through a post-structural theoretical frame. Results show that following the onset of cancer, carers often reposition their partners as 'child-like' or 'asexual', as the boundaries between what constitutes sexual and asexual behaviour are broken down. The implication of this for carer's sexual subjectivity, and the couple sexual relationship more broadly, will be discussed.

"I FEEL LIKE A BIT OF A FAILURE FOR NOT BEING ABLE TO GIVE HIM WHAT HE NEEDS":  
CHILD SEXUAL ABUSE SURVIVORS' ACCOUNTS OF INTERPERSONAL  
RELATIONSHIPS WITH MEN

Georgia Ovenden, University of Western Sydney, Australia

Research suggests that female survivors of child sexual abuse experience 'different' levels of sexual and interpersonal functioning in their adult lives than non-abused women. Patterns of 'sexual dysfunction' reported include 'avoidance of intimate and sexual relationships,' 'sexually risky behaviours,' 'revictimisation' and 'inappropriate sexual relationships.' Correlations between child sexual abuse and 'sexual disorders' undoubtedly influence survivors' pathway to 'healthy' intimate relationships with men. For example, a number of clinical studies have indicated that survivors often perceive sexual and intimacy problems in their relationships to be a product of their own 'depression' and 'lack of desire'. What is missing is a more in-depth examination of how popular constructions of the 'effects' of abuse intersect with survivors' own accounts of intimate relationships. The focus of this paper is to investigate the ways that female survivors negotiate past experiences of child sexual abuse within their intimate relationships with men. This is an important area of study, given that memories of abuse often recur in the context of intimate relationships. Drawing on interviews conducted with adult survivors of child sexual abuse, this paper will explore how female survivors both interpret and resist popular constructions of sexual abuse in their intimate relationships with men.

PRE-MENSTRUAL SYNDROME AS GENDERED DISTRESS: BREAKING SELF-SILENCING

Janette Perz, Jane M. Ussher  
University of Western Sydney, Australia

Bio-medical and psychological accounts of pre-menstrual syndrome (PMS) position premenstrual distress as a pathology located within the woman. In contrast, we will argue that PMS is more appropriately conceptualised as a disruption in the self-silencing in which women engage for three weeks of the month, with material, discursive and intrapsychic factors combining to result in the premenstrual expression of anger, irritation or feelings of sadness and depression, the most common 'symptoms' of PMS. This is a disruption which leads to guilt, self-castigation and self-pathologization on the behalf of women, due to the positioning of negative emotional expression as inappropriate within Western discourses of femininity, and the absence of empathy or support within individual relational contexts. Attributing emotional expression or distress to an embodied disorder "PMS", acts to absolve women of responsibility for breaks in self-silencing, at the same time as it obviates examination of the myriad factors which may lead to premenstrual distress. This gendered positioning of premenstrual distress will be illustrated in women's accounts collected in a mixed-methods study examining the construction and experience of PMS in groups of women who present with moderate-severe premenstrual distress. The association between accounts of PMS and self-silencing and the effect of these ruptures on women's distress will be examined.



PMS IN LESBIAN RELATIONSHIPS: THE CONSTRUCTION AND NEGOTIATION  
OF PREMENSTRUAL DISTRESS IN A RELATIONAL CONTEXT

Jane M. Ussher, Julie Mooney-Somers,  
University of Western Sydney, Australia

Discursive research on premenstrual distress has demonstrated that women's experience of premenstrual change is an ongoing process of construction and negotiation that occurs within the context of relationships. Partners are implicated in women's framing of their own symptoms as PMS, or not, and contribute to women's ability to cope with premenstrual distress. However, most of this research focuses on heterosexual women and couples. How then is PMS experienced, and the position of PMS 'sufferer' negotiated, in relationships where there is no gender difference, and where a woman's partner may also position herself as a PMS 'sufferer'? Drawing on accounts from 23 women in lesbian relationships, this paper examines the construction and experience of premenstrual change in these relationships, focusing particularly on how PMS is named and the ways in which it is talked about. Themes examined include women's experience of partners naming PMS, women's reasons for naming PMS, talking about PMS outside the premenstrual phase, and the negotiation of strategies to deal with particular symptoms that impact on couple activities such as sexual relations and socialising.

THE NUN'S NEGOTIATION OF SELF AS WOMAN WITHIN THE PATRIARCHAL CONTEXT OF  
THE CATHOLIC CHURCH: AN AUSTRALIAN / NEW ZEALAND STUDY

Megan Brock, University of Western Sydney, Australia

While there are multiple sites on which a woman's identity is constructed, the identity of the Nun is constructed by the Catholic Church, which regulates and ascribes meaning for her life. Drawing on a Foucauldian Discourse Analysis of Church texts, and interviews with forty-three Nuns in Australia / New Zealand, this paper examines the Catholic Church's discursive construction of the Nun as docile woman, and the ways in which Nuns in this sample negotiate subjectivity within the patriarchal Church context. Although the Church's Second Vatican Council (1962-1965), brought about some changes in the material practices of Nuns' lives, Nuns are still positioned by the Church, as having been called by God to sacrifice their lives, their sexual desires/fulfillment, and their economic independence for the benefit of the Church. Positioned as subject to the male authority of the Church institution, they are expected to live lives of self-sacrifice, devoting themselves totally and single-mindedly to God and the Church's work. Data gathered from individual and focus group interviews with Nuns in this sample examines ways in which Nuns actively resist the Church's representation of the institutional, docile woman, positioning themselves instead as individuated women, exercising personal agency in their lives and work.

**Symposium: MADNESS AND MEANING: AN EXPLORATION OF 'RISKY PRACTICES'**

Convenor: Carla Willig, City University, United Kingdom

This symposium is concerned with 'risky practices' and their meanings in the lives of those who choose to engage in them on a regular basis. The symposium presents phenomenological research exploring the experiences of extreme sports practitioners (Willig), cannabis users (Boserman) and individuals who engage in consensual sadomasochistic role-play (Weille). In each case, the aim of the research is to gain an understanding of the meanings and functions of risky, potentially harmful, practices within the individual's lifeworld. The research presented here challenges the notion that risky behaviour is necessarily the product of some kind of faulty functioning or psychopathology, and therefore a problem to be solved, and instead attempts to understand what it is that such practices may add to people's lives. Each contribution to the symposium employs a different theoretical perspective in approaching this question, thus generating a range of interpretations drawing on existentialism (Willig), Jungian concepts (Boserman) and attachment theory (Weille). Contributors also make links between the meanings and functions of 'risky practices' in individuals' lives and the larger picture of contemporary Western society's construction and regulation of 'the self'. The discussant (Brown) will reflect on the individual contributions as well as on the theme of the symposium as a whole, tracing theoretical, methodological and practical implications of the research.

## **Included Papers:**

### **A PHENOMENOLOGICAL INVESTIGATION OF THE EXPERIENCE OF TAKING PART IN EXTREME SPORT Carla Willig, City University, United Kingdom**

This paper presents a phenomenological analysis of semi-structured interviews with eight extreme sports practitioners. The motivation behind the study was to look beyond the riskiness of the practice, and to find out what participation in extreme sport may add to a person's experience of self and world. Participants' experience of extreme sport is characterised by a certain kind of relationship with the internal and external environment (Context), a self-reflective attitude to one's developing abilities (Challenge), a preparedness to experience pain and discomfort (Suffering), and the presence of (potential) witnesses (Other People). Experiences of achievement (Mastery and Skill), of novel emotional states (Contrasts), of a sense of freedom from care (Being in the Present) and of joy (Pleasure) became possible under these conditions; yet feelings of need (Compulsion) also emerged. The paper argues that it is important to entertain the possibility that engaging in practices which are risky may not (only/necessarily) be a symptom of an underlying conflict or a defense against anxiety, but rather a way of living a particular set of meanings so as to integrate into one's experience of life those meaning elements which would not otherwise be accessible.

### **DIARIES FROM CANNABIS USERS: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS Cristina Boserman, University of Southampton, United Kingdom**

The aim of the present study is to uncover the meanings behind the experience of cannabis use. Six participants were recruited and asked to keep a diary for 15 days. Data were analysed using Interpretative Phenomenological Analysis (IPA). Three master themes emerged and were explored in detail. These were: withdrawing from every day life; losing control; and living the addiction. The author draws on the theoretical insights of Jungian Psychology in an attempt to capture and explain the dynamics emerging from participants' experiences. The perspective focuses on the individual within a Society that has rejected humankind's primordial and terrifying animal-like instincts. Throughout the narratives the experience of cannabis, commonly regarded as a risky practice, appears to incarnate the attempt to explore psyche's shadowy areas in order to integrate the ambivalent opposites within the Self. However, as the author argues, the lack of a 'sacred' designated framework to deal with psychic forces makes the attempt only partially successful leading participants to the overwhelming feeling of being trapped into addiction. Finally, the use of cannabis seems to mirror a societal problem embedded in the larger picture of our contemporary Society.

### **CONSENSUAL SADOMASOCHISTIC AND DOMINANT-SUBMISSIVE SEXUAL GAMES: A PSYCHODYNAMIC EXPLORATION USING INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS Katharine Lee Harrison Weille, Amsterdam, The Netherlands**

This study explores the psychological experiences of individuals practicing consensual bondage, dominant-submissive, and sadomasochistic sexual role-play games (BDSM). This investigation of behaviours traditionally conceptualised as perverse, high risk and pathological, spans the epistemological divide between clinically derived psychoanalytic theories about perversion and non-clinical research on consensual BDSM subcultures by using a non-clinical sample but retaining the depth and psychological orientation of a psychodynamic interpretative framework. In the study, twenty-one members of an internet forum for people involved in consensual BDSM were interviewed via email. An exploratory psychodynamically-informed single case study was conducted, followed by cross-case analyses using interpretative phenomenological analysis. Four major themes emerge from the data. These include the psychological importance of the contextual frame as a containing, 'intermediate' space; the search for physical, emotional and intersubjective intensities which may be experienced as transformational; the use of BDSM 'play' and role-structures to effect a strong sense of bonding and relational security; and finally, the association between BDSM and processes of working through psychological conflicts.

## Posters

### MENTAL HEALTH IN WAR AND TERRORISM ENVIRONMENT Khapta Akhmedova, Chechen State University, Russian Federation

For more than ten years (1994-2005) a traumatic environment existed in Chechnya, characterized by war and terrorist acts. PTSD is not the sole psychological consequence of war trauma. In some cases PTSD was accompanied by the development of fanaticism that leads to suicide terrorism. The important question being what factors enable and even propel an individual to take the step of not only being willing to kill, but to deliberately die in order to kill others? The answer to what combination of factors create becoming a suicide terrorist lies in analysis of the personal, familial, community, sociological, political, economic, nationalistic, religious, and psychological reasons. This paper provides an empirical analysis of Chechen suicide terrorism based on interviews collected in Chechnya from March 2003 to March 2006. We report at this time the interviews with family members and close associates of 64 Chechen suicide terrorists inquiring about the terrorists' backgrounds, experiences, religious, psychological trauma, personality and behavioral changes and other psychosocial reasons leading up to their suicidal acts.

### HONOR KILLINGS IN THE EASTERN PART OF TURKEY: A SOCIAL PROBLEM THAT NEEDS TO BE SOLVED

Ferda Aysan, Dokuz Eylul University, Turkey

Honor killings have long been a tradition in the eastern part of Turkey. It occurs when a woman is involved in a sexual relationship with a man who's not accepted by the family members of the woman or when the relationship is conceived by the community as non-ethical. Usually the brother is put under a lot of pressure to kill his sister in order to hold the honor of the family in the eyes of others. The woman sometimes attempts to run away from her environment to rescue herself. If she is lucky to succeed, she may find a shelter home in one of the big cities in the western part of Turkey. Otherwise bloodshed is inevitable: she either commits suicide or gets killed by the brother no matter how young they both are. This phenomenon is considered as the "family law" of the small communities in the Eastern part of Turkey. Obviously, there is a tremendous amount of discrimination among men and women in terms of sexual freedom in the eastern part of the country which may be explained by the low education profile of women. A total of 30 interviews will be conducted with young women who are under risk. Transcripts will be analyzed using discourse analysis. Prevention strategies for intervention with the women who are under risk will be discussed. A critical analysis perspective will be used in examining the social and cultural context of honor killings.

### IMPROVEMENT IN FUNCTIONING, COGNITIVE CAPABILITIES AND INTERACTION AT OLD AGE WITH ANIMAL ASSISTED THERAPY

Bar-On Sari, Amit Rony,  
Ben-Gurion University, Israel

Research information concerning the relationships between senior citizens and animals is scarce. The few studies that were conducted show a significant benefit in health and emotional status. Yet, not enough attention has been paid to the advantages of human-animal contact in institutionalized elderly citizens who suffer of Dementia and Alzheimer's. In such situations, major psychological turmoil, changes in social functions, in communication and in alteration in daily routine, influence the patient and his family. We found that animals have the potential to help the patients to deal with their difficulties in numerous areas, including sensory integration, interpersonal connections, adjustment to non-familiar space, regaining daily care of personal hygiene and coping emotionally and symbolically with the new circumstances. The process of empowerment of old citizens in elderly citizens' homes will be demonstrated in this poster. The animal assisted therapy will be demonstrated in this case study as the trigger for binding the well-preserved past with the deteriorating present, regaining self-esteem by keeping personal hygiene and preserving functionality and dignity.

## THE IMPACT OF RESIDENTIAL CONTEXT ON ADOLESCENTS' SUBJECTIVE WELL BEING

Elvira Cicognani, Cinzia Albanesi, Bruna Zani  
University of Bologna, Italy

The role of neighborhoods and community contexts in affecting young people health and well-being outcomes has attracted growing interest among social scientists. Research has consistently demonstrated that living in a low-income neighborhood has negative effects on children's and adolescents' physical and mental health (e.g., anxiety and depression, psychological distress and somatic complaints) (Leventhal & Brooks-Gunn, 2000). The study investigates the impact of residential context on stressful events and Subjective Well-being (Emotional and Psychological) in young people living in a deprived geographical area, and the mediating role of personal (Self-efficacy) and social (Social Support, Sense of Community) variables. A questionnaire was submitted to 297 subjects (48.5% males): 203 adolescents (14 to 19-yrs-old) and 94 young adults (20 to 27-yrs-old), from different SES levels. Overall Residential Satisfaction is low. Adolescents are less satisfied and enjoy lower well-being than young adults. Residential Satisfaction is higher among high SES participants and males. Adolescents' stress levels are significantly affected by Residential Satisfaction and Friend Support, and predict Emotional Well-being. Psychological Well-being is not influenced by stressful life events, but is positively affected by environmental (SES) and social (Family Support) resources.

## THE EXPERIENCE OF CANCER FOR ROMAN CATHOLIC WOMEN OVER THE AGE OF 50 IN ENGLAND

Fiona Clements, Fiona Tasker, University of London  
United Kingdom

Many recent studies have suggested that a feeling of spirituality, or having a religious belief, is beneficial to recovering cancer patients. A large number of these studies have focused on women with breast cancer, and examined the notion of spirituality in general terms. The current study focuses solely on the experiences of Roman Catholic women in England (n = 6). Each has recovered from a different form of cancer. Following Riessman (1993) narrative analyses were conducted across the accounts. Three main themes emerged: 'simplicity' in the way that the women dealt with their illness; their idea that 'there is a purpose in everything' which is complemented by the Catholic understanding of the notion of acceptance; and the 'inner strength' which the women unexpectedly found themselves to have. It is suggested that all three themes are rooted in the Catholic understanding of the 'Paschal Mystery' as suffering, death and resurrection; a means for Catholics to seek redemption for their sins. The study examines how different aspects of the diagnosis and treatment of each woman are contained within this Catholic framework and not explicable without the resource of a specifically Catholic understanding of spirituality.

## ISSUES OF CONGRUENCE: EXPLORING THE LIVED EXPERIENCES OF PRIMARY CARE PATIENTS SCREENED FOR DEPRESSION

Miraj U. Desai, Fordham University, United States

Past research has suggested that underutilization of and non-compliance to mental health services may be due to a disconnect between patients' experiences and conceptualizations and the models of mental disorder and treatment that are employed by professionals who are offering these services. In order to investigate the nature of the congruence and incongruence between potential clients' experiences and conceptions with the models of scientists and health care providers, a detailed examination of the former is required. Seven research participants were selected from a population of persons seeking treatment in outpatient facilities for medical conditions and who were shown by the routine screening battery to be suffering from depression. Descriptions of these potential patients' lived experiences in the areas of their lives identified by the screening instrument as problematic were collected along with descriptions of whether and how these individuals conceptualize their lived experiences as problematic and/or matters for professional medical/psychological attention. These descriptions were analyzed using the procedures of phenomenological reflection in order to identify the qualities and structures of potential patients' experience and conceptualization of mental disorder. Idiographic and nomothetic findings will be compared with scientific/professional models of mental disorder in order to identify congruence and/or incongruence.

CREATING A METHODOLOGICAL QUALITATIVE RESEARCH PROCESS:  
REFLEXIVITY IN PRACTICE

Fabienne Fasseur, Marie Santiago  
University of Lausanne, Switzerland

In my PhD research, I explore health personal practices and experiences of nurses related to their work. I struggle with questions linked to epistemology, theory and methodology. A phenomenological approach, looking at health at work as an everyday life' phenomenon, seems to me the most appropriate issue for studying nurses' points of view and personal representations about their health. Qualitative Health Psychology provides me an adequate theoretical background and a fitting methodology. Exploring qualitative instruments, two disturbing questions arise. The first issue deals with the participant and researcher's positions inside the research process. The second one is: "how to do the right thing". At an early stage, I choose semi-structured in-depth interviews as a convenient way to explore the topic. After exploratory essays, I feel disappointed with the results (little findings about work team relationships and influence on health practices). Then I move to a three-stage procedure with two individual interviews and focus groups. The individual ones are focused on health activity and personal health experiences and the other one takes place after returning the transcript to the participant. My communication will develop the theoretical, ethical motivations and assumptions shaping this evolution.

OVERSEAS TRAINED PSYCHIATRISTS FROM DEVELOPING COUNTRIES  
IN VICTORIA (AUSTRALIA): CHALLENGES IN ACCULTURATION

Raju Lakshmana, Northern Area Mental Health Service, Australia

Overseas Trained Psychiatrists (OTPs) from developing countries form a significant proportion of public mental health medical work force in Victoria (Australia). Their migration to Australia combined with the new demands of their role in public mental health services gives rise to specific personal, professional and social challenges that may impact on their process of acculturation and integration with Australian community. There is, unfortunately, very little research done to explore acculturation issues and how they might impact on individuals and in turn on the services they provide in this skilled migrant population. I have attempted to identify these issues based on, using qualitative methods, my personal observations and interviews with OTPs.

MAKING VISIBLE THE INVISIBLE: USING PHOTOVOICE TO ELICIT  
THE PERSPECTIVE OF BRAIN INJURY SURVIVORS

Laura S. Lorenz, Brandeis University, United States

Rehabilitation professionals have long advocated for gaining an insider perspective on living with chronic conditions, including brain injury. Involving people with a disability in research about their lived experience provides an opportunity to play a participant-expert role in the research process. Yet efforts to understand the perspective of brain injury survivors need to be sensitive to fair process, which views knowledge as "a resource locked in the human mind." Brain injury survivors may face challenges in reflecting on their situation, developing their ideas, and communicating them. These challenges require a creative approach to eliciting the survivor's perspective on his or her experience. For this study, eight members of a brain injury survivor support group participated in a 10-week photovoice project, for which they took photographs of living with their brain injury, discussed them in a group, wrote captions to accompany selected images, and prepared an exhibit to inform and educate policymakers, providers, and peers. Grouped under eight categories, the images and texts convey their challenges and sense of mutual support as these survivors work to accept their different abilities and move on with their lives. The group is continuing its work in an ongoing outreach phase.

USING AUDIO-DIARIES TO CAPTURE LIVED EXPERIENCE IN HEALTH PSYCHOLOGY:  
TECHNOLOGICAL, METHODOLOGICAL AND EPISTEMOLOGICAL ISSUES.

Steven Lyttle, Iain Williamson, De Montfort University, United Kingdom  
Sally Johnson, Leeds Metropolitan University, United Kingdom  
Dawn Leeming, University of East London, United Kingdom

Although diary methods have a long tradition of use within psychology and appear to have considerable potential in researching health-related processes and experiences, the use of unstructured diary methods to generate detailed phenomenological accounts within contemporary health psychology has thus far been limited. In this poster presentation, we describe a recently completed British study in which a sample of first-time mothers used voice-recording technology to make daily diary entries about their infant feeding experiences. We present a consideration of the benefits and challenges of this approach to data collection. In particular, we focus on ethical and epistemological issues, drawing on the accounts of both participants and members of the research team. We also explore the most suitable ways of analysing data derived from diaries and consider the practical advantages and limitations of using audio-diaries. Finally, some of the implications for developing the use of audio-diaries in health psychologists' research and practice are considered.

QUALITY OF LIFE AND PSORIASIS: THEMATIC ANALYSIS OF 50 EXPLORATORY  
INTERVIEWS AND CONSTRUCTION OF A FRENCH QUESTIONNAIRE.

Bruno Quintard, A. Coelier, E. Leconte, Université Victor Segalen, France  
Y. Guiguen, Hôpital d'Instruction des Armées R. Picqué, France  
A. Taïeb, Hôpital Saint André

Introduction. Psoriasis affects 4.7% of the French population. However, there is not yet French tool to assess the patients' quality of life. Method. 50 psoriasis patients participated in a recorded, semi-structured interview. A thematic analysis of the patients' speech enabled us to identify the main aspects of quality of life which were deteriorated by the disease and the treatments. Result. The main thematic categories identified are (by decreasing order): 1) impact of psoriasis on the social sphere (feeling of stigmatization, etc.), on everyday and leisure activities (not being able to go to the beach, etc) and on conjugal life (sexuality); 2) impact of symptoms on the somatic sphere (itching, pain, etc); 3) constraints linked with treatment (repetition, creams, etc); 4) impact of the disease and the treatments on the emotional state (stress, anxiety, etc). Each of these thematic categories was finally transcribed into one or several items depending on the frequency of its occurrence. A 53 items questionnaire thus was built and we are validating it on 500 psoriasis patients. Conclusion. The diversity of these themes points out the particularly pernicious effect of psoriasis on the everyday life. After factorial validation, this tool should help the physician and the patient to make a concerted therapeutic decision.

ELDER ON LONG TERM CARE PERCEPTION OF THE CONCEPTS OF DIGNITY,  
AUTONOMY AND INDEPENDENCE FROM A HUMANS RIGHT PERSPECTIVE

Luz Esther Rivera, Gladys Altieri  
Carlos Albizu University, Puerto Rico

Old age is a time in the life of a human being when it is expected that the person has reached the maximum in the Maslow's hierarchy of needs. Some researchers have stated that in the case of elders the hierarchy is inverted, where the need for self actualization becomes the strongest need. A person that has reached this stage will be characterized as aware and with a clear perception, honest, free and trusting. Existentialism states that one main life struggle is to become authentic. Autonomy has been found by researchers as an element that contributes to life satisfaction, and for life satisfaction, independence is considered an important element. Independence is important because it allows the feeling of freedom. Research has shown that freedom is important for the feeling of overall health; it's what maintains their self worth or dignity. When the elder perceives that the long term care facility denies them the feeling of freedom and the autonomy to decide their own behavior, their dignity is lacerated. International Human Rights protect human liberty and the Older American Act establishes that dignity is inherent to every individual. Elders' perceptions of the way they are being treated is enough to demonstrate a need to create and advocate for new laws that will allow for their self actualization development.

SEARCHING FOR SANCTUARY: WHAT HOME MEANS TO ME  
Barbara Schneider, University of Calgary, Canada

This proposal is for a poster that presents results of a photovoice project on the meaning of home to people with schizophrenia. This project is part of a larger SSHRC funded research project on housing for people with schizophrenia led by Dr. Barbara Schneider from the University of Calgary. Photovoice is a form of participatory action research in which members of a community group take and write about photographs that convey their perspective on a topic of importance to them. The topic of our project is “What does home mean to me?” The group consists of members of the Peer Support Unsung Heroes Program from the Schizophrenia Society of Alberta, Calgary Chapter, all of whom have schizophrenia and have experienced housing instability. All are now in stable housing. Over a four-month period the members of the group developed goals for the project and took the photos. The photos have been collected into a visually striking and emotionally compelling poster that illustrates the importance of home, something those of us who have always had homes take for granted.

THE POWER OF PSYCHOLOGICAL LITERATURE TO INFLUENCE  
SOCIAL CONSTRUCTIONS OF PATIENT POPULATIONS:  
THE CASE OF INFLAMMATORY BOWEL DISEASE, FROM 1872 TO PRESENT  
Nina Slota, Beata Pezacka, Danese Forbes, Dina Seiden,  
City University of New York, United States

Over the decades, there has been a shift in the theories about the cause(s) of inflammatory bowel disease (IBD), from psychosomatic to autoimmune/genetic explanations. However, the consistent labeling of these “patients” and their need for psychological and/or psychiatric interventions has persisted. This paper will analyze the abstracts of studies found through a literature search of PsychInfo. The studies will be analyzed in terms of the: type of article, causal explanation of the disease, type of psychological theory, research topic, method, sample size, and demographics. The conclusions are anticipated to show that, compared to other chronic medical illnesses with similar numbers of affected individuals, there is still a paucity of articles that do not medicalize individuals living with this impairment. This may be attributed to the lack of funding for non-medical research, resulting in the majority of current psychological and psychiatric literature being dissertation-based and/or clinical case studies. This poster makes the argument that funding for critical health psychology research about the experiences of people living with IBD, will help spread a newer, more positive, social construction of this group.

## *Films*

MARTHA HALL: I MAKE BOOKS  
Directors: Holly Haywood & Kari Wagner  
University of New England, United States

Martha Hall, a book artist from Orr's Island, Maine, died of breast cancer in December 2003. Part of Hall's intention in making her books was to educate medical professionals as to what it means to be a patient living with cancer. In this inspiring video Hall speaks intimately about her journey through three occurrences of cancer – the relationship with one's family, the disregard by doctors, the anxiety of waiting, the depression in dealing with a life threatening disease, and one's search for meaning. These experiences form the basis of her art and ultimately the legacy she has left behind for all of us.

HEARING [OUR] VOICES: A PARTICIPATORY STUDY ON SCHIZOPHRENIA AND  
HOMELESSNESS  
Barbara Schneider, University of Calgary, Canada

This is a proposal to show a 30-minute documentary film based on a participatory action research project on Housing for People with Schizophrenia. This powerful and evocative film draws on interviews conducted with nine people with schizophrenia, who took part as co-researchers on the project. They initiated the project, developed the research question, conducted the interviews and focus groups, and now are disseminating the results. The project was led by Dr. Barbara Schneider who also appears in the film. The film has five sections. In the first section, research team members describe their experiences with schizophrenia. In the second section they describe their involvement in a support group for people with schizophrenia. In the third section they talk about their involvement in the research project. The fourth section is a segment from a dramatic performance woven from the interviews and focus groups that were conducted for the study. In the fifth section, research team members reflect on what it has meant to them to be involved in the project. The film allows people with schizophrenia directly affected by housing issues to speak about their experiences in their own words. Film in DVD format is available for preview upon request.

## *Oral Presentations*

INFLUENCE OF DISABILITY STEREOTYPES ON WOMEN'S PERCEPTIONS OF THEIR CHRONIC  
ILLNESS EXPERIENCES  
Heather Adams, Ball State University, United States

The impact of stereotypes on individual's self perception and behaviors is well documented within the field of psychology, with women's body image assessment and stereotype threat being two of the more common examples. Through narrative analysis, this study explores the impact of disability stereotypes, with their associated descriptive terms, on women's perceptions of their chronic illness experiences. A total of seven in-depth (2.5 hour) interviews were conducted with women of various chronic illnesses as part of an ongoing study of chronic illness identity development. Approaching the data from the perspective of trauma and transformation (Tedeschi & Calhoun, 1995) revealed interesting instances of growth (intellectual, personal, career, health, and financial) in the lives of two participants. One participant clearly attributed these changes to her chronic illness, while the other insisted that her chronic illness had consisted solely of a series of limiting losses. These patterns of attribution are detailed and supported by extensive quotes from participants. The two differences in attribution are explored from the perspective that language shapes our experiences (de Saussure and Foucault). The presentation will conclude with a consideration of possible implications for individual's self-reports as methods of data collection, along with their life satisfaction.



BRINGING CRITICAL HEALTH PSYCHOLOGY TO URBAN UNIVERSITY  
HEALTH SERVICES: IDENTIFYING AND MOBILIZING RESOURCES  
FOR WELLNESS AND EDUCATIONAL SUCCESS  
Celeste Atallah-Gutierrez, Devin Atallah-Gutierrez, Andrew Bodman, Sarah Dolan, Liz Mongillo,  
Nicole Santoro, Ester Shapiro; University of Massachusetts Boston, United States

Nontraditional university students struggle with more than their fair share of burdens to their educational achievement, health and wellness. At the University of Massachusetts Boston, researchers have documented rates of trauma exposure as high as 80%. Our urban, primary ethnic minority, immigrant, and working class undergraduate community embodies health risks associated with racial, ethnic, gender and socioeconomic disparities in health. The following presentation reports on a collaboration with students, faculty and staff exploring the realistic stressors our students face and the resources they need to promote their wellness and educational success. What we had seen and experienced as teachers about what our students struggle with both from a health standpoint and an educational one led us to create a series of forums and public events to open conversations on campus about these realities. As a result of the discussions generated in these forums, we created a student-centered needs assessment in collaboration with University Health Services, the Ross Center for Students with Disabilities, and the Office of Student Life. Students who wish to participate complete an anonymous online survey in which they self-report on their health & wellbeing, the academic and psychosocial stressors they face including poverty, inadequate health care, exposure to community violence, and discrimination, and the resources that they currently use to cope or would be interested in using in the future. In this presentation, we will discuss the community based participatory health promotion framework we used to conceptualize the project, the outreach and alliances we have built with key organizations through informal relationships and formal “community resource mapping”, and the diverse methods we have used to include the often silenced voices of students, staff, and activist faculty. The results of the survey will be presented, and we will talk about how we plan to use these findings to inform and improve current on-campus resources and supports, and to design and put into place additional resources that students have identified a need for (e.g. an on-campus peer-run advocacy & support group).

HEIGHT, MASCULINITY AND SOCIAL POWER:  
THE BINDING POINT BETWEEN PHYSICS AND SOCIAL CONSTRUCTION  
Dan Bar-On, Michal Schoenberg-Taz  
Ben-Gurion University of the Negev, Israel

Short stature in men, is a physical characteristic that evokes complex and fascinating discussions on the points connecting bodily physique, health and the social constructions of power. Rapid changes in pediatric endocrinology created the opportunity to treat short stature in children with a growth hormone, hoping to improve their final height - this on the assumption that short stature puts the well being of a person at risk. However, this assumption gives rise to complicated, ethical and moral, dilemmas and induces the scientific community to study the significance of short stature in the western community from various perspectives. Addressing this question from a post-modern, linguistic school of thought helps to illuminate the symbolic sphere that accords superiority to certain groups within society, as based on their physical traits. We shall try to draw an outline of the symbolic sphere which helps to prioritize persons of tall stature over those with a short one. From this standpoint, height will appear as operating not only through a binary- hierarchy construction, but portrays itself as the "core," "center" and the "truth" of masculinity. In this respect, the Jewish symbolic sphere in Israel might be unique in its traditional and orthodox roots, cherishing spiritual over material values. Inquiring into this symbolic sphere by analyzing life stories of short stature men, we shall try to describe the patterns of coping and management which they deploy, and thus illustrate means whereby the human body becomes a fertile ground for the unequal distribution of power in society.

DIALOGUING WITH ART MATERIALS AS A MIRROR OF PROBLEM FINDING AND SOLVING STRATEGIES

Tamar Bar-On, Lesley University, Israel

Working through stressful or traumatic experience is traditionally a verbal process which focuses on what people feel, how they think, and what they say. I suggest that dialoguing with art materials can enable people to express and work through life experiences in new ways, for example through reflecting not only what they feel and think but also on what they do. Thinking and doing can be seen as two aspects of the dialogue between non-artist creators and art materials which exemplify individual ways of ‘making sense’ in the interaction between sensing, feeling, thinking, and doing, and the material, in which structure, process, content, and meaning intertwine. The research presented here suggests a typology of the interaction between thinking and doing of non-artists in dialogue with art materials. The typology further demonstrates the correspondence between individual’s problem finding and solving strategies in a creative process and their strategies in other life situations. Understanding these strategies can promote a better understanding of coping styles and open up ways for improving dysfunctional strategies. This can then become a learning experience which could provide a sense of control in relation to stress or trauma.

LISTENING FOR AND PAST THE LIES THAT MAKE US SICK:  
USING THE VOICE-CENTERED METHOD TO UNDERSTAND BLACK WOMEN’S DEPRESSIVE EXPERIENCES

Tamara Beauboeuf-Lafontant, DePauw University, United States

This paper draws on feminist theorizing about mental distress and qualitative methods to investigate Black women’s experiences of depression. An emerging theoretical paradigm conceives of depression as a process of silencing or covering over, through which women become disconnected from important aspects of themselves in an effort to meet cultural standards of feminine goodness. A voice-centered interview and data analysis method has contributed to the development of this paradigm by explicitly listening to women’s talk on the level of discourse and its normative constructions of femininity, as well as on the level of individual women’s meaning making outside of dominant discourses. Using this two-tiered method to illuminate areas of conflict between cultural scripts and individual realities, I discuss and illustrate three aspects of Black women’s depressive experiences: the prevailing discourse of the ‘strong Black woman’ which promotes their stoicism, silence, and selflessness; the women’s suppression of discourse-discrepant needs and realities which manifests in depressive experiences; and the psychological healing and political significance of Black women’s supplanting of this discourse with experience-based knowledge of their needs and relationships to others. By focusing on Black women, this paper extends previous feminist work to a group whose experiences of depression have been understudied.

NARRATIVES AND/IN AN EMBODIED HEALTH MOVEMENT:  
POWER, KNOWLEDGE, AND DES

Susan E. Bell, Bowdoin College, United States

This paper traces the dynamics of an embodied health movement. It focuses on narratives and counter-narratives produced during an international, interdisciplinary DES Workshop, sponsored by the National Institutes of Health in 1992 – a key turning point in the DES embodied health movement. Diethylstilbestrol (DES) is a synthetic estrogen prescribed to prevent miscarriage from the 1940s until the 1970s when medical scientists observed an association between prenatal exposure to DES and a rare form of vaginal cancer in women under the age of 20. The collective responses of DES daughters – and thus the emergence of this embodied health movement – began in the 1970s. The DES Workshop brought together biomedical scientists, physicians and nurses, attorneys, legislators, and DES mothers, daughters and sons including the founding members of two DES activist groups. By analyzing stories told during the Workshop from the podium and the audience, and works of art about DES performed off the Workshop floor, it shows how doctors, daughters, and scientists created new pathways and relations of power and knowledge that continue to this day. DES narratives and counter narratives indicate how embodied health movements “work” and the concept of “embodied health movement” captures the collective and politicized identities of DES activists.

ANSWERING MULTIDIMENSIONAL INFORMATION NEEDS IN THE INDIVIDUAL PATIENT  
AND HEALTH PROFESSIONAL UTILIZING A USER DRIVEN LEARNING SOLUTION  
Rakesh Biswas, Shashikiran Umakanth, Melaka-Manipal Medical College, Malaysia  
Binod Dhakal

This is a qualitative proposal with description of present day expert driven medical learning structure and the need for a user driven ambient learning model with appropriate case illustrations. Average patient data, which occupies most of our present day information bases, is often unable to satisfy individual patient needs. In spite of the medical information base expanding unprecedented at present we still do not have that quality of information to satisfy a given individual patient to an optimal extent. We need an information base that can seamlessly integrate information needs of all categories of certain individual medical learners namely patients, medical students who are also health professionals with matching solutions offered by other individual medical learners who have already gone through the particular experience the other group needs. We need to have a medical learning database where patients and medical students/health care givers regularly key in their narrative logs into a suitable web-interfacing device. Presently PDAs (portable digital assistants) are the closest fit although in the near future it is expected to improve into something wearable with a more efficient input arrangement than the PDA stylus keyboard. This input would simulate a learning neural network with the input channeled to other individual users (with qualitative narrative analysis software to extract themes suggesting information needs from the individual users e-log input). Following this the network automatically would match each node's (individual user's) information needs through synapses (emails) and the output could be re-iterated several times via a back propagation algorithm to generate an optimal learning solution output.

ACCEPTANCE AND CONTROL OF SEXUAL IDENTITY: MAKING SENSE OF SEXUAL  
BEHAVIOUR IN A POST-FEMINIST ERA

Adam Bourne, Keele University, United Kingdom

Arising from feminist investigations into HIV risk behaviour in young women, there has long been a concern that some women are not able to control the sex they want, in the way they want, in the face of their often more dominant male partners. However, after a decade of sex education promoting the message of choice and free-will with regards to the timing and action of sex, how relevant is this concern today? In an age where cases of sexually transmitted infections (STI's) in the UK are rising at an alarming rate, what role do issues of power and control now play in risky sexual behaviour? Twenty-two in-depth interviews were carried out with 18-30 year old heterosexual and homosexual, women and men, and analysed using Interpretative Phenomenological Analysis (Smith, 1996). Analysis has revealed that the women in this study did not experience difficulty in controlling their sexual partners, but rather struggle to control themselves. Acceptance (personal and societal) has lagged behind empowerment in creating the environment where young women can have sex in the way they want; conservative socially constructed norms still persist. The struggle of these women to express and control their sexual desires is contrasted markedly to homosexual and heterosexual men. Issues for the psychology of sexual health promotion are discussed.

A LIFE OF EASE AND IMMORTALITY: HEALTH PROFESSIONALS CONSTRUCT THE WELFARE  
MOTHER

Mary Breheny, Christine Stephens  
Massey University, New Zealand

Mothering on welfare is often discussed in the media and in social policy as perpetuating disadvantage and as discouraging individuals from meaningful social activity such as paid employment and child rearing in relationships of financial independence. This analysis examines how health professionals working with teenage mothers construct what it means to be a welfare mother. The welfare mother is predominantly described as transgressing the social norms of the economic society, where a life of ease is an indicator of immoral conduct and personal value is determined through relative placement in education and employment. Secondly, the welfare mother is viewed as transgressing the norms of appropriate family structures and the consequent sexual practices that are sanctioned within these structures. The legitimate work of mothering is absent in these accounts while the life of ease and plenty on welfare is made visible. In addition, both prospective fathers and tax payers are positioned as victims of women who immorally take advantage of systems of support designed for those who are ideally too ashamed to utilise them. This analysis shows how health professionals construct what it means to be poor and disadvantaged from a

position of relative advantage. These discourses reflect and reinforce understandings of welfare acceptance that influence social policy initiatives and professional practice.

“BREAKING THE CYCLE”: CONSTRUCTING INTERGENERATIONAL EXPLANATIONS FOR  
DISADVANTAGE

Mary Breheny, Christine Stephens  
Massey University, New Zealand

Intergenerational explanations for disadvantage are widely available to account for poor health and social outcomes such as those associated with teenage motherhood. The ‘cycle of disadvantage’ metaphor is commonly drawn upon to argue for attempts to ‘break the cycle’ of teenage motherhood. This provides an apparently socially located understanding of disadvantage as caused by and causing poor outcomes for individuals. In this presentation we examine how the ‘cycle of disadvantage’, is used in medical journals to account for teenage motherhood as the result of poor individual choice or family deviance, which can be solved by intervening with disadvantaged individuals or families. This usage highlights the role of the individual and the family in transmitting disadvantage, and is used to identify deviant individuals and families, rather than as a way to address the social context of disadvantage. The present research draws attention to the need to address wider social structures that limit the possibilities available for success, rather than promoting individual solutions to poverty.

CHRONIC PAIN AS CRITIQUE OF WESTERN/BIOMEDICINE

James R. Brennan, The Sage Colleges, United States

Pain, in the social science literature is, increasingly, being described as a complex, multidimensional experience. However, clinically pain under the biomedical paradigm is a disease- and biologically-based problem. Pain remains a function or a dysfunction of biology. Western/Biomedicine operates as crisis medicine, that is, as medicine more comfortable with and effective in the treatment of acute pain, i.e. pain that is the result of conditions and/or diseases of an immediate or acute nature, where the pain is frequently associated with a readily identifiable, observable, and measurable anatomical and/or physiological deficit. Conditions, such as chronic pain, are troubling for biomedically reductionist practitioners and the western health system as a whole. Chronic pain, by definition does not go away. Often it does not even improve. In many cases there is no success, in terms of the eradication of chronic pain. Chronic pain represents failure for Western/Biomedicine. For Western/Biomedicine as a capitalist system there is no return on the investment. Pain cannot be managed efficiently or productively and control and surveillance are difficult, rendering individuals with chronic pain as ‘the other’, the object, the less than, the devalued.

BALANCING RIGHTS AND COMMITMENTS: ETHICAL CONSIDERATIONS AND RECIPROCAL  
RELATIONSHIPS IN ETHNOGRAPHIC RESEARCH

Gemma Carey, University of Adelaide, Australia  
Annette Braunack-Mayer, University of Adelaide, Australia

With an increasing emphasis on community development and empowerment in research, consideration of the ethics of reciprocal relationships in scholarly research is of growing importance. In this paper we consider several ethical issues which arose in the course of conducting ethnographic research in a hepatitis C community-based organisation. With the proliferation of ethnographic research in applied settings, and more generally the increasing emphasis on qualitative health research to empower communities, we must ask the question ‘Who is research for?’. Whilst some academics believe it is most important that research is meaningful and useful to those who take part in it, others consider reciprocal research relationships to ‘dirty’ the research limiting scholarly authority and independence. This debate is two-fold: in determining who research is for, we must also consider who is best placed to make decisions about the impact of research on participants. This paper draws on our experience of conducting an ethnographic research project in which participants reserved the right to determine for themselves the risks and impacts of the research, and directed the research process accordingly. This ranged from decisions regarding consent forms and procedures, through to the analysis of results and distribution of findings. Through reflecting on

our experiences we consider the ethical implications and conundrums of undertaking research with reciprocal researcher-participant relationships.

#### “IT’S LIKE BUYING A TIN OF BEANS”: OVER-THE-COUNTER PAIN RELIEF MEDICATIONS IN EVERYDAY LIFE

Kerry Chamberlain, Massey University, New Zealand

The use of over-the-counter (OTC) pain medication for everyday illness is widespread and wholly familiar for people in contemporary Western societies, but we know little about how they are understood or practices invoked in their use. Pain medications, like other drugs, require considerations of ‘proper’ use, risks, side effects, sanctioning, etc. Unlike other drugs, they are readily available for purchase and widely used on self-diagnosis and for self-treatment. This paper explores the nature of these medications through focus group discussions with women of varying ages in contemporary New Zealand society, where these medications are readily available without prescription, in diverse locations, including supermarkets. They are marketed directly to consumers in media advertising, and highly commodified with a diversity of brands and forms available. Findings reveal how pain relief medications are routinised in daily life, treated as just another consumer product, with preferred brands and types, and routine use, implying an unreflexive consumer. However, issues of safety, risk and appropriate usage are invoked, along with “rules of thumb” for managing these concerns, bringing the reflexive health consumer into view. These concerns are mediated by understandings of ‘today’s society’, seen as changing, demanding and time-pressured, with potential for consumer manipulation through advertising and pharmaceutical company profiteering. The successful insertion of these medications into everyday life reflect processes of medicalisation and consumerisation, and relate to Chaney’s (2003) notions of the informalisation of everyday life.

#### STRUGGLING FOR A HEALTH AND AN EDUCATION: AUTOETHNOGRAPHY AS A FORM OF SOCIAL JUSTICE INQUIRY INTO THE LIVES OF GIRLS IN A WEST AFRICAN VILLAGE

Laurie L. Charles, University of Massachusetts Boston, United States

In this paper presentation I will describe my experiences during an 18-month project designed to improve the health and educational opportunities of young girls in a rural village community in Togo, West Africa. I use a metaphor of witnessing (Weingarten, 2003) to describe how my autoethnographic documentation of interactions and experiences in Togo culminated in the formation, with host country nationals, of a committee to promote girls’ health, well-being, and educational pursuits in the village community where I lived. I will outline the formation and implementation of the work by presenting some of the challenging, complex, social and political dimensions that affect the physical mental health and illness of young women in the country, and will describe how the use of autoethnography as a qualitative research inquiry method furthered my comprehension of the issues young women face in their struggle for health and education. This paper illustrates how autoethnography as a method of study can also serve as a valuable lens of social justice inquiry that may contribute to reduced suffering of people in need, and also, promote an improved quality of life for young women in West Africa, as well as other parts of the developing world.

#### CULTURAL UNDERSTANDINGS OF FOOD, HEALTH, AND MEDICINE AMONG CHINESE MIGRANTS

Juan Chen, Kerry Chamberlain, Massey University, New Zealand

The health effects of dietary changes and the under-utilization of western health care systems among migrants from non-western cultures have been a recent focus of attention in research in many western countries. This research often notes that non-western migrants to western societies bring their own understandings and social practices in relation to food and healing systems that differ from prevailing knowledge and practices of health and illness in western culture. However, there is little research that examines how migrants understand the multiple cultural meanings of health and illness available, and how they make sense of the ways they practice health and illness, in a different social context. The current study provides an analysis of how Chinese migrants in New Zealand discursively constructed their understandings of dietary practices around both Chinese and western food in relation to health, and of their

use of Chinese and western healing systems. Semi-structured interviews were used to produce accounts for analysis. The findings reveal how both traditional Chinese knowledge and western scientific knowledge are used in complex ways by these migrants to produce meanings for food, health, illness, and medicine. The notion of “*yin/yang* balance” in traditional Chinese knowledge is central to their understandings and practices of health and healing, and to their food practices in relation to health and illness. “Balance” is used not only to retain their traditional ways of dealing with food and healing, but also to resist the dominant status of western scientific knowledge in understanding health and illness in western culture. More importantly, achieving a balance between both “east” and “west” is viewed as the way to a healthy lifestyle and as a way of being within the new social context.

#### THE ALLOCATION OF SCARCE MEDICAL RESOURCES: LAY PEOPLE PERSPECTIVES

Elvira Cicognani, Tiziana Mancini, University of Parma, Italy  
Maria Augusta Nicoli, Health Agency of Emilia-Romagna Region, Italy

Health Systems in the western industrialized countries are currently facing the need to guarantee services and treatments that are increasingly costly and complex, in a situation of scarce economic resources. In this context, the issue of how to achieve an efficient and fair allocation of medical resources becomes crucial. No agreed standards exist on how such decisions should be made, leading to possible inconsistencies and biases. In several nations attempts have been made to define a common set of agreed criteria (ethical, economic, etc.) on which to base decisions. In Italy, the Government followed such international movement introducing the Essential Levels of Assistance (LEA; DPCM 29/11/2001). Recently, ethicists, public policy researchers and psychologists have taken an interest in consulting the lay public about health resource allocations, using both quantitative and qualitative methods. The aim of this study was to assess the opinions of a group of Italian citizens (age 22-65 yrs) on the priority ranking of a list of 52 health services included in the LEA list and to investigate the implicit criteria influencing judgment processes. Results showed that the 52 services fall into different clusters, and are associated with different evaluation criteria. Implications of the results will be discussed.

#### A FOUCAULDIAN DISCOURSE ANALYSIS OF ALCOHOL EDUCATION AND ALCOHOL USE AMONGST YOUNG PEOPLE AGED 16 AND UNDER

David Clarke., Southampton Solent University, United Kingdom  
Ingham, R., Yardley, L., University of Southampton, United Kingdom

Recent increases in alcohol consumption rates amongst young people aged 16 and under in the UK have been a cause of concern for researchers and health professionals alike. Alcohol education programmes, based on mainstream psychological research, have had little success in changing young peoples’ behaviour. A more critical approach, using Foucauldian discourse analysis, was adopted and four different datasets analysed. These were i) young people’s talk around drinking, ii) educational leaflets targeted at young people, iii) educational sessions held in the classroom and iv) young people’s talk around alcohol education. Young people’s talk around drinking was found to comprise dominant discourses around pleasure and the enjoyment of risk, all underpinned by a *need* to be able to lose control. In contrast, both sets of educational data comprised discourses around the essential “vulnerability” of young people, and the need for young people to *maintain* control by becoming self-monitoring, self-regulating (Foucauldian) selves. Young people’s talk around education suggested they had assimilated and accepted these latter discourses. However, this apparent success may be illusory given the relative failure of educational programmes and the strength of the ‘pleasure’ discourses expressed in young peoples’ talk around drinking. Educational programmes therefore need to acknowledge to a far greater degree the fundamental role alcohol use, particularly ‘binge’ drinking, plays in young people’s lives.

## A NARRATIVE OF RESISTANCE: ASSERTING CONTROL TO PRESERVE SELF AND UNCERTAINTY WHEN PARENTING CHILDREN WITH ASTHMA

Ellen S. Cohn, Boston University, United States

Asthma is considered a worldwide epidemic and affects 4.4 million children in the U.S., the majority of whom are minorities. Children of minorities experience higher rates of asthma and have poorer outcomes than other children. Although the underlying cause of these disparities is not well understood, Mishler (2005) has argued that understanding “marginal experience narratives”, the socially grounded daily experience of living in poverty and oppression and how people construct their sense of self in the context of social and economic inequalities, may enhance efforts to address inequality in health care. Using a social constructivist perspective, this paper describes a socially situated account of how one parent, a single mother from a minority group and living in poverty, constructs a “narrative of resistance” to sustain her sense of self and achieve control over an unpredictable disease process. Narratives of resistance; stories told by people in marginalized social positions, may serve as, what Stone-Mediatore (2003) describes as a “central means by which people can take control over their representation and lives”. By explicitly discounting the health practitioner’s recommendations to give her children controller medication to prevent asthma exacerbations this mother gains pride in the fact that she is in control of her child’s health and she is directing the care. Behavior that is typically construed as non-adherence will be reframed as resilience, one mother’s success in asserting control over an unpredictable illness and oppressive social world.

## CONSTRUCTIONS OF RISK IN THE AUSTRALIAN RU486 DEBATE

Shona Crabb, University of Adelaide, Australia

Lucinda Clifford, University of Adelaide, Australia

The abortion pill, RU486, was recently the topic of extensive debate in Australia. Specifically, legislation was proposed to change the approval process for RU486 and, effectively, increase the chances that the drug would become available in Australia. Subsequently, a government inquiry was held, including a call for public submissions. The research presented here examines how various constructions of ‘risk’ were mobilized in a sample of these public submissions to the inquiry. Drawing on a discursive approach, we explore how ‘risk’ was constructed in flexible and often inconsistent ways across particular rhetorical contexts in the submissions. In particular, attention is paid to the construction of (1) the concept of ‘risk’, (2) ‘at risk’ populations, and (3) the location of responsibility for risk management. It is argued that the constructions of risk, of the people ‘at risk’, and of locations for sites of risk management were typically worked up in binary opposition. Furthermore, we consider that these competing constructions of risk and risk management may have potentially problematic social and political implications, as through their reproduction, they may limit the ways that people talk about RU486 and abortion and, more broadly, women’s choices regarding fertility.

## STRUCTURES OF POWER AND COLONOSCOPY PAIN

Nance Cunningham, University of Oklahoma, United States

The purpose of this presentation is to analyze colonoscopy pain as a social construction reflecting the complexity of power relations within the colonoscopy suite, as well as the larger social context of these procedures. Colonoscopy patients can be understood as temporarily iatrogenically disabled not only by conscious sedation drugs which cause amnesia, but also by public education about colonoscopies, the consent form they signed, and the ways in which gastroenterologists are trained to interpret patient communications of suffering. The extreme difference between patient embodiment and the disembodiment of the gastroenterologists and gastroenterology nurses has allowed a marked power differential, which includes the power not only to do what is necessary to hold the patients in place and to treat the patients as objects, rather than subjects, but also to temporarily remove the normal power that patients might have to use their language. During the procedure, professionals face the possibilities of loss of control over the looping of the colonoscopy, over the twisting colon, over the patients’ movements, over the patients’ state of sedation, and over their own threats of sentimentality. This paper will begin an exploration of one part of the cultural context of colonoscopy pain, specifically, fear of the savage.

AND LIFE GOES ON:  
HOW WOMEN PERCEIVE THE IMPACT OF CHILD SEXUAL ABUSE AS AN ADULT  
Thérèse Cuttelod, University of Lausanne, Switzerland

This study's aim is to explore, through semi-structured interviews, how survivors perceive the impact on their adult life of child sexual abuse. These preliminary results focus on the reported evolution over six months of six women ( $m = 31.3$  years old,  $SD = 8.5$ ) in group therapy through two interviews. Qualitative pattern analysis revealed five main themes: searching for normality - the participants describe being at a loss concerning what is 'normal' or problematic behavior. Over six months, this concern decreased considerably; tuning feelings with sexual life is portrayed as difficult and threatening; from secrecy to acknowledgment - the need to hide their past slowly makes way for the need for it to be acknowledged; placing the memory in the past - each considered sexual abuse as having a major influence on their daily lives but over time this perceived impact diminishes; making meaning of such an experience is at first impossible but becomes vital for four of the women by the second interview. These results highlight those aspects which are particularly difficult in dealing with the aftermaths of child sexual abuse and underline their possible transformation with time and therapy. Follow-up interviews over two years will reveal the evolution of these first trends.

‘I REALLY TRIED’: MALAWIANS’ ACCOUNTS OF THEIR (IN)ACTION IN RESPONSE TO  
FERTILITY PROBLEMS

Bregje de Kok, University of Edinburgh, United Kingdom

In developing countries like Malawi, infertility is a serious health problem with many negative psychological and social consequences. Infertile people tend to seek solutions frequently and relentlessly, consulting various biomedical and especially indigenous health practitioners. In so doing, they make large financial and at times even physical sacrifices. Traditionally, studies of health seeking behaviour focus on rather solipsistic individual decision makers, with decisions depending on a combination of demographic and cognitive characteristics, and practical inhibitors. There is a need for more social approaches, which acknowledge the relevance of social contexts and people's own rationales for their actions. In this paper, I present analysis of interview data in which infertile Malawians account for actions (not) taken. I use discourse analysis, informed by conversation analysis, as method of analysis. This enables me to explore the interactional and interpersonal functions which respondents' descriptions fulfil. It appears that respondents attend to in-action as deviation from normative expectations, and use various discursive devices which enable them to play down their culpability. The relevance of normative concerns for people's actions may have undesirable, practical consequences for both health care seekers and health systems. Hence, I will tentatively suggest how the findings can be used for interventions.

HEALTH AND HOMELESSNESS – CHRONICALLY ILL ADOLESCENTS IN A GERMAN CITY

Uwe Flick, Gundula Röhsch,  
Alice Salomon University of Applied Sciences, Germany

Homelessness is a social problem worldwide and it is often linked to special health problems. Even in relatively rich countries like Germany, people in different ages face a temporary or permanent life in the street. In the first part of this paper, a brief overview will be given about the health problems linked to homelessness in Germany – what is the homeless peoples' exposure to health risks, what are the reactions, offers and deficits of the health system in relation to health and homelessness. In the second part of the paper, we will focus the more practical level. On the basis of interview data from an ongoing research project, we will analyse the experiences of homeless adolescents with different forms of chronic illness and with the utilisation of the health system and its institutions: On what does it depend, if they seek for support from doctors; what are their experiences, how do they fail against the system and the like. These interviews will be complemented by some interviews with physicians and social workers about how the adolescents' needs and institutional resources match or miss each other. Implications for health promotion and prevention will be discussed in the end.



COMMUNICATING HEALING HOLISTICALLY  
Patricia Geist-Martin, San Diego State University, United States  
Barbara F. Sharf, Texas A & M University, United States  
Natalie J. Jeha, University of California, San Francisco, United States

The use of complementary/alternative medicine (CAM) has been increasing dramatically in the U.S., even though people must often pay out-of-pocket for services. CAM or healing modalities based on beliefs about spirituality; balance and energy flow within the body; and interactions among nature, individuals, and social systems have served as a parallel, preferred and/or more affordable approach to treating illness and promoting health. This study examines the communicative patterns of holistic healing practitioners in order to gain insight into the defining characteristics of holistic healing encounters. We first define the many terms used in conjunction with CAM, as well as key findings about its status in the academic literature. Then, using two case studies based on in-depth interviews with three holistic healers working in Hawaii and Texas, we identify commonalities and distinctions in terms of epistemologies, definitions of healing, ethnocultural influences, patients' characteristics, and therapeutic practices. We conclude with an expanded agenda for health communication scholarship that can contribute to understanding what healing means, and how and why healing practices work. Points to consider include more attention to the non-verbal realm, focusing investigations on how pain is communicated and discussed, and more emphasis on the integration of cultural beliefs and values.

IMMEDIATE BREAST RECONSTRUCTION: DOES IT RESTORE WHAT WAS LOST?  
A QUALITATIVE STUDY ON WOMEN'S DECISION TO UNDERGO IMMEDIATE BREAST  
RECONSTRUCTION FOLLOWING MASTECTOMY

Avital Gershfeld-Litvin, Rebecca Jacoby  
Tel Aviv-Yaffo Academic College, Israel

Breast mastectomy is one of the common treatments for breast cancer. Women facing this treatment can choose to undergo immediate breast reconstruction (IBR), presented by physicians as a chance to eliminate the negative consequences of mastectomy and diminish damage to body image, sense of femininity, and thus regain normalcy. On the other hand, the psycho-medical research revealed contradicting findings regarding the advantages of IBR. This study applied in-depth retrospective interviews to study the accounts of 12 women undergoing mastectomy with IBR, regarding their experiences, decision-making process and IBR role in dealing with the disease. Interpretative Phenomenological Analysis method revealed women's experiences can be described by three topics: breast cancer, mastectomy and IBR. These topics composed a main narrative: *from cancer to reconstruction*, describing a continuum beginning with cancer diagnosis, ending when reconstruction was finalized. Between the two, the narrative focused on mastectomy as a disability, and IBR as a mean to revoke this and restore the sense of normalcy. Nonetheless, IBR did not fulfill women's expectations: the reconstructed breast is found to be mere visual replacement. The study critically discusses the way physicians regard the female body and raises the question whether IBR helps or hinders coping with the disease.

"YOU'RE A WHOLE LOT OF PERSON": UNDERSTANDING THE JOURNEY THROUGH  
ANOREXIA TO RECOVERY: A QUALITATIVE STUDY

Leeat Granek, York University, Canada

Using the grounded theory method (Glaser & Strauss, 1967), this study examined the subjective experience of anorexia nervosa in interviews with five women who have experienced symptoms of the disorder. Participants' responses were grouped into two categories: Relational Anorexia and Self-Worth. Under the category Relational Anorexia, two themes emerged. The first involved the pervasiveness of anorexia among peer groups, and second involved the continuum along which anorexia and disordered eating exists. The second category, Self Worth, had three themes. The first involved thinness as achievement and a means of establishing self worth. The second dealt with both positive and negative male influences in the development and healing of anorexia. The third related to recovery. Taken together, these responses reveal that anorexia may be largely a relational process that involves a maladaptive desire for self worth mediated through control of eating and weight, and that the role of the media in promoting an ideal of thinness for women may be only a background factor in the disorder. These findings suggest that more emphasis needs

to be placed on the subjective and relational aspects of anorexia in order to both prevent the condition and treat it effectively.

“I’LL STAND BY YOU”: A QUALITATIVE INVESTIGATION INTO THE RELATIONSHIP  
PROCESSES UNDERLYING THE SYMPTOM APPRAISAL OF BREAST CANCER

Leeat Granek, Toronto Sunnybrook Regional Cancer Centre, Canada

Karen Fergus, Psychologist, Toronto Sunnybrook Regional Cancer Centre, Canada

Barbara Fitzgerald, RN, MSN, Advanced Practice Nurse, PMH

Mark Clemons, MD, Medical Oncologist, PMH

Andrea Eisen, MD, Medical Oncologist, PMH

Lynn Zalany, MSW, RSW, Social Worker, TSRCC

Fauzia Baig, MA, Research Coordinator, TSRCC

This study examined spousal interactions and communication processes that encourage or deter women from seeking medical evaluation for a breast abnormality, *prior to entry* into the medical system. The purpose of this qualitative investigation was to increase knowledge about this poorly understood but significant period in the diagnostic process. Five couples and 7 women in long-term relationships (N=17) were interviewed about their experiences vis-à-vis the breast cancer symptom with particular focus on spousal issues. Each interview was analyzed using the grounded theory method. The analysis revealed dynamics that couples experience as they progress from *identifying a change* (discovery of breast symptom), to *knowing something is wrong* (diagnosis of breast cancer). Categories included *transparency* versus *self-disclosure*; a symptom that *simmers* versus a symptom that *erupts*; and the impact of pre-conceived cancer schemas on the decision to seek medical consultation. Adelson (2000) argued that health is never a “neutral, biological category” but is “rooted in cultural norms and values that permeate and define – yet extend beyond – the state of the physical body” (p. 9). Building on this assumption that health is a broader category that includes interpersonal relationships, this study provided insight into how a spouse may contribute to either delayed or timely presentation for treatment. This area is relevant to improving women’s health because delays are associated with more advanced disease and lower survival rates from breast cancer.

TEACHING YOUR GRANDMOTHER:  
GIVING ADVICE ON BEHAVIOUR CHANGE FOR COLD WEATHER  
Harriet Gross, Claire Gascoigne, Kevin Morgan; Loughborough University, United Kingdom

Mortality figures show an increase in winter deaths of otherwise healthy elderly adults, following periods of significant cold weather. These deaths are largely caused by heart attack and stroke resulting from physiological response to cold. It is possible that many of these deaths might be avoided by small adjustments in behaviour. The paper reports the findings from a small-scale study on the development and field trial of an evidence-based advice leaflet for people over 65 on possible ways to avoid getting cold. Using material from focus group discussions (n=3) and interviews with study participants (n=30), the paper highlights the issues of how to persuade people that longstanding and familiar practices may be harmful rather than healthy and how they incorporate recommended but also familiar behaviours into existing routines. The paper concludes by considering a more general concern about recent trends in giving health advice and the implications for health psychology.

KEY ISSUES IN THE PREVENTION OF TRAFFICKING HUMANS: A PUBLIC HEALTH  
PSYCHOLOGY APPROACH

Julie Hepworth, Argosy University, United States

The 2000 UN Protocol to *Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children* is where countries seek guidance for both international matters and the development of domestic prevention strategies. The breadth of the definition of trafficking contained therein affords a number of possible routes for international and national efforts to curb the problem through criminal justice systems and address the human violations against the people trafficked. While every country is impacted by

trafficking the actual number of people trafficked is extremely difficult to estimate. The overwhelming majority is women and children and most of these are trafficked for commercial sexual exploitation within their own countries as well as transported across international borders resulting in multiple and long-lasting health consequences. Even though trafficking women and children has continued to increase worldwide, any significant contribution from the health sciences is markedly absent (Hepworth, 2004; 2006). Based on a critical analysis of international literature, policies, and consultations with leading organizations a number of key issues are identified using the framework of a public health psychology approach.

#### ACCOUNTING FOR HIV: AN EXPLORATORY Q-METHODOLOGICAL STUDY OF HIV AND RISK Ian Hodges, University of Westminster, United Kingdom

An exploratory Q-methodological study is reported in which participants sorted forty-eight statements relating to six key areas concerning HIV and AIDS, these were: self-referential, social/cultural, treatment/aetiology, safety, morality and prejudice. Four substantive factors were explicated which indicated the diversity of representations available to persons and in particular the possibility of ambivalence and conflict with respect to accounts of personal risk and responsibility. These findings are discussed in relation to current studies of risk perception and current methods of HIV research. It is argued that a Q-methodological approach to this topic enables an unravelling of the complexities, especially tensions and ambivalences, many persons experience with respect to their understandings of HIV and risk.

HOMELESSNESS, HEALTH AND REINTEGRATION  
Darrin Hodgetts, University of Waikato, New Zealand  
Kerry Chamberlain, Massey University, New Zealand  
Alan Radley, Loughborough University, United Kingdom  
Linda Nikora, University of Waikato, New Zealand  
Ottillie Stoltie, University of Waikato, New Zealand  
Eci Nabalarua, University of the South Pacific, Fiji  
Shiloh Groot, University of Waikato, New Zealand

Homeless people are sicker and die quicker than their housed neighbors. This paper reports initial findings from a three year study of the importance of meaningful social engagements in facilitating social reintegration of Maori, Pacific Island and Pakeha homeless people. Three kinds of respondents were involved; a) homeless people, b) residents and workers in the local settings they frequent, and c) housed members of homeless people's social/familial networks. Respondents were engaged through a series of repeat interviews, photovoice projects, ethnographic observations and media analyses to unravel the everyday realities, relationships, and relational networks of homeless people across urban (central Auckland), suburban (Hamilton) and provincial (Rodney District) settings in New Zealand. The research is being conducted in collaboration with service providers to ensure findings are relevant to the needs of homeless people, and aims to train emerging social scientists in the use of critical methods when working collaboratively with homeless people and agencies. It provides an appreciation of how homeless Maori, Pacific and Pakeha peoples position themselves in relation to their ethnic and cultural communities and society in general, and identifies possibilities for their reintegration.

#### “I WAS THERE WHEN SHE PASSED AWAY”: OLDER WIDOWERS’ ACCOUNTS OF THEIR WIVES’ ILLNESSES AND DEATHS

Deborah K. van den Hoonaard, St. Thomas University, Canada

This paper is based on findings of an in-depth interview study with widowers over 60 about their experiences as widowers. Rather than focussing on grieving, it looked at the social meaning of being widowers and how older widowers negotiate their social world. Twenty-eight men, 20 in New Brunswick, Canada and 8 in Florida, USA, participated in the study. This presentation discusses how widowers talked about their wives' illnesses and deaths. “Agency speech,” a feature of masculinity, characterizes participants' accounts both in describing how they took care of their wives and how they managed paperwork and other details following their deaths. This study was funded by a grant from the Social Sciences and Humanities Research Council of Canada.

‘RE-EDUCATING’ HEALTH PROMOTION PROFESSIONALS FOR COLLABORATIVE ACTION  
WITH COMMUNITIES: AN ACTION LEARNING PROGRAM IN THE NETHERLANDS

Gaby Jacobs, Keele University, United Kingdom  
Martijn Rozing, University for Humanistics, The Netherlands  
Gerard Molleman, Frieda van de Jagt, National Institute for Health Promotion and Disease Prevention, The  
Netherlands

In the last few decades, empowerment has become a popular concept in health promotion internationally. It is now part of a new paradigm in health promotion in which health is not just a physical or psychological phenomenon, but also cultural, social and political and in which community or participative (‘bottom up’) approaches are pursued and developed. In the Netherlands empowerment has only recently found its way into health promotion practice. In this paper we will present the learning processes that unfolded in an action learning program for health promotion professionals in The Netherlands. The aim of this program was to ‘re-educate’ professionals in Health Promotion to practice empowerment, based on Paulo Freire’s philosophy and educational approach. However, this was not without struggle. In this paper we want to reflect on the ‘battle between paradigms’ that becomes manifest in this learning process. Health workers who choose to work collaboratively with communities have to deal with institutional AND personal barriers. In order to work on the empowerment of communities, professionals themselves need to become empowered. In this paper we will reflect on that process, the conflicts professionals meet and the kinds of learning processes involved.

TREATMENT ADHERENCE AMONG PRIMARY CARE PATIENTS IN A HISTORICALLY  
DISADVANTAGED COMMUNITY IN SOUTH AFRICA: A QUALITATIVE STUDY.

Ashraf Kagee, Marieanna le Roux, Stellenbosch University, South Africa  
Judy Dick, Medical Research Council

The study examined the issue of treatment adherence among a sample of 23 rural South African patients living with either hypertension, diabetes, or both. The sample was asked to participate in qualitative interviews that asked about various aspects of their experience of their illness and treatment. The analysis of the data focused on the content of participants’ concerns and difficulties with adhering to treatment recommendations. The themes that emerged from the study were participants’ attribution of the origin of their illness, their subjective experience of their illness, their concerns about the consequences of poor adherence, financial problems and psychosocial support.

TREATMENT ADHERENCE AMONG BLACK SOUTH AFRICAN PATIENTS ATTENDING  
PRIMARY HEALTH CARE CLINICS: THE UTILITY OF THE THEORY OF PLANNED BEHAVIOUR

Ashraf Kagee, Stellenbosch University, South Africa  
Marie Van Der Merwe

Treatment regimens for chronic conditions often require strict adherence to medical instructions. Yet, adherence among patients living with chronic conditions who attend South African public health clinics is typically low. The study sought to determine the extent to which the Theory of Planned Behaviour (TPB) could explain adherence intentions and behaviour among a sample of formerly disadvantaged South Africans living with diabetes and hypertension in the Western Cape province of South Africa. The results showed that the linear combination of TPB variables, namely, Attitudes, Perceived Behavioural Control, and Subjective Norms, was able to account for 47% of the variance in adherence intentions and 23% in self-reported adherence behaviour. The addition of the variables Psychological Distress and Social Support to the two regression models yielded non-significant results. These findings are discussed in the context of applying theoretical models of behaviour developed and tested in industrially developed countries to patient samples living in developing societies, such as South Africa. Our findings suggest that social cognitive models of health behaviour such as the TPB are potentially useful in predicting treatment adherence but should be used in a critical and cautious manner.

## MEXICAN AMERICAN FAMILIES EXPERIENCE OF TYPE 2 DIABETES: A NARRATIVE INQUIRY

Sarah Kooienga, Oregon Health and Science University, United States

For Mexican-Americans, Type 2 diabetes is a common severe chronic illness. Mexican-Americans suffer a disproportionate burden of death and disease from Type 2 diabetes, including more severe disease, increased incidence and occurrence of complications of diabetes and a lack of access to health care. While the epidemiology is understood, less is known of the day to day experience for families impacted by diabetes. In this narrative study, stories were elicited from unstructured open-ended interviews with Mexican-American families about their experiences living with diabetes. Ten Mexican American families living in the mid-Willamette Valley of Oregon participated in this study, including persons with diabetes (PWD) and family members, both adults and children. Consistent with the methodology, I represented the findings with six story types which occurred across families. The six story types were The Scourge Upon the Generations, The Shock of Diagnosis, The Shock of the Bill That Arrives, Changes in our Lives, Tale of the Tortilla, and Worries for the Future. These stories have implications for clinical practice where upon Mexican Americans understandings of Type 2 diabetes and families' experience is different than the dominant Euro-American culture. Clinicians need to develop an understanding of this disease as affecting the entire family.

### AWKWARD MOMENTS IN CLINICAL DISCOURSE

Dana Kovarsky, University of Rhode Island, United States

Irene Walsh, Trinity College Dublin, Ireland

Awkward moments in talk, when interlocutors are ill at ease about the unfolding interaction, occur in a variety of social contexts, including health care encounters. We examined awkward moments between speech-language pathologists (SLPs) and their clients that surfaced during face-to-face therapeutic interactions that were video recorded and transcribed orthographically over a number of months. The clients were adults with aphasia, traumatic brain injury or schizophrenia. While reviewing these tape recordings with written transcripts in hand, uncomfortable moments were discovered retrospectively as they manifested themselves in instances of conflict talk, miscommunication, silences, laughter, and in the introduction of what we called 'unsafe topics'. These examples of awkward moments are analyzed with respect to their communicative functions and who (or what) is held accountable for their occurrence. Implications are discussed in terms of what these instances reveal about the nature of clinical reasoning and practice.

### WITNESSING PAIN

Robert Kugelmann, University of Dallas, United States

The Other, as Levinas (1991; see also Lingis, 1994) tells us, confronts us as an ethical force to respond to indigence and need. But I can refuse the Other's appeal, which is in material terms helpless. If that is so, then there is no necessity in the reply to another's suffering. How do individuals experience the pain in someone else? There is considerable research on this topic, ranging from neurological studies of brain activity in situations where another person suffers pain (Avenanti, Buetti, Galati, & Aglioti, 2005; Jackson, Brunet, Meltzoff, & Decety, 2006; Jackson, Rainville, & Decety, 2006; Singer et al., 2004), to psychological studies of empathy (DeWall & Baumeister, 2006; Krebs, 1975; Lerner & Matthews, 1967). But what, in phenomenological terms, is the world of the other's pain? What possible horizons and paths of action appear when another suffers pain? What are the signs that mean, in prereflective and reflective presence, that the other is in pain? In particular, what emerges is one's own bodily experience of the other's pain: the often passive and sensual wincing, shuddering, and cringing are examples of a prereflective "hermeneutic" of the other's pain. The being-in-the-world of the other's pain, as experienced by the one who witnesses it, will be the focus of this presentation. Data for this study are narratives of witnessing another's pain. The analysis will be furthered by considering the implications of literary and visual portrayals of pain and its suffering. Examples will include Philoctetes from Greek tragedy and visual portrayals of Job, as depicted in several historical epochs.

## “IT’S JUST LIKE DIABETES”: A DISCURSIVE ANALYSIS OF MEDICALIZED CONSTRUCTIONS OF DEPRESSION

Michelle N. Lafrance, St. Thomas University, Canada

This presentation will explore the ways in which a biomedical understanding was drawn on and mobilized in women’s accounts of depression. The analysis is based on semi-structured interviews conducted with eight women who self-identified as having been depressed in the past. Through talk of diagnosis, and by drawing comparisons between depression and physical illnesses, participants constructed depression as a medical condition. Participants’ accounts served to legitimize their distress and identities, while at the same time revealing an uncomfortable fit between biomedical discourse and subjective experiences of distress. This presentation will explore the social construction of biomedicine and the ways in which stigma for marginalized forms of distress are enacted in everyday talk.

## CAMBODIAN COMMUNITY HEALTH 2010: COMMUNITY APPROACHES TO ELIMINATING HEALTH DISPARITIES

Sidney Liang, Munty Pot, Lowell Community Health Center, United States

Robin Toof, University of Massachusetts Lowell, United States

Andrea Laskey, Lowell Community Health Center, United States

From 1980-1990, the city of Lowell, Massachusetts had a rapid growth of Southeast Asian refugees arriving from Cambodia, Vietnam and Laos. Compared to the state, Asian/Pacific Islanders, non-Hispanics in Lowell had higher rates of death due to cardiovascular disease and diabetes. Working with key partners, and through funding from the Centers of Disease Control and Prevention, the Cambodian Community Health 2010 program (CCH 2010) provides a broad spectrum of capacity building and targeted actions that engage the Cambodian community, health and human service agencies, teaching institutions, government agencies and medical providers in addressing disparities in these diseases among adult Cambodians. Using a range of innovative interventions and approaches, CCH 2010 has increased: access to the health care system for Cambodians; participants’ engagement in wellness programs; awareness among health care providers and researchers about Cambodian health care beliefs; knowledge about CVD and diabetes in the Cambodian community; and the ability of participants to better manage their disease. The presentation will include information on the Cambodian refugee experience, examples of Cambodian health care beliefs and practices and culturally appropriate community interventions that can be implemented to decrease barriers to accessing health care, and addressing disparities in diabetes and cardiovascular disease among Cambodians.

## METHODOLOGICAL LESSONS FROM THE FIELD: ADVANTAGES IN USING VISUAL RESEARCH METHODS WHEN CROSSING BOUNDARIES

Linda Liebenberg, Saint Mary’s University, Canada

This presentation reviews methodological and epistemological underpinnings of visual research methods pertinent to contexts often encountered within diverse societies. Internationally, many people continue to be marginalised as a result of illiteracy, poverty, age and gender. Within immense stratification, researchers attempt to produce knowledge that contributes constructively to policy and services surrounding these groups. Image-based methods provide a research tool by which to address many of the concerns regarding challenging research contexts. Visual methods, such as photo-elicitation interviews surrounding self-produced images of participants, may facilitate researchers crossing boundaries (Giroux, 1992) of power, culture and language. Arguing the relevance of image-based methods to meaningful research, this paper is based on a larger study exploring the use of visual methods in a marginalized context. To explore the value of this methodology, a case study was conducted involving five teenage mothers from an informal settlement outside Cape Town, South Africa. This presentation incorporates lessons learnt from the fieldwork process, demonstrating how by engaging in a period of reflection, participants strengthen personal voice and enhance control of the research process. In this way understanding of marginalised groups free of dominant social constructions and ideologies is enhanced, improving contextual relevance and accuracy of data.

## USING NARRATIVE ANALYSIS METHODS TO GAIN INSIGHT INTO LIVING WITH BRAIN INJURY

Laura S. Lorenz, Brandeis University, United States

In an exploratory study into lived experience with traumatic brain injury, a survivor took photographs of living with her condition and the people and circumstances that have helped and slowed her recovery, and spoke with the author about her photographs. The analysis of her images and interview text used three narrative analysis methods—looking at the details of an individual image, as suggested by Becker (1986); structuring the accompanying interview into its discourse units, as modeled by Gee (1991); and grouping her series of photographs into plot categories representing problem, action, and resolution, as inspired by Mishler (2004). Looking closely at an image brings out insightful metaphors on the working of a survivor's brain. The discourse analysis provides a moving glimpse of the impact of a brain injury on an individual's perceptions of self, her feelings of connection (and disconnection) with others, and her reflections on using a photograph to articulate living with brain injury and sum up her experience. Grouping her photographs and text excerpts into plot categories brings out movement in the participant's healing over time and reveals her hopes for the future—information that is not gleaned by looking at one photograph and narrative frozen in time.

## ALCOHOL, GENDER AND IDENTITY: USING PHOTOS TO EXPLORE YOUNG ADULTS' BINGE DRINKING BEHAVIOUR

Antonia Lyons, Massey University, New Zealand

Young adults, and young women in particular, are drinking more alcohol than ever before. This has implications for health policy as well as women's ways-of-being. Why are young women drinking more alcohol, and binge drinking, more than previously? The media has attributed these shifts to a culture of masculinity, yet previous research examining gender roles and alcohol consumption has produced inconsistent results, and theoretical explanations have been simplistic. This study aimed to further our understandings of drinking in young working adults by employing a photo-elicitation methodology. Eight individuals (4 women) used disposable cameras and took photos during a typical night out drinking with their friends. Individual interviews were later conducted with these participants, who selected and discussed specific photographs as representing their night out and the drinking behaviour involved. Results show how drinking excessively is a normalised routine behaviour which involves the construction and perpetuation of friendships, social life and gender identities. Engaging in binge drinking can be viewed as a form of gender performance, highlighting how gender is constructed in contrast to the other, and how gender resides in social situations and activities rather than the person (Crawford, 1995). Findings will be discussed in terms of whether these new ways of 'doing gender' through drinking are enhancing or constraining women's gender identities, social positions and consequent physical health outcomes.

## THEORISING EMBODIMENT: PSYCHOPHYSIOLOGY AND SELF-CONSTRUCTION PROCESSES

Antonia Lyons, Massey University, New Zealand

The concept of embodiment has been given relatively little attention in health psychology. Research shows that written or spoken language about oneself elicits strong psychophysiological and physical health responses. For example, research consistently demonstrates that when we talk, our blood pressure and heart rate increase, but we currently do not know why such increases occur. They are not due to the production of the speech sound (the same increases take place when people communicate in sign language). Further, disclosing information about oneself has been linked to better physical health outcomes. This paper draws on social constructionist notions of identity and self to theorise such findings in terms of embodiment. By exploring the relationships between language use and psychophysiological processes, this paper argues that the continual construction of one's sense of identity through talk and text may be inextricably linked to bodily functioning and physical health outcomes.

ENGAGING HEALTH PROFESSIONALS AND USERS, TRANSFORMING POSSIBILITIES FOR  
BRAZILIAN NATIONAL HEALTHCARE: A DIALOGICAL APPROACH

Sheila McNamee, University of New Hampshire, United States  
Celiane Camargo-Borges, Universidade de São Paulo, Brazil  
Silvana Mishima, Universidade de São Paulo, Brazil

Some views of dialogue have been identified, inappropriately we believe, as useful only within interpersonal and frequently therapeutic contexts. Dialogue has been described as *conflict avoidant, focused on consensus or shared understanding, inattentive to issues of differential power, and highly inappropriate in the forging of democratic process and public policy formation*. In this paper we attempt to clarify a dialogic approach to social transformation and illustrate its potential *in use*. Our illustration centers on one small case within the Brazilian healthcare system. We believe this case demonstrates one way that healthcare professionals have been working dialogically. Our goal in offering this case is to dispel the misunderstandings of dialogue and to show the potential of its use. We believe this illustration offers new ideas for the use of dialogue in the public domain by clarifying what is meant by dialogue. Additionally, we propose that, indeed, dialogue can be successfully used in policy formation as well as policy implementation contexts.

CONDOMS: A CULTURE OF RESISTANCE

Lynda Measor, University of Brighton, United Kingdom

This paper focuses on some of the issues which young people indicate have an impact on their attitudes to 'safe sex' and particularly to the use of condoms. The paper is based on data generated by a study of teenage parents in the UK, which was funded by the British Departments of Health. It seeks to understand the perspectives and meanings young people 'read' into condom use. We know something about young men's attitudes to condom use from research, we know less about young women's perspectives. I have already published material from this study about young male reactions to condom use (Measor 2006). This paper seeks to gain a purchase on some of the cultures relating to 'desire' in young women; and to identify the way those cultures might influence 'safe sex' practices. The research was qualitative and sought to develop innovative research methods which were sensitive to the political as well as the ethical issues which arise when we study young people. It argues that when we research vulnerable young people on a 'sensitive topic' we need to develop new research strategies. Much of the data selected for presentation in this paper was generated through peer research strategies.

THE MOTHER-DAUGHTER RELATIONSHIP AS A BUFFER FOR MENTAL HEALTH DISTRESS  
IN TIMES OF TRANSITION: IMMIGRATION AND CHILDBIRTH

Sheryl Mendlinger, Ben Gurion University of the Negev, Israel & Boston University, United States  
Julie Cwikel, Ben Gurion University of the Negev, Israel

Israel is an immigrant society that is comprised of an ethnically diversified population. Recently more than a million new immigrants from the former Soviet Union and Ethiopia have come to Israel and some 10 % have settled in the Negev, the southern part of Israel. The different immigrant groups have affected the common Israeli culture in general and women's health in particular. This paper presents the results of a theoretical analysis of qualitative ethnographic research examining the mother-daughter relationship following childbirth. Data were collected from 48 in-depth interviews with mother and daughter pairs from each of the following groups: native born Israelis and veteran and recent immigrants from Europe, North Africa the CIS (Commonwealth Independent States), Ethiopia, and USA origin, who settled in the Negev area of Israel. The analysis produced a model of the meaning that daughters attach to their relationship with their mothers following childbirth. Categories included: mother as a positive/negative role model; the changing role of the mother who emigrates from a traditional to a modern society; generation gap as a result of the impact of immigration; cultural influences on the role of mother; the role of mother during daughter's pregnancy and childbirth; and mother as pillar of support. In traditional cultures, e.g. North African and Ethiopian, the mother is often seen by her daughter as a protector, a pillar of support and "spoiling mother" during pregnancy and childbirth. Daughters who are able to make use of their mother's



support may be buffered for mental distress in the post-partum period, whereas daughters who don't have this support available or choose not to access it may be at risk during this period.

NEGOTIATING BARRIERS:  
NARRATING THE CHALLENGES OF MULTICULTURAL RESEARCH  
Lauren Mizock, Yvonne Wells, Debra Harkins, Suffolk University, United States

There is a shortage of psychological literature investigating issues of race and ethnicity, especially among White researchers. This paper will examine the impediments to producing anti-racist research based on the experiences of a White graduate student's study of sexual health counseling and African American women. Struggles in relationship building and participant recruitment will be explored in narrative passages that highlight the negotiation of obstacles in the research process. Institutional, community, and internal barriers will be discussed in their interference with the production of culturally competent research. Methodological issues that posed problems to upholding cultural sensitivity standards in this study include: deception, a White comparison group, and a lack of qualitative analysis. This paper will outline these problems and offer a sociopolitical interpretation for their emergence. Acknowledgement of the challenges of the experimental process will open up discourse regarding the difficulties of generating social justice research. A proposal for narrative inquiry will be suggested as one approach to collaborative multicultural work.

NEGOTIATING GENETIC TECHNOLOGY  
Tria Moore, Sheffield Hallam University, United Kingdom

Gene therapy and genetic testing evoke strong reactions in both the public and health practitioners. The proposed paper utilises a framework of discursive psychology to examine an interview carried out around this theme with a clinical geneticist. It is suggested that the interviewee negotiates the theme strategically, positioning herself and her opinions in the ongoing debate. Perspectives are characterized by the juxtaposition between professional and subjective interpretations. The data is analysed in relation to the social representation and construction of genetic technology. It will be suggested that an understanding of the area is best established through a discursive methodology.

THE TRAUMA INSIDE THE SCHOOLS IN RWANDA  
Patrice Muhirwa, The Association for Healing Traumatized People, Rwanda

Trauma in Rwanda is a nationwide issue and there is not sufficient expertise to deal with it. However, if people are sensitized well enough to understand trauma then it would be under control. During the country's 1994 genocide, an estimated one million people perished in over 100 days; the genocide has been regarded as one of the shortest massacres in history to claim lots of lives and left more devastated. This genocide left behind thousands of widows, orphans, injured and many other problems such as poverty, hunger, fear, and above all: an entire traumatized generation. According to experts, the youth who are now orphans didn't know exactly what was going on and at present they are not like any other children who have received affection from both parents. The entire population of Rwanda faces this problem, but today I would like to focus on children, and precisely young school boy and school girls. In the year 2005, 50 students of my school out of 230 suffered from severe trauma, they were mostly the 1994 genocide survivors. This year in 2006, 30 students of my school out of 360 were traumatized. Last year, a study lead by the National University of Rwanda in collaboration with the ARCT, revealed more than 9000 people suffered severe trauma, and they are desperately seeking for help, moral support, and counseling. When people get traumatized and are sent to a mental hospital, people think they have run mad and cannot recover. We have to continue with sensitization so that people understand trauma and can help others. Statistics from the Ministry of health, department of mental health, show that 90% of trauma patients are adolescents.

BEING LIKE EVERYBODY ELSE: THE PERSONAL MEANINGS OF PROSTHESIS USE  
Craig D. Murray, University of Manchester, United Kingdom

In previous work I have elaborated the range of social meanings that using a prosthetic has for those concerned (Murray, 2005). This work focussed on the experience of the prosthetically enhanced body in relation to social occasions and relationships. The present study sought to gain an understanding of the lived experience of prosthesis use for amputees and people with congenital limb deficiency, and of the particular personal meanings that this experience has. The primary data were transcripts derived from semi-structured interviews and the documentary analysis of an e-mail discussion group for prosthesis users. This data was subject to an Interpretative Phenomenological Analysis. Three recurrent themes are presented. These are: Dreams and Realities: Enabling Prostheses; Being Like Everybody Else: The Meanings of Cosmesis; and Passing, Telling and Getting Away With It: Disguising Prosthesis Use. It is argued that prostheses have a number of deeply personal meanings for participants, which revolve around what people can practically achieve with a prosthetic limb, and the management of personal information and identity.

THE CONCEPTUALIZATION OF CLASSIFICATORY TRANSGRESSIONS CHARACTERIZING  
BRAIN DEATH, COMA, AND THE RETURN TO CONSCIOUSNESS  
Liora Navon, Liora Slomiansky, Tel Aviv University, Israel

Brain death, coma, and the return to consciousness often defy clear conceptualization because they violate life/death and body/soul cultural distinctions. The complicated process of their construction and reconstruction was examined through interviews with 30 Israeli relatives of patients in such states and constant comparative analysis of the data. The interviewees interpreted brain death in terms of "soul's survival in a dead body," and used tactics increasing the perceived body/soul incompatibility for reclassifying the patients as dead. In contrast, coma's understanding as "soul's encapsulation in an alienated body" involved tactics reducing that presumed incongruity, thereby allowing patients' redefinition as socially interactive individuals. The return to consciousness, initially entailing helplessness and personality changes, was seen as "infant's soul reborn in a mature body," and attempts to ignore that contradiction enabled the structuring of patients as being normally functioning. However, the sense of coherence attained through the implemented tactics did not provide emotional relief. The findings show that despite medicalization processes and the postmodern fondness for blurred distinctions, life/death and body/soul dichotomies are still interpreted in spiritual terms and their blurring still causes severe disturbance. Those conclusions illuminate the gap between the cultural and the individual construction of medical conditions embodying classificatory transgressions.

THE EXPERIENCE OF DISTRESS DURING THE MENOPAUSE TRANSITION  
Marciana Nosek, University of California San Francisco, United States

The purpose of this narrative analysis study was to explore the experience of distress for women during the menopausal transition. Since women are located socially, culturally, and historically, contradicting discourses impact a women's experience of menopause and can drive women to be silent actants caught between battling discourses. A postmodern feminist framework allowed for individual experiences to unfold within the stories women told. A narrative analysis methodology facilitated the understanding of *how* each woman defined distress for herself and *how* this reflects the shared meanings imbedded in American society. Seventeen women who had experienced distress attributed to menopause were interviewed for up to 2 hours in person using open interview techniques. Interviews were digitally voice recorded and transcribed verbatim. Data was re-transcribed using methods of analysis suggested by Riessman (1993). Themes were analyzed within and across interviews. Themes of silence, shame, and stigma related to aging and menopause were identified. The sense of loss of control contributed to some women's distress. Resolutions surfaced in some narratives, whereas habitual or "chaos" narratives demonstrated no closure with a sense of an incessant present, and despondency for the future. Specific context of each individual's life was shown to impact her experience of distress.

MEN TALKING HEALTH: NEGOTIATING MASCULINE IDENTITIES IN A SITUATED CONTEXT  
Jack Noone, Christine Stephens, Massey University, New Zealand

Seeking medical help early is critical for recovery, yet evidence indicates that men do not utilise general practitioner services as often as women. This paper draws on Connell's (1995) theory of hegemonic masculinity to critically examine how men's under-utilisation of medical services may be influenced by the social construction of masculine identities. Interviews with seven older rural men about their help-seeking behaviour used a movie extract and hypothetical scenarios to stimulate discussion. Transcribed data was analysed using discourse analysis, which showed that in this particular social context, the men faced a dilemma when identifying with two conflicting subject positions: the virtuous regular health care user, and the masculine infrequent user of health care services. They solved this dilemma by positioning women as frequent and trivial users of health care and themselves as legitimate users of health care. By using biomedical and morality discourses in this way the men could maintain a masculine identity whilst also identifying as regular and virtuous users of healthcare services. These results support the utility of hegemonic masculinity as a theoretical basis for examining the construction and maintenance of gendered identities by highlighting the complexity of multiple masculine identities.

THE POLITICS OF SELF-HELP DISCOURSES ON MENTAL WELLBEING  
Brigid Philip, University of Melbourne, Australia

Self-help discourses have exploded in advanced liberal countries in recent decades. The advice given varies, but the central message is clear: by applying the right kind of knowledge, we can improve ourselves. Running parallel to the self-help boom has been a marked increase in the prevalence of mild and chronic depression. Within this context, self-help books on mental wellbeing – that is, books about overcoming depression or unhappiness and how to live a happier, more fulfilling life – have emerged as a distinct category within the broader self-help genre. Most academic analyses of self-help books on mental wellbeing have been within the therapeutic disciplines, with a focus on the treatment effectiveness of these texts. But what is the political significance of self-help books on mental wellbeing? In particular, how are these books related to (neo)liberal ways of governing, and what might they tell us about the political drivers of mental health and wellbeing? Building on the findings of previous sociological studies of self-help culture, this paper employs a Foucauldian approach to governmentality to analyse self-help books on mental wellbeing as a technique of liberal government. This will be done by exploring how these books conceptualise the foundations of mental health and illness, what kinds of expertise they appeal to, and what techniques of the self they encourage. The main argument is that self-help discourses on mental wellbeing normalise and legitimise (neo)liberal ways of governing, at the same time pathologising and/or delegitimising experiences of depression and unhappiness.

TIME, SPACE AND STORYTELLING IN THE OUTPATIENT CONSULTATION  
Alan Radley, Loughborough University, United Kingdom

Inflammatory Bowel Disease can sometimes be difficult to diagnose, provoking a chronic illness that has painful and disrupting symptoms, often requiring changes of treatment in the light of a varying state of health. Regular outpatient visits involve discussions about longer-term prognosis, and patients' experiences of these meetings vary considerably. Understanding how and why these consultations vary is the subject of this presentation. Using digitised clips from videotaped consultations and reference to interviews in which they are contextualised, this paper focuses upon stories told by doctors to patients. The shift from patients' to 'doctors' stories' and the attention to visual evidence reveal differences in the way that space and time are constructed in the consultation, and with that the possibilities arising for action and understanding. Taken together with what patients say about their illness before and after the consultation raises questions about the work done by 'stories' and 'narratives' as apprehended in the doctor-patient consultation.

WOMEN, HEAVY DRINKING AND DISCOURSES OF FEMININITY  
Alison Rolfe, University of Birmingham, United Kingdom

This paper draws on qualitative interviews with women heavy drinkers, interviewed as part of a longitudinal study of untreated heavy drinking in the West Midlands of England. It examines the ways in which women talk about their own heavy drinking and that of other women. Women's drinking is frequently considered a cause for concern in the British media. Recent analysis of British media reports of women's drinking (Day, Gough and McFadden, 2004) suggests that alcohol consumption continues to be a site for the reproduction of traditional discourses of femininity and sexuality. This would seem to have important implications for women's own discursive constructions of their drinking, for the subject positions available to female heavy drinkers and for practice. The participants in the current study draw on discourses that construct alcohol consumption as a gendered and sexualised activity, and in doing so, position themselves in relation to discourses of both femininity and drinking. The main discourses identified centre on notions of equality, 'laddism', respectability, promiscuity, and motherhood. It is argued that, despite recent social change and the 'feminization' of consumer culture, alcohol consumption in Britain remains a cultural site for patrolling the boundaries of heterosexual femininities.

EMPOWERMENT AT WORK: AN EXPLORATION OF THE PERCEPTIONS OF THOSE WORKING  
WITH DOMESTIC VIOLENCE VICTIMS

Michelle Ronayne, Debra Harkins, Suffolk University, United States

Domestic violence is a health epidemic that affects both the mental and physical well being of its victims. It is therefore essential that those that work directly with victims continue the work that they do. The driving force behind the work that DV advocates perform is a desire to create empowerment within individuals. Yet, there are disparities in terms of defining the construct ranging from broad and multidimensional to narrower and more domain specific. Pease (2002) offered a post-modern reappraisal of empowerment that suggests that the concept of power upon which current definitions exist may actually serve an opposite purpose. Domestic Violence policies seen as beneficial (i.e. mandatory arrest) may diminish the decision making capabilities of victims and therefore fail to empower (Mills, 1996). The purpose of this paper is to explore the views of those working directly with domestic violence victims and analyze their definitions of empowerment. Qualitative examples from individual interviews are provided. Findings will be discussed in terms of broadening our understanding of the perceptions of those working in the field and enhancing the way we teach advocates about empowerment.

TO HAVE OR NOT TO HAVE BREAST RECONSTRUCTION: AN EXPLORATION OF THE  
DECISION MAKING PROCESS AMONG BLACK AND LATINA BREAST CANCER SURVIVORS

Lisa R. Rubin, Mary Carol Mazza, New School for Social Research, United States

Andrea L. Pusic, Taja Ferguson, Memorial Sloan-Kettering Cancer Center, United States

Gina Turner, New School for Social Research, United States

Raquel Sanchez, Memorial Sloan-Kettering Cancer Center, United States

Black and Latina breast cancer survivors are significantly less likely to receive breast reconstruction following mastectomy than White women. While socioeconomic factors contribute to ethnic differences, studies suggest that differences persist even when such factors are controlled. The Women's Health and Cancer Rights Act (WHCRA) of 1998 aimed to increase access to reconstruction by mandating that insurance providers who cover mastectomy also cover reconstruction. However, since WHCRA ethnic differences in utilization patterns have remained unchanged. We present preliminary results from an ongoing qualitative investigation exploring decision-making about reconstruction among Black and Latina survivors recruited from breast cancer support groups in NYC. To date, nine Black women who have undergone mastectomy (3-reconstruction, 6-non-reconstruction) have participated in in-depth interviews about their surgery decision. Using grounded theory to guide analysis, emerging themes across surgery groups include concerns about the risk of further surgery and questions about safety of silicone implants. Women choosing reconstruction discussed their dissatisfaction with their prosthesis, impact of mastectomy on clothing/fashion, ability to use own body tissue, and secondarily availability of insurance coverage in

their decision. Among women deciding against reconstruction, concerns about surgery, body acceptance, and lack of insurance were primary. Findings are interpreted through a feminist psychological framework.

## HOUSING FOR PEOPLE WITH PSYCHIATRIC DISABILITIES: THE DISCURSIVE CONSTRUCTION OF DESERVINGNESS

Barbara Schneider, University of Calgary, Canada

This presentation will examine how worthiness or deservingness is constructed in discourse surrounding applications for supported housing by people with psychiatric disabilities. People with psychiatric disabilities often require supported housing. This generally means that certain services, such as access to a social worker and recreation programs, are provided in the housing setting. The number of supported housing units has increased in the past 25 years, but demand still far outstrips supply. Housing service providers are therefore in a position to decide who is deserving of such housing. Interviews were conducted with representatives of 15 housing service providers in Calgary, AB about how decisions are made to fill vacant spots. Discourse analysis of this data shows how “deservingness” is constructed in the application process and how decisions to allocate housing are based on these constructions. Public discourse generally focuses on finding strategies to increase the availability of supported housing. However, a discourse analysis such as this shows that the supply of housing is not the only problem in providing housing to people with psychiatric disabilities. The challenge is to make this academic knowledge public in a way that makes a significant contribution to public debate and contributes to change in how people with psychiatric disabilities are housed.

## “BUT SHE ALWAYS STAYED STRONG:” SAFEGUARDING THE PSYCHOLOGICAL HEALTH OF RURAL GIRLS

Erin E. Seaton, Merrimack College, United States

Despite recent attention to girls’ psychological health, the lives of rural girls remain unexplored in depth. Rural girls most often appear in quantitative, outcome-oriented research focusing on psychological risks and presuming a single pathway to healthy development. To counter this absence of rural girls’ experiences, I spent a year observing and interviewing eighth grade girls from a rural community in central New Hampshire. Working from a feminist perspective, my ethnographic and narrative research privileges the voices of rural adolescent girls, attending to how the girls understood their own psychological well-being, where they found help, and where they wished for greater psychological support. The girls I interviewed faced multiple challenges to their psychological health including poverty, isolation, sexism, violence, conflicting messages about sexuality and femininity, racial prejudice, and limited social resources. The girls also demonstrated courageous resistance to such stressors and remarkable self-reliance. However, such attitudes of independence complicated the girls’ ability to access and accept support from others. Likewise, tight networks of relationships between community members complicated the girls’ willingness to solicit support. This research attends to the challenges of safeguarding rural adolescent girls’ psychological health and provides critical guidelines for adults advocating for rural adolescent girls’ psychological well-being.

## COMING TO AMERICA: A QUALITATIVE STUDY ON THE HEALTH OF INTERNATIONAL STUDENTS IN POST 9-11 AMERICA

Azizi Seixas, Fordham University, United States

This paper tries to do three very important things. First, it redefines the notion of health and takes a critical approach to mainstream views on health. It espouses an Illichian definition of ‘health’, which sees it as a state of subsistence, where one has the “ability and freedom to grow ones own food, construct ones own shelter (and) move oneself spatially and spiritually... therefore a healthy person is one whose powers of self-reliance have been activated” (Vaux, 1985, p. 45). It is with this redefined view of health that the second purpose of this paper comes to the fore. It will use this Illichian view of health as a working

framework to see how healthy international students in post 9-11 America are. Its intent is to describe how the lived experiences of international students are affected, for the worst, by stringent and unfair laws that the US government has implemented. Its role is not to be accusatory or inflammatory, but rather to describe 'what is'. This 'what is' affects the overall health of the person, biologically, socially, psychologically and politically. The results show that of the students interviewed, international students are placed in a state of *dysplacement*, *dystance* and *dysfunction* where they do not feel "at-home" and "not like our selves", which if framed from an Illichian perspective means that they lack subsistence. This then leads us to the third purpose which is an epistemological one, as from this study health is seen as an experience as opposed to an asocial, apolitical, ahistorical "natural" state.

TRIANGULATING QUALITATIVE DATA:  
THE CO-CONSTRUCTION OF VISUAL TIME-LINES  
WITH INDIVIDUALS WITH TRAUMATIC BRAIN INJURIES

Nina P. Slota, City University of New York  
Karen Peffley

As part of a study on the life experiences of individuals with traumatic brain injuries, this project used several methods of data collection, in order to build on individuals' cognitive strengths. For example, the first part of the interview was a self-structured narrative monologue about the individual's life, which lessened the need for pragmatic skills. The second part of the interview was a co-construction of a visual, icon-based time-line, which provided standard, external discussion structures and visual reminders. The icons provided structure for the interview process, in terms of areas of life to be discussed. This paper discusses how the time-lines were constructed and used during the interview and analysis periods. Interestingly, the finished time-lines provided participants with a concrete interview product which enabled them to briefly reflect on their lives, as well as on the process of making the time-line. The resulting time-lines were also products to be analyzed, in terms of how they were made, as well as which data they captured. The time-lines graphically portray similarities and differences across individuals' lives. This paper concludes that visual methods can be a valuable method of triangulating qualitative data, for individuals with or without cognitive impairments.

ILLNESS NARRATIVES AND MULTIPLE LITERACIES:  
SINGING, PAINTING, AND WRITING STORIES OF  
IDENTITY (RE)CONSTRUCTION AFTER TRAUMATIC BRAIN INJURY

Claire Smith, University of Ottawa, Canada

How do individuals (re)construct their identities after sustaining a Traumatic Brain Injury (TBI)? My proposed PhD study will explore this question by using a specific culture as participants: elite athletes who have sustained TBIs. These athletes' head injuries will have precipitated their retirement; they will therefore have had no choice but to relinquish identities that were strongly intertwined with their sport. I have chosen to use the methodology 'illness narrative' so that I can share the participants' stories of their identity (re)construction. The former elite athletes' illness narratives will reveal new intra and interpersonal identities, constructed as the athletes 'repair' themselves (Frank, 1998). I will use multiple literacies to fully represent my interpretations of the athletes' journeys. I will address the following questions:

Why do I think illness narratives are an appropriate methodology to use?

What genres of illness narratives do I foresee constructing from the athletes' stories?

How and why will I use multiple literacies to tell the participants' stories in my dissertation?

In summary, I will outline how I intend to combine illness narratives with multiple literacies in the study: *Narrating the educational experiences of elite athletes after traumatic brain injury: Journeys of intra and interpersonal identity (re)construction.*

NARRATIVES-IN-INTERACTION: HOW HEALTHY SUBJECT POSITIONS ARE  
INTERACTIONALLY ACCOMPLISHED IN A PEER-PEER INTERVIEW

Anneke Sools, University for Humanistics, The Netherlands

This presentation focuses on the dynamics in a peer-peer interview in order to discuss (dis)advantages of peer participation in health promotion research. In a narrative analysis of an interview conversation between two Moroccan migrant women possibilities for empowerment and positive health are explored. The interview was conducted in a participatory-dialogical health promotion project in the Netherlands aimed at gaining insight in 'lay' perspectives on healthy living. Peer participation was considered to contribute to the project goals empowerment and health promotion. Peer participation was also thought to have methodological advantages such as establishing rapport due to similarity between interviewer and interviewee. However, the analysis raises questions about the methodological and practical consequences of peer-peer interviewing. Can participation of some peers for instance stimulate (dis)empowerment of others? How does similarity and proximity between interviewer and interviewee relate to the emergence of healthy and empowered subject positions? Which lay perspectives are foregrounded or silenced in the interaction? And whose perspectives are elicited? I will demonstrate how peer-peer interaction can both stimulate and prevent the interactional development of healthy subject positions. The interaction can be characterized as a conversation rather than as a question-answer format. The analysis illustrates the relevance of viewing interview conversations as narratives-in-interaction.

NICE WORK, BUT CAN YOU DO IT? CRITICAL HEALTH PSYCHOLOGY AND EVIDENCE-  
BASED PRACTICE

Wendy Stainton Rogers, The Open University, United Kingdom

The National Institute for Health and Clinical Excellence (NICE) is an independent organization (though funded by the UK government) responsible for providing national guidance on promoting good health and preventing and treating ill health. It makes recommendations that have far-reaching impact on those who commission and deliver health services as well as upon research funding and, potentially, upon government policy and legislation. In this paper I will outline some of the problems raised by traditional methods of evaluating evidence on the effectiveness of behaviour change interventions. I will also report on some of the strategies being adopted within the 'Behaviour Change' review team (of which I am a member) in order to broaden the evidence base and make room for qualitative evidence more generally and critical approaches more specifically. The core question raised in this paper will be – how can critical psychology theorising and research exert a greater influence on health care policy, professional practice and research funding?

SOCIAL CAPITAL IN ITS PLACE: USING SOCIAL THEORY TO UNDERSTAND INEQUALITIES  
IN HEALTH

Christine Stephens, Massey University, New Zealand

Social capital has been controversially linked to public health benefits, particularly as an explanation for the relationship between economic inequalities and health. This presentation focuses on theorising social capital in this context, particularly in regard to recent emphasis on social capital in neighbourhoods, and the growing use of Bourdieu's social theory in empirical investigations. A review of some of this work suggests the need for a more coherent theoretical and methodological approach to using Bourdieu. I use data from a qualitative study of neighbourhoods in New Zealand to provide examples of the application of Bourdieu's theory and to suggest that social capital must be understood in a broader social context. This includes competition for resources between deprived and non-deprived groups and the practices of wealthy citizens as well as the poor. The conclusion is that an exclusive focus on deprived neighbourhoods as sites for research and intervention is not helpful in facing inequalities.

“I’M IN GOOD HEALTH BUT I HAVE A LOT OF ARTHRITIS”: OLDER WOMEN TALK ABOUT  
THEIR HEALTH

Janet M. Stoppard, University of New Brunswick, Canada  
Deborah K. van den Hoonaard, St. Thomas University, Canada

Based on in-depth interviews with 39 older women (age 65-93) about the challenges and strategies of their everyday lives, this paper focuses on the strategies women used in their accounts of their health and ill-health. The main strategies included: minimizing health concerns by discounting chronic illness; attributing good health to good fortune while blaming current health problems on their own past behaviour; and viewing health problems as something to be borne as a consequence of aging. At the same time these older women resisted stereotypical ideas about older women as preoccupied with their health concerns and engaged in comparisons with others to position themselves as being in good health - given their age. The implications of these findings are considered with respect to debates about the impact of population aging on health care services and the need for increased awareness among health professionals about how older women experience and talk about their health.

BURMESE REFUGEE CHILDREN IN THAILAND: A LOOK AT HEALTH AND POLITICS

Amy Szarkowski, Yukinori Komine, Miyazaki International College, Japan

This presentation, conducted by a psychologist and a political scientist, will explore the lived experiences of Burmese children at an orphanage in Western Thailand. This presentation will provide a historical view of the conflicts within Burma (Myanmar) and between Burma (Myanmar) and Thailand, establishing the context for a critical examination of the current situation. Health disparities, the impacts of poverty on health, and the influence of "context" on health psychology will be explored as well.

DECONSTRUCTING VISIBLE/INVISIBLE ‘LARGE BODIES’

Irmgard Tischner, Helen Malson, Nicky Rumsey, Emma Halliwell;  
University of the West of England, United Kingdom

The allegedly ever growing weight of western industrialised populations is a highly prominent topic in the media, scientific journals and day-to-day communications. Common to most of the coverage is that being ‘large’ is (and ‘large’ individuals are) being portrayed negatively. Often stereotypes, generalisations and simplifications abound, and although there is a vast amount of research into the health and psychological issues of ‘being large’, the participants more often than not are merely used for the collection of medical or psychological measurements. Rarely does such research engage with the participants’ lived experience. There are some critical voices of the above trend to be heard, however, and the present research aims to add to these. 21 participants (18 women and 3 men) were interviewed in-depth about issues of health, appearance, lifestyles, social interactions and the influence of the media. The interviews were recorded, transcribed and analysed, using Foucaultian Discourse Analysis. The analysis focused on how ‘large’ subjectivities, experiences and practices are discursively constituted, and several themes emerged. This presentation will focus in particular on the themes around the (in)visibility of ‘large bodies’.

TECHNOLOGIES OF HOPE: WOMEN’S VOICES ON ASSISTED REPRODUCTIVE  
TECHNOLOGIES IN BULGARIA

Irina L.G. Todorova, Yulia Panayotova, Health Psychology Research Center, Bulgaria & United States

In Bulgarian culture, the organization of family relations has traditionally constructed giving birth as a moral issue and a sacred duty to family and country. Assisted reproductive technologies (ART’s) have been available for over a decade and their use for the treatment of infertility has been expanding quickly during the last few years. On the basis of interviews with 17 women undergoing IVF or ICSI treatment, this paper will present women’s voices on ART’s, focusing on the ambivalences, contradictions and complexities in their narratives. It will discuss how women construct ARTs as *technologies of hope*, in the face of physical pain, disappointments and constraints to their use (Inhorn). It will show ambiguities in the narratives of women through which hope and resistance are entwined, and problematize the idea of ART’s



as *technologies of choice* (Franklin). Our analysis indicates that the women experience ART's predominantly as benevolent and responsible, while a critique of their implementation is present, though minimal. In their struggle for motherhood, which is essential to the social construction of womanhood in Bulgarian society, women endorsed the new reproductive technologies primarily as empowering. The women position themselves as determined individual agents in the search of information, clinics and in the persistence with treatments. This is reinforced by the discourses which have shifted responsibility from the system to the individual in the new realities of health care reform, as well through those which locate the primary responsibility for infertility in the woman's body. Women's meanings are in resonance with the broader cultural images of science and medicine as progress, which takes on important nuances in the current context of demographic crisis in Bulgaria, in which ART's are ascribed the power to intervene in the disappearing of the nation.

#### WHO GETS RESPONDED TO IN ONLINE CANCER SUPPORT GROUPS?

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What makes an individual entry to an online support bulletin board more or less likely to elicit a response? This study examined transcripts from the Online Ovarian Cancer Patient Support Group at CancerCare. Each individual entry was compared to the rest to see how many, if any, responses had been generated. The text was then coded based on Labov and Waletzky's (1997) structural model of narrative. Entries that had narrative content (a personal story) were more likely to have been responded to. Also, posts that had advice in them generated fewer responses. Even a little advice was bad, in terms of eliciting responses, and even one line of advice in a post very significantly lowered its likelihood of being responded to. Finally, not one of the highly responded to posts had a piece of advice that was not followed by narrative of some kind. This suggests that while giving advice may be useful for the advice giver, or to readers of the advice, it does not generate replies in support groups. This is supported by an earlier study in which 79 breast and colorectal cancer patients reported that informational support was less helpful than other types of support (Dunkel-Schetter, 1984).

#### UNDERSTANDING THE EXPERIENCE OF BACK PAIN THROUGH PERSONAL PROJECTS ANALYSIS

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This paper explores experiences of low back pain using personal projects analysis (PPA). The personal actions construct approach is a paradigm through which health psychologists can conceptualize how individuals understand their health or illness as they negotiate their ordinary lives. Low back pain (LBP) has been studied from different conceptual paradigms using a myriad of methodologies; but researchers and healthcare professionals continue to express frustration at the inadequacy of the current understanding of LBP. Here, presenters discuss individual differences in recovery patterns and distress and consider how individuals' volitional actions and self-appraisal of these actions provides understanding of how people construe LBP and adapt in the context of everyday life. Illness results in individuals reorganizing and redefining the activities in their lives to sustain their integrity and facilitate well-being. However, negative appraisal of pain in relation to their activities influences whether individuals continue to undertake everyday physical and social activities. Knowledge of these conative processes, (decisions, choices, and actions) that move individuals towards or away from personal goals is an avenue to understanding how people negotiate their experience of illness.

## BREASTFEEDING AS A NATIONAL HEALTH AGENDA: IMPLICATIONS FOR CONCEPTIONS OF HEALTH AND MOTHERHOOD

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The United States Department of Health and Human Services (DHHS) launched the National Breastfeeding Awareness Campaign in 2004 to address the DHHS health priority of significantly raising the percentage of breastfeeding women and to extend the length of time that women breastfeed, particularly targeting women of various racial and class backgrounds. Research has revealed a lack of critical analysis surrounding the issue of breastfeeding as a public health matter. Women face many different obstacles to breastfeeding, both physical and social, and a critical feminist lens is necessary. Political actors and actions surrounding health care agendas must be examined as well as the interplay between political agendas and decisions of individual women. The purpose of this study is to examine this campaign from the perspective of an occupational group that has been particularly involved in its implementation, lactation consultants. Semi-structured interviews with lactation consultants, who serve as the mediator between government and new/expectant mothers, will enable me to investigate whether and to what extent the DHHS campaign has altered the content or flow of information and with what consequences for the perceptions and attitudes toward the process of breastfeeding of all those involved in this socio-political process. Grounded theory will be utilized to determine emergent themes. This will provide insight into the social psychology of not only the decision to breastfeed but also ideas of what it means to practice healthy mothering. Campaigning and advocacy that targets women in contemporary society reconfirms class differences in access to information and attitudes toward breastfeeding. Implications of this health agenda regarding health disparities will be addressed.

## AVOIDING SURGICAL REMOVAL OF GALLBLADDER STONES: A STUDY OF INFORMATION AND SOCIAL SUPPORT OF SELF TREATMENT METHODS THROUGH THE INTERNET

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Increasingly, more people perceive conventional medicine as harmful and ineffective, and prefer 'safer' 'natural' treatments that work in harmony with their body. (e.g. Cartwright & Torr, 2005; Horne, 1999; Sharma, 1994). In this paper, this will be illustrated for the treatment of gallbladder stones, which in Western regulated medicine means a surgical removal of the gallbladder. Through web-sites and message boards, people inform each other of alternative methods to avoid this invasive procedure and to prevent a mutilation of the body. Furthermore, social support is offered in cases where problems are encountered or when the alternative treatment has a different outcome than expected. Analyses of these stories on the internet reveal both the medical and psychological problems people suffer from when relying on unconventional self-treatment methods. The results show how a lack of medical support leads to anxiety, uncertainty and a lack of control over bodily functions. Integrative medicine, in which conventional trained physicians will offer guidance and support to people who have chosen self-treatment methods, might be a solution. However, several barriers preventing this integration have been identified.

## A PHENOMENOLOGICAL ANALYSIS OF THE NEAR-DEATH EXPERIENCE

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This paper focuses on the phenomenon of the near-death experience (NDE) and its meaning for the experient. The NDE has been reported by people who are verifiably near-death (such as in cardiac arrest patients) and people who perceive themselves to be near-death (i.e. during traumatic experiences). This typically involves the person feeling that their self has physically separated from their body, and the experiential content is often characterised by a series of spiritual and religious motifs (e.g. seeing bright lights, a tunnel, and spiritual beings). Although the NDE is a relatively common phenomenon within and across cultures, there is a lack of research examining the personal impact of such experiences. In this paper we present a case study of the NDE. Interview data is analysed using Interpretative Phenomenological Analysis. The findings from this study have value for professionals and lay persons alike. For instance, prior research has suggested that the NDE is a life changing event. By examining in more depth the experience and meaning of the NDE, psychologists, counsellors, GPs, transpersonal psychologists and

psychiatrists will be better equipped to understand their clients' experiences and to help them with any potential personality transformations or psycho-spiritual crises that may arise post-event.

FIRST-TIME MOTHERS' ACCOUNTS OF EARLY BREASTFEEDING DIFFICULTIES: AN  
INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

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Despite a series of health promotion initiatives, breastfeeding initiation and duration rates in the United Kingdom fall well below targets established by both the British Government and the World Health Organisation with few women exclusively breastfeeding for the recommended six months. Whilst a number of predictors of breastfeeding initiation have been identified, knowledge of how mothers manage breastfeeding difficulties in the home environment is much more limited. The data presented in this paper form part of a longitudinal study which involved a sample of first-time mothers engaging in semi-structured interviews and keeping daily audio-diaries of their breastfeeding experiences during two critical periods within the first month postpartum. In this paper we focus on eight mothers who struggled with breastfeeding in the first week following the birth of their infant, and present an interpretative phenomenological analysis of their experiences. We focus on difficulties relating to pain interpretation and management, the relationship between 'successful' breastfeeding and the construction of maternal identity, and the challenges that current healthcare practices in Britain appear to pose to the development of positive breastfeeding experiences. The implications for health psychologists and other health professionals are considered.

HELP-SEEKING PATTERNS AND PERCEPTIONS AMONG LATINO MEN AND WOMEN IN  
MASSACHUSETTS

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Latinos are the fastest growing minority population in the U.S., and one that has been identified as underutilizing mental health services, despite the high prevalence of some mental disorders in the population. Given these factors, a rigorous depiction of Latinos' help-seeking patterns and perceptions is a critical step towards ensuring appropriate access to treatment. This study aimed to answer several broad questions about help-seeking among 15 Latino men and women living in Massachusetts: 1) How do participants decide whether and through what avenues they will seek help to relieve emotional distress; 2) What are participants' attitudes and experiences regarding formal and informal sources of support; and, 3) How do psychological, interpersonal, and socio-structural factors influence help-seeking decisions. In this presentation, I will explore the range of considerations involved in the decision to seek help, such as beliefs about illness and treatment, recognition of suffering, cultural convictions, access to resources, and social influences, and will examine how changing conditions and relationships affect the decision-making process. I will also present the help-seeking theory that evolved through grounded theory analysis, and discuss the findings in relation to other extant research on service utilization among similar populations.