

## EDITORIAL



Welcome to the (hopefully) long awaited 2nd edition. We can only apologise for the delay and hope that you will understand the difficulty of negotiating increasing work demands. Recently we have been reflecting on the collapse of the global economy and the idea of 'action at a distance' in quantum physics (i.e., non-locality, which Einstein called "spooky action-at-a-distance"). Perhaps this moment in history may serve to remind us that the paradox between distance and connectedness is merely perceptual. We may be separated by geography; however, we all have the potential to positively influence one another, and also those we are aiming to reach. This newsletter aims to foster our connectedness, and this edition includes

'reflections on being critical', conference memories', 'critical health psychology across the globe' and a 'critical' interview. In addition, you will find some useful information on forthcoming conferences and special journal editions. Unfortunately, we didn't receive any responses to Kerry's call for your thoughts on the future of the organisation or our role in reducing human suffering. Please consider contributing your thoughts to this important matter - we would welcome even a few words from you!

Wishing you peace for the festive season,

Tria Moore, Sheffield Hallam University, UK

Adam Bourne, Sigma Research, University of Portsmouth, UK

## REFLECTIONS ON BEING CRITICAL.

### What does it mean to be "critical" in critical health psychology?

My professional and theoretical background is anchored in the late 1970's when I started my work on representations of sexuality. As a young researcher, I replied to a grant proposal from the Ministry of Health that was asking researchers and scholars to study "the problems related to the sexual activity of mentally disabled adults living in institutions". In the project I wrote, I suggested to carry the study in a different direction, and rather than taking for granted that there are such problems with those adults, I proposed to explore the following questions: "why there is a problem, who were the actors who said that this sexual activity is a problem, what are those problems, and what do they do to solve these problems?". In other words, I was applying one of the basic Foucauldian methodological principle ("genealogy") according to which it is necessary to understand the context, power situations and conditions that make possible the expression of a statement (Foucault, 1972). In this case, it was necessary to understand for whom the sexual expression of those "mentally retarded adults" was "a problem" and why the government had decided to study the "problem". Unexpectedly, my project was funded. Some preliminary fieldwork allowed me to identify parents, health professionals and educators working with those adults as the ones for whom this sexual expression was considered as "a problem", and I started to organize focus-group and individual interviews with individuals from these

groups in order to understand how they were phrasing and "constructing" the "problems". In this first point "critical" is a posture in which the researcher is not taking for granted the definition and the identification of the problem to study, but where he/she is trying to understand why some people consider that there is such problem, and how they express it.

This approach was also based on the principle of criticism towards the stigmatization process, an approach that was developed in the previous "critical theory" elaborated by the Frankfurt school. The critical posture has a long history, and I suggest young scholars explore the meaning of "critical" and not consider it as taken for granted. After the end of World War II, the group for the Institute for Social Research established in Columbia University received a grant to study the possible resurgence of Anti-Semitism in the so-called free world. In order to understand racism and anti-Semitism, T.W. Adorno and his colleagues decided that they would not explain anti-Semitism by describing and identifying the characteristics of the Jews, but that they would do so by identifying the characteristics of those who express anti-Semitic attitudes and behaviour.

This work represented a major change in the study of racial and religious prejudice since it stopped to take for granted that if people were anti-semitic it was because the Jews had some specificities that could justify and at least excuse it (Adorno, Frenkel-Brunswick, Levinson, & Nevitt Sanford, 1950). In the case of my study, I was not looking for the explanations of the so-called problem of "the sexuality of the mentally retarded" among the "mentally retarded themselves" but I was looking the sources and the construction of the problem among

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those who were in charge of managing these people. In other words, the study described how and why it was a problem for the parents and the health professionals.

The last principle of the critical posture is to take into account the *counter-transference of the researcher* (Giami, 2001) as it was defined in the work of the ethno-psychiatrist Georges Devereux. After identifying that those who were expressing the problems were mostly parents of those adults and special educators, I decided to include a member representative of these two groups in the study group. The participation of actors involved in the field and bearing different (and opposite) representations of the "problem", gave the research team a reflexive insight on what we were elaborating. This strategic methodological choice allowed me to understand the system of representations of the sexuality of individuals with a mental disability as it was constructed by parents and educators. Reflexivity inspired by the psycho-analytic concept of counter-transference is thus an important dimension of a critical posture in psychology.

I chose to present my critical posture in psychology through the presentation of an example in which I have been involved personally, and the solution I had to invent to solve the problem. This is the way critical psychology should work from examples and situations taken from the field, using a reflexive approach and refusing systematically the taken for

granted statements. Please, critical researchers don't take this statement for granted....

Alain Giami

Director of research at INSERM (French National institutes of Health and Medical Research)  
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This was the exact formulation of the proposal that was released in 1981 before the emergence of political correctness in the field of disability.

This was the posture that Hanna Arendt adopted in her own work on anti-semitism and totalitarianism and that was challenged by Adorno & Horkheimer. (For more details about the Frankfurt School and the Critical Theory, see Wiggershaus, 1994).

### References

- Adorno, T. W., Frenkel-Brunswick, E., Levinson, D., & Nevitt Sanford, R. (1950). *The Authoritarian Personality*. New York: Harper and Brother.
- Foucault, M. (1972). *The Archaeology of Knowledge*. New York: Pantheon.
- Giami, A. (2001). Counter Transference in Social Research : beyond Georges Devereux. In M. Bauer (Ed.), *Papers in Social Research Methods - Qualitative Series*. London: London School of Economics, Methodology Institute.
- Wiggershaus, R. (1994). *The Frankfurt School: Its History, Theories, and Political Significance*. London: Polity Press & the MIT press.



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## MY BEST ISCHP CONFERENCE MEMORY

My most memorable memory is of the very first ISCHP conference in St John's Newfoundland. Just before the conference itself got started, Mick Murray got all of the keynotes together in a rather posh lounge, plied us with drinks and welcomed us warmly, saying how great it was all going to be and how glad it was we had all been able to come. And then, having softened us up with great panache, he then gave us our marching orders.

We were to have no prima donnas! There was to be definitely no loitering in little groups in the bar chatting 'in talk' with each other! And no sneaking off to the swimming pool, and no sight seeing, however pretty a town it was! He expected us to be constantly 'in there', attending every session, getting stuck in with all of the delegates. We were to engage with their work, give them feedback, answer their questions and be, above all, very supportive and encouraging. Looking back, for me at least, it was an important moment that has set the tone for conferences ever since.

What I like about the ISCHP is that it – and its members – don't just (to use the cliché) talk the talk, they walk the walk. They take their criticality seriously and try to put into practice the challenges they pose to the establishment elites and power-mongers. But – at least as importantly – they don't take themselves too seriously, as anyone who's worn their fishnet stockings with their silk boxer shorts or played the part of 'Social Norm' can tell you. Alongside the often stunning intellectual debates and some absolutely cracking presentations there is a real sense of camaraderie. Thank you Mick for starting us on the right path, long may it continue!

*Wendy Stainton Rogers is Professor of Health Psychology at the Open University and, for a few months in 2008 was also be an honorary Research Fellow at Massey University, investigating the potential health benefits of regular trips to Waiheke Island. Her current research interests focus on temptation and eating.*

## NEW ZEALAND

Health researchers at Massey University are leading a multi-disciplinary and multi-institution based team to conduct research into issues faced by the 'baby boom' generation as they move into retirement and towards old age. There are a number of quantitative and qualitative research projects currently underway. From a critical perspective we are interested in the socioeconomic and ethnic inequalities (particularly between Maori and Pakeha) that affect physical and mental health. We are using a nationally representative longitudinal study to follow the effects of potentially widening inequalities in health as our baby boomers move from work into older age. Living standards are an important aspect of inequality and we are presently developing an intensive qualitative



project to explore differences in perceptions and expectations of living standards within and between different ethnic and older age groups across New Zealand. Members of the Maori research group are particularly interested in issues around Maori identity and health for older people. Other qualitative projects are being used to explore the meanings of retirement in relation to health, constructions of family relationships among the baby boomers, the experiences of ageing for different immigrant groups including Chinese and Pacific Islanders, and specific issues raised by our community stakeholders such as elder abuse and experiences of disasters. We are presently developing an action research approach involving community groups, to develop interventions that support care-givers of older people.

The Massey based group pictured above are the members of the Health Work and Retirement Study at the School of Psychology and the School of Maori Studies in Palmerston North. Other members of the whole team include post-doctoral fellows and PhD students in the School of Psychology, sociologists and geographers from the School of People, Environment and Planning at Massey University, the Institute of Ageing Research at Victoria University, Wellington, and the Family Centre Social Policy Research Unit at Wellington. *Chris Stephens, Massey University*

## AUSTRALIA

One of my recent research interests has been in exploring the ways in which families are constructed in the context of talk about genetics. This research began with a project carried out with colleagues at the University of Adelaide that focussed on examining representations of genomics. As part of this project, we examined a series of newspaper articles that contained a series of gene-related key words. One of the broad themes that emerged related to the construct of the 'family'. The newspaper articles we examined under this 'families and genes' theme related to a number of different issues. But repeatedly, DNA and genes were presented as being evidence of 'true' familial relationships and as being more important than other social or cultural factors (such as caring for a child). Further, biological or genetic relationships were often represented as constituting familial relationships, even in the absence of a social relationship (e.g., sperm donors being fathers). In our analysis of these media accounts (currently in press in *Health Sociology Review*), we argued that genetic discourse functioned to present the dominant heterosexual nuclear family structure as normal, natural and psychologically preferable, and to marginalise other kinds of families (e.g., blended families, lesbian and gay parented families, families with adopted or fostered children, families created with the use of assisted reproductive technologies, families without children). Interestingly, this pattern emerged even in accounts of

non-conventional family forms, which could potentially have provided a challenge to the dominant constructions of family. These cultural representations of family can be seen to have broad-ranging implications, potentially impacting individuals' choices around fertility and reproduction and their relationships with others. Through these understandings of family, heterosexual individuals who are unable or choose not to parent within traditional structures come to be positioned outside the acceptable range of parents. And lesbian and gay parents become defined only in relation to heterosexual genetically-related norms or parenting. In this way, genetic discourse, with its basis in 'objective' biomedical science, arguably functions as a relatively new, often implicit, technique of marginalisation. Although other (non-biological) discourses of family, such as those relating to caring, love, and companionship, did appear in our data, genetic discourses were typically privileged. However, the dominance of genetic discourses of family is perhaps unsurprising given that our data was generated by searching for genetically-related key words. As such, we are now considering representations of family more broadly - initially by examining another media sample, but with the intention of collecting other sources of data in the future, in order to explore these issues. *Shona Crabb, University of Adelaide*

In the original version of this issue we wrongly attributed this piece to Darrin Hodgetts at the University of Waikato. It was in fact submitted by **Chris Stephens** at Massey University. We hope Chris and her colleagues will accept our sincere apologies for this oversight.



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## UNITED KINGDOM



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The Self-Management Programme team at Coventry University, UK, are conducting research to examine *Facilitators and barriers associated with psycho-educational self-management interventions among South Asian people with musculoskeletal conditions*. The Expert Patients Programme (EPP) is a free, structured educational course, designed to empower people with long-term health conditions, including arthritis, to improve their day-to-day management of their condition. Few people from South Asian (SA) backgrounds have attended these educational programmes, and not one SA person from area of urban deprivation in Coventry attended the EPP pilot phase. This raised alarm about exacerbating the already substantial health inequalities faced by some members of these communities in the UK. Funded by an Educational Research Fellowship from the Arthritis Research Campaign, the qualitative, longitudinal, cross-sectional study will provide a detailed description of local Punjabi Sikh women's experiences of living with arthritis in area of inner-city deprivation, identifying facilitators and barriers to self-management education.

Preliminary data analysis suggests that these women use culturally-tailored techniques including complementary/alternative medicines (CAM) such as traditional Indian herbal remedies, and yoga, to self-manage their daily lives with arthritis. Additionally, we have identified that spiritual sources of psychosocial support are important for this group of Punjabi Sikhs to better self-manage psychological

aspects of their arthritis experiences, such as adjustment to disease. Finally, cultural, linguistic and pragmatic considerations are perceived as barriers and enablers to participants' EPP attendance.

Following their attendance on the Punjabi-language EPP, participants will be re-interviewed, to establish their perceptions of the course, identifying any area which could be culturally tailored to better provide EPP for this community. Interviews, conducted with an interpreter when necessary, will be analysed using Interpretative Phenomenological Analysis.

We aim to develop a model of these Punjabi Sikh women's experiences of living with and self-managing arthritis, and their health education preferences. The local, national and international dissemination of our findings will occur among people with arthritis and those who treat or care for them, health and social care conferences, on Coventry University's research website, and in peer-reviewed journals. By giving voice to a previously unheard group, we hope to increase knowledge about musculoskeletal conditions among people with arthritis and those who treat or care for them. By identifying potential areas for innovation to EPP's content that can be tailored to meet the needs of this culturally and linguistically diverse group, we may, in turn, help to address one small aspect of minority ethnic health inequalities.

Alison Hipwell, University of Coventry

## JAPAN



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Health psychology was introduced in Japan in 1980s. The Japanese Association of Health Psychology, JAHP, was founded in 1988 under the strong leadership of Dr Hiroshi Motoaki who served as president of the Japanese Psychological Association during 1980s and his colleagues (Igarashi, 2005). In its early days, JAHP made great efforts to institutionalize and to stabilize the discipline in academia. It began two official journals, *'Japanese Journal of Health Psychology'* (1988) in Japanese and *'Japanese Health Psychology'* (1992) in English, held international conferences such like the International Health Psychology Conference in Tokyo (1993) inviting distinguished western psychologists, started accreditation of 'qualified health psychologist' in 1996, founded the Motoaki award for young health psychologists, and published *'The Dictionary of Health Psychology'* (1997) and a 4-volumed introductory textbooks to the discipline (2002-2003). These devices invented

by JAHP played an important role in institutionalizing health psychology in Japan. With 2800 affiliates and 491 participants to its 2008 annual convention with about 250 presentations, it seems that JAHP has achieved success in stabilizing its status among psychological societies in Japan.

But regardless of remarkable expansion of health psychology as an institution, it has not yet succeeded in establishing its status as a major discipline integral to health and healthcare. It stands in stark contrast with clinical psychologists that succeeded in establishing their status as a profession for treating mental health problems in late 1990s. As for physical health, lifestyle-related diseases are now the most significant cause of morbidity and mortality in the society. The Health Promotion Law of 2002 aims to prevent illness by promoting healthy lifestyle through health-

## CONNECTED: A CRITICAL WORD

- education which aims at changing lifestyles related to smoking, drinking alcohol, daily physical exercise, stress management and so on. But health psychology has not made significant contributions to them.

To promote such health-related behaviours, Japanese health psychologists need to broaden their perspectives to include qualitative methods that elucidate social factors which affect individual's subjectivity. For example, there are significant rises in binge drinking amongst middle-aged men and a marked rise in eating disorders reported amongst young women. . TV spots that advertise beers appear again and again where familiar talent who look healthy and happy enjoy drinking with mates. On TV, on magazine, and in other media, we see young women who look happy and content without considering the

health consequences of their actions. Although it seems relatively clear that this daily exposure to media messages affects individual's subjectivity enormously, health psychologists pay little attention to examining this. Discourse analysis will make significant contribution to investigate this issue. Presupposition of individuality, and the myths of scientific objectivity and value-neutrality of the main stream health psychology hamper such research. That's because Japanese psychologists have imported theories and methods from mainstream Western health psychology. To contribute to health of Japanese people, health psychologists need to pay attention to individual subjectivity and social factors that affect it. In this context, critical health psychology will play an important role to make change in Japanese health psychology.

*Yasuhiro Igarashi, Yamano College of Aesthetics*

## A CRITICAL INTERVIEW: ANTONIA LYONS

***I wonder if you could tell me how you began your career in psychology?***

I fell into Psychology – chose it as a first year student when I was keen to major in German and Psychology, dropped out of uni after my first year (didn't think it was for me, ironically), went and worked in Australia as a secretary for a few months and that was enough to send me back to Uni in NZ (even though student fees had been introduced and it was an expensive thing to do). By my third undergraduate year I had enjoyed Psych so much I dropped the German major. And the only reason I carried on to do Honours and a Phd was because of the offers of University scholarships, as I couldn't have afforded it otherwise, plus the fact that I was really enjoying myself.

***How has your research developed over the years?***

Hmmm I think my research has got broader and broader over the years, asking bigger questions and involving numerous topics. I guess what I do now overlaps more disciplinary boundaries than it did earlier. And I have become more and more involved in masculinities, femininities, embodiment and embodied subjectivity, and intersections with physiology.....

***How do you see your future critical developments?***

I would like to make a difference by deconstructing what we take as the 'natural' order of things, particularly around gender, but also around other social identity vectors such as class, ethnicity and (dis)ability. I would also like to engage more with new technologies and look at how they influence our subjectivities and

health related behaviour, such as within social networking sites, use of mobile phones etc.

***What are you working on at the moment and what can we look forward to reading of yours soon?***

The reason I'm late with these responses to your questions is because besides it being the end of the academic year here on this side of the world, and having assignments and exams piling up to mark, I've just written and submitted a paper to Social and Personality Psychology Compass which reviews the literature on masculinities, femininities and health behaviour. It's strange that while a big literature has built up around the notions of hegemonic masculinity and multiple masculinities, not so much theorising has gone on around hegemonic femininity and femininities (although there has been some very recently). So I review behaviours (particularly around eating and drinking alcohol) in terms of what engaging in them means for gender identities, gender relations, and embodiment.

***What book or paper would you recommend to a budding new critical health psychologist?***

Gosh mine of course!!!! Lyons & Chamberlain, 2006, Health Psychology: A critical introduction. Published by Cambridge University Press.

Also books and papers by Alan Radley, Christina Lee, Michael Murray, Jane Ussher, Kerry Chamberlain, Michelle Crossley...the list could go on and on actually. It's great that such a lot of literature has built up in the area of critical health psychology, because when I was a PhD student I really don't think there was much at all (way back in the mid-90s).

*Over the next few issues we hope to present interviews with individuals involved with critical health psychology research who are at various stages of their careers. We start off with a few words from Antonia Lyons, current Treasurer of ISCHP.*



*Antonia Lyons  
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## ANNOUNCING THE SIXTH BIENNIAL ISCHP CONFERENCE, 2009 LAUSANNE, SWITZERLAND.

### "Critical Thinking in Health Psychology"

The conference will be hosted by the University of Lausanne (Switzerland) for the first time in a non English-speaking area. It will take place in Dorigny Campus from July 8th to the 11th, 2009. Switzerland is a multilingual country and the seat of several International Organizations interested in health issues. Thus, this country represents an appropriate place for international exchange and dialogue among disciplines and cultures. The aim of this Sixth International Conference of Critical Health Psychology is to promote dialogue between researchers and practitioners coming from different theoretical and cultural backgrounds, whether they belong to Anglo-Saxon or European and/or French-speaking approaches.

*Marie Santiago – Kerry Chamberlain*

#### KEY NOTE SPEAKERS

**Dr. Elvira Cicognani**

Department of Science of Education, University of Bologna, Italy

**Dr. John Cromby**

Department of Human Sciences, Loughborough University,  
Loughborough, United Kingdom

**Prof. Alain Giami**

Institut National de la Santé et de la Recherche Médicale, Le Kremlin  
Bicêtre, France

**Dr. Gail Pheterson**

Département de Psychologie, Université de Picardie Jules Verne,  
Amiens, France

**Prof. Wendy Stainton-Rogers**

Faculty of Health and Social Care, The Open University, Milton  
Keynes, United Kingdom

**Prof. Leonore Tiefer**

School of Medicine, New York University, New York, USA



#### MAIN DEADLINES

1st Call for Papers: **September 15th, 2008**

2nd Call for Papers: **November 15th, 2008**

**Extended Deadline for Abstract Registration: January 15th, 2009**

Scientific Committee's decision: **February 20th, 2009**

**INFORMATION AND REGISTRATION:** <http://www.unil.ch/ischp09/>

## CRITICALLY IMPORTANT

### UPCOMING EVENTS: THE CRITICAL CALENDAR

#### Fourth International Stigma Conference

21<sup>st</sup>-23<sup>rd</sup> January 2009, Kings College London, UK  
<http://www.mentalhealthpromotion.net/?i=promenpol.en.events.188>

#### I Congresso Luso-Brasileiro de Psicologia da Saúde (I Luso-Brazilian Congress of Health Psychology)

5<sup>th</sup>-7<sup>th</sup> February 2009, Faro, Portugal  
<http://eventos.ualg.pt/cips/>

#### Lesbian Lives XVI: 'Representations of the Lesbian in Art, Culture and the Media'

13<sup>th</sup>-14<sup>th</sup> February 2009, University College Dublin, Ireland  
<http://www.ucd.ie/werrc/lesbianlives2009.html>

#### In Sickness & In Health: Government of the Self in the Clinic and the Community

April 15<sup>th</sup>-17<sup>th</sup> 2009, Victoria, British Columbia, Canada  
<http://www.isihconference.com/main.cfm?cid=1275>

#### International Congress for Qualitative Enquiry

20<sup>th</sup>-23<sup>rd</sup> May 2009, University of Illinois, USA  
<http://www.icqi.org/>

#### International Conference on Interdisciplinary Social Sciences

8<sup>th</sup>-11<sup>th</sup> July 2009, University of Athens, Greece  
<http://i09.cgpublisher.com/>

#### Health in Transition: Researching for the future

16<sup>th</sup>-20<sup>th</sup> August 2009, Adelaide, Australia  
<http://www.healthintransition2009.org.au/>

#### 23rd Annual Conference of the European Health Psychology Society

23rd-26th September 2009, Pisa, Italy  
<http://www.ehpspisa09.unipi.it/>

*If you are hosting, or know of, a conference that may be of interest to ISCHP members, please email us and let us know so we can include it on this list.*

### CONFERENCE REVIEW: UNIVERSITY OF MICHIGAN LGBT PSYCHOLOGY SUMMER INSTITUTE 2008

A remarkable institute took place on the campus of the University of Michigan this past August. For five long days, from August 4<sup>th</sup> to 8<sup>th</sup> 2008, 63 psychologists – 11 senior scholars, 15 beginning faculty, 3 postdoctoral researchers, and 34 graduate students – gathered for the first International LGBT Psychology Summer Institute at the University of Michigan, in Ann Arbor. Each day was jam-packed from 8:30AM to after 6PM and included two lectures (see titles below), two workshops and individual tutorials – plus coffee breaks and a lunch break with immense amounts of networking.

The organizers were Peter Hegarty, a social psychologist at the University of Surrey outside London, and Abby Stewart, professor of psychology and women's studies at University of Michigan. The Summer Institute was an expensive project – it cost over \$100K, and a lot of work went into gathering the funds to put it together. Ultimately it was sponsored by The John D. Evans Foundation and many different divisions at the University of Michigan.

Participants were drawn from 19 states, Puerto Rico and 7 other countries, and represented small and large public and private colleges and universities, liberal arts, women's, minority serving, and religious colleges. These institutions included Cornell, Michigan, UCLA, UC Santa Cruz, Indiana University, NYU, University of Washington, Virginia, Clark University and the University of Surrey, National University of Ireland, Konstanz, University College of London, University of Auckland, and the University of the Philippines Diliman. It was a beautiful and diverse group including experimental, community, social and clinical psychologists and some anthropologists and sociologists, too.

This was the first such institute, but it won't be the last. More information is available on <http://sitemaker.umich.edu/lgbt-summer-institute/home>.

*Leonore Tiefer, New York University*



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## CRITICAL JOURNALS

Journal	Event	Detail
<i>Health, Risk &amp; Society</i>	Special Issue: Risk, Screening and Surveillance. Bob Heyman (City University). Coming soon	This special edition will draw together original theoretical, critical and empirical papers concerned with the operation of screening systems. An introduction written for non-mathematicians expounding the Bayesian probabilistic reasoning which underpins the operation of screening systems will be provided.
<i>Journal of Health Psychology</i>	Special Issue: Psychology and poverty reduction. David Marks (City University) & Michael Murray (Keele University). Deadline for submissions: 31/5/2009	Part of a 'Global special issue', and in collaboration with numerous other journals. In 2000, the United Nations collectively signed up to the Millennium Development Goals. These goals focus on the reduction of poverty by the year 2015. They encompass a range of integral human freedoms, from the right to health and education, to gender equity, a clean environment, and fair trade. In the months to come, each journal will be making its own individual call for contributions, according to its own policies and procedures.
<i>Family &amp; Community Health</i>	Special Issue: Environmental health. Patty Hale (James Madison University) at <a href="mailto:halepj@jmu.edu">halepj@jmu.edu</a> Deadline for submissions: 1/4/2009	Articles are being solicited on: Built Environments, Educational and policy, strategies for prevention of environmental threats, Exposure to toxins, Home/school/occupational environmental health risks, Environmental health issues in primary care delivery, Emerging infectious diseases case studies/prevention, Environmental justice

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### CALL FOR FUTURE CONTRIBUTIONS

We would really like to hear your thoughts on the future of the organisation (see Kerry's piece in the 1st issue). In addition, we urgently need submissions on what it means to be critical, and how this influences your work. Please consider telling us about your

critical work in your part of the world, or perhaps your most memorable conference moment. Any information about upcoming conferences/ special journal editions or books would be most welcome. Our contact details are on the left.