7th Biennial Conference
International Society of Critical Health Psychology

18 – 20 April 2011
http://www.adelaide.edu.au/ischp/
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International Society of Critical Health Psychology

7th Biennial Conference
18th-20th April, 2011

ADVANCING CRITICAL PERSPECTIVES FOR HEALTH AND HEALTH CARE

Adelaide, South Australia

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Welcome

G’day! And welcome ‘down under’ for ISCHP’s 7th Biennial conference! Doesn’t the programme knock your socks off (as we Poms say)??! So many fascinating papers, posters and other somewhat weirder events and offerings, all packed into a few days. It looks like you must all be particularly clever and interesting people and we are going to have a great time (if a bit exhausting, perhaps - with so many good things on the programme it almost leaves no time for chatting or shopping!).

So, dear reader, if you are new to ISCHP, three cheers for coming, it’s lovely to have you and wonderful to be getting to know you. And if you are an old hand, then it’s really good to be getting together again – and in such a splendid place, and with such lovely people.

Lots of people have worked really hard to make the conference a success. We will, I promise, make opportunities to thank them. Now, though, is the time to say that what we have all tried to do is to organise a conference that stays true to the main principles of the Society. They are a bit serious sounding, but, we believe, important none the less. ISCHP is committed to:

• promoting social justice in the topics we study, the methods we use and the analytics we apply
• pursuing equity, transparency and inclusion in how we run the society and its events and other ventures
• operating internationally and multiculturally, in a spirit of respect, collaboration and co-operation
• avoiding hierarchy, ingroups and nepotism
• actively breaking down barriers to full participation
• not taking ourselves too seriously!

We also have lots of aims for the conference. We hope it will:

• promote critical approaches to health psychology and provide mutual support for those who pursue it in what can sometimes be a hostile world
• give opportunities for all of us to get to know new people working in critical approaches to health and who share our aims and interests
• offer practical and friendly support for students and others starting in the field or working on the ‘outside’
• build potential for partnerships and collaboration
• make spaces to be creative and do interesting stuff, and opportunities to have fun and relax
• make trouble (more about how we do this later)!

We are a relatively small society, with no big funders or slick organization to back us, just people with commitment, enthusiasm and passion ‘doing it for ourselves’. We have tried to think of everything – but undoubtedly have not quite managed it. We are very willing and friendly, though, so come and tell us about anything that needs sorting out, and we’ll do our best to do just that.
Finally, a genuine invitation. A society like ours, and its conferences especially, only works because people are prepared to get involved. Please come and join us. All delegates at the conference are welcome to come and take part in our ISCHP General Meeting which will be held 1.30-2.30pm on Tuesday April 19th in Napier lecture theatre 102. It’s our chance every couple of years to review how we organise things, thank people who have done donkey work and recruit some others to take over, and make plans for the future (the usual transparency and collegiality stuff). We are especially seeking people from places and communities currently under-represented in our overall organising committee, including students, practitioners and early career researchers. We will be delighted if you will come and join us. The pay is non-existent, the kudos is not impressive, but the fun and sense of achievement are treasures greater than rubies (more about Ruby later, too).

All the best, here’s looking forward to a ‘fair dinkum’ ‘bonza’ time (have I got that right?!)

Wendy Stainton Rogers
Chair, ISCHP
**ISCHP Committees**

**ISCHP Organising Committee**
- Wendy Stainton Rogers (Chair), *The Open University, UK*
- Kerry Chamberlain (Past Chair), *Massey University, New Zealand*
- Shona Crabb (Conference Co-ordinator), *The University of Adelaide, Australia*
- Marie Santiago Delefosse (Past Conference Chair), *Université de Lausanne, Suisse/Switzerland*
- Fabienne Fasseur (Past Conference Co-ordinator), *Université de Lausanne, Suisse/Switzerland*
- Chris Stephens (Treasurer and Membership Secretary), *Massey University, New Zealand*
- Gareth Treharne (Secretary), *University of Otago, New Zealand*
- Adam Bourne (Newsletter Editor), *Sigma Research, London School of Hygiene & Tropical Medicine, UK*
- Tria Moore (Newsletter Editor), *Sheffield Hallam University, UK*
- Floriane Fonjallaz (Website Co-ordinator), *Université de Lausanne, Suisse/Switzerland*
- Maria del Rio Carral (Postgraduate Student Representative), *Université de Lausanne, Suisse/Switzerland*
- Azizi Seixas (Postgraduate Student Representative), *Fordham University, USA*
- Boshadi Semenya (Postgraduate Student Representative), *University of South Africa, South Africa*
- Christine Horrocks, *Bradford University, UK*
- Bob Kugelmann, *University of Dallas, USA*
- Ian Lubek, *University of Guelph, Canada*
- Catriona Macleod, *Rhodes University, South Africa*
- Chris McVittie, *Queen Margaret University, UK*
- Bridgette Rickett, *Leeds Metropolitan University, UK*
- Irina Todorova, *Health Psychology Research Center, Bulgaria and USA*

**Local Conference Organising Committee**
- Shona Crabb (Chair), *The University of Adelaide, Australia*
- Martha Augoustinos, *The University of Adelaide, Australia*
- Damien Riggs, *The University of Adelaide & Flinders University, Australia*

**Local Conference Support Committee**
- Peta Callaghan, *The University of Adelaide, Australia*
- Suzanne Cosh, *The University of Adelaide, Australia*
- Ann Francis, *The University of Adelaide, Australia*
- Amaya Gilson, *The University of Adelaide, Australia*
- Sonia Masciantonio, *The University of Adelaide, Australia*
- Brett Scholz, *The University of Adelaide, Australia*
- Sofia Zambrano Ramos, *The University of Adelaide, Australia*

**International Conference Advisory Committee**
- Wendy Stainton Rogers (Chair), *The Open University, UK*
- Kerry Chamberlain, *Massey University, New Zealand*
- Jaklin Eliott, *The University of Adelaide, Australia, & Cancer Council Australia*
- Christine Horrocks, *Bradford University, UK*
- Christina Lee, *University of Queensland, Australia*
- Antonia Lyons, *Massey University, New Zealand*
- Helen Madden, *Massey University, New Zealand*
- Chris McVittie, *Queen Margaret University, UK*
- Chris Stephens, *Massey University, New Zealand*
- Gareth Treharne, *University of Otago, New Zealand*
# Conference program

## Sunday 17th April – PRE-CONFERENCE WORKSHOPS, Lower Napier Building

<table>
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<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>10.00-10.30</td>
<td><strong>Registration</strong> – Napier building, foyer</td>
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<tr>
<td>10.30-1.00</td>
<td><strong>Morning workshops</strong></td>
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<td>10.30-1.00</td>
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<tr>
<td>10.30-1.00</td>
<td>1. Working constructively with indigenous communities: Experiences from Australia and New Zealand</td>
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<td></td>
<td>Neil Drew (Nulungu Centre for Indigenous Research from Notre Dame University, Australia), Darrin Hodgetts, Mohi Rua and Shiloh Groot (Maori and Psychology Research Unit, University of Waikato, New Zealand)</td>
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<td><strong>Room</strong>: Lower Napier LG21</td>
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<td>2. Analysing health related interaction</td>
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<td></td>
<td>Alexa Hepburn and Jonathan Potter (Loughborough University, UK)</td>
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<td><strong>Room</strong>: Lower Napier LG14</td>
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<td>1.00-2.00</td>
<td><strong>Light lunch</strong> – Napier building, foyer/undercroft</td>
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<td>2.00-4.30</td>
<td><strong>Afternoon workshops</strong></td>
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<td>2.00-4.30</td>
<td><em>(15 minute break as required)</em></td>
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<td>2.00-4.30</td>
<td>1. Courageous Conversations: <em>Beyond</em> Cross-cultural training</td>
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<td>Pat Dudgeon (University of Western Australia) and Yvonne Clark (University of Adelaide)</td>
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<td><strong>Room</strong>: Lower Napier LG21</td>
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<td>2. Participatory Action Research: Social research for social change</td>
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<td>Barbara Schneider (University of Calgary, Canada)</td>
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<td><strong>Room</strong>: Lower Napier LG14</td>
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<td>6.30-onwards</td>
<td><strong>Postgraduate dinner</strong> – Saldechin, 21 King William Street, Adelaide</td>
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<td>8.30-9.10</td>
<td><strong>Registration</strong> – Napier Building, foyer</td>
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<td>9.15-10.00</td>
<td><strong>Welcome and conference opening</strong></td>
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<td>- Welcome to Country – Uncle Lewis</td>
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<td>- Executive Dean of the Faculty of Health Sciences, The University of Adelaide - Professor Justin Beilby</td>
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<td>- Chair of ISCHP – Professor Wendy Stainton Rogers</td>
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<td>- Chair of ISCHP 2011 Conference – Dr Shona Crabb</td>
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<td>Room: Napier Lecture Theatre 102</td>
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<td>10.00-11.00</td>
<td><strong>Keynote address</strong> - Professor Raewyn Connell</td>
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<td>“Psychological dimensions of social transformation”</td>
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<td>Room: Napier Lecture Theatre 102</td>
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<td>Chair: Damien Riggs</td>
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<td>11.00-11.30</td>
<td><strong>Morning tea</strong> – Napier foyer/undercroft</td>
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<td>11.30-1.00</td>
<td><strong>Parallel sessions</strong></td>
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<td>1. <strong>Symposium - Critical Perspectives on Young People’s Drinking Cultures</strong></td>
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<td></td>
<td>Room: Napier G03</td>
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<td>Chairs: Antonia Lyons &amp; Christine Griffin</td>
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<tr>
<td></td>
<td>a. The allure of belonging: Young people’s drinking practices and collective identification</td>
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<td>Griffin, C., Bengry-Howell, A., Hackley, C., Mistral, W. &amp; Szmigin, S.</td>
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<td>b. Alcohol use and harm minimisation among young university students in Australia (AHMS Project)</td>
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<td>Scholfield, T., Hepworth, J., Lindsay, J., Giles, F., Leontini, R. &amp; Germov, J.</td>
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<td>c. Students’ drinking cultures, social networking and online alcohol advertising</td>
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<td>McCreanor, T., Hebden, R., Lyons, A. &amp; Goodwin, I.</td>
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<td>d. Drunken celebrities, new media and young adults’ drinking cultures</td>
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<td>Lyons, A., Pedersen, M., Goodwin, I. &amp; Griffin, C.</td>
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<td>2. <strong>Time, Spaces and Places</strong></td>
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<td></td>
<td>Room: Napier G04</td>
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<tr>
<td></td>
<td>a. Time @ work: Nurses, care and private health</td>
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<td>Toffoli, L.</td>
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<td>b. Stressed spaces: The impact of design upon well-being</td>
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<td>Connellan, K., Riggs, D., Due, C., Rowlands, C. &amp; Curry, J.</td>
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<td>c. Conceptualising the lived experience of place among the rural elderly: A pilot study</td>
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<td>Winterton, R. &amp; Warburton, J.</td>
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<td>3. Media and Health</td>
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| Room: Lower Napier LG28 | a. Capability and carers’ wellbeing: Using the Internet for participatory action research  
*Horrell, B., Stephens, C. & Breheny, M.*  
b. Blogging the self: Homelessness, health, and technologies of the self  
*Schneider, B.*  
c. The talkback study: Identifying media identities to facilitate health education  
*Moody, S.* |
| 4. Constructing Women’s ‘Problems’ |  |
| Room: Lower Napier LG29 | a. Men’s accounts of their partner’s PMS: A thematic analysis of forum posts from pmsbuddy.com  
*King, M.*  
b. Taking up tools of narrative repair: Women’s navigation of the post-rape process toward living well  
*Mckenzie-Mohr, S. & Lafrance, M.*  
c. “I don’t have to tell you, you know what goes on”: Intersections of femininities and class in talk around workplace harassment  
*Rickett, B. & Stainton Rogers, W.*  
d. “She needs sperm!”: Rendering the male reproductive body visible to resist gender inequality  
*Hastie, B. & Cosh, S.* |
| 1.00-2.00 Lunch (with sign-up to evening dinners) – Napier foyer/undercroft |  |
| 2.00-3.30 Parallel sessions |  |
| 1. Symposium - Teenage mothers and abortion | Room: Napier G03  
Chair: Christine Stephens  
Discussant: Wendy Stainton Rogers  
a. The invention of ‘adolescence’ and the construction of degeneration around teen-aged pregnancy and abortion  
*Macleod, C.*  
b. Narratives of school-going parents on the gendered experience of being a parent and a learner in contemporary south african contexts  
*Shefer, T., Morrell, R. & Bhana, D.* |
c. The colour of teenage pregnancy: Managing the boundaries of ‘us’ and ‘them’  
   *Breheny, M.* & *Stephens, C.*

d. The politics of abortion and the use of the indicator ‘girl’ in newspaper articles  
   *Feltham-King, T.* & *Macleod, C.*

2. **Experiences of Illness and Treatment**  
   **Room:** Napier G04

a. “You have to get it into your brain”: Women’s experiences of doing long-term pelvic floor muscle exercise for the treatment of pelvic organ prolapse symptoms  
   *Hyland, G.*, *Hay-Smith, EJC.* & *Treharne, G.*

b. “I think I have to put a knot in it”: Women living with and managing an incontinent body  
   *Hay-Smith, EJC.*

c. The Australian experience of ovarian cancer for adult children  
   *Jayde, V.*, *Boughton, M.* & *Blomfield, P.*

d. Target practice: Decision making v. treatment trajectories in breast cancer care  
   *Sargeant, S.*, *List, P.*, *Baniamer, N.*, *Narayanan, S.* & *Smith, H.*

3. **Representing Sexuality**  
   **Room:** Lower Napier LG28

a. Beyond coming out: Lesbians’ (alternative) stories of sexual identity told in post-apartheid South Africa  
   *Gibson, A.*

b. Dying to come out: Addressing suicidality amongst young gay men  
   *McAndrew, S.* & *Warne, T.*

c. On his terms: Representations of sexuality in women’s magazines and the implications for negotiating safe sex  
   *Moran, C.* & *Lee, C.*

d. “To fake or not to fake?”: Performing and resisting the exaggeration of women’s sexual pleasure  
   *Stelzl, M.* & *Lafrance, M.*

4. **Working with Indigenous Communities**  
   **Room:** Lower Napier LG29

a. Supporting Aboriginal health workers to provide primary health care in central Australia  
   *Struber, J.*
b. Responding to racism: Insights on the pathways from racism to health from a qualitative study of Aboriginal people living in Adelaide
   Ziersch, A., Gallaher, G., Baum, F. & Bentley, M.

c. Footprints of colour: Voices of Indigenous & immigrant youth on the transition from school to work
   Britten, L. & Borgen, W.

3.30-4.00  Afternoon tea – Napier foyer/undercroft

4.00-4.45  5 minute challenge presentations: "Furthering critical health psychology"
   Room: Napier Lecture Theatre 102
   Chair: Kerry Chamberlain

5.00-6.30  Poster session and welcome drinks – Radford Auditorium, Art Gallery of South Australia

7.00 onwards  Dinners – at venues around Adelaide (signed up for at lunch)

Tuesday 19th April – Napier & Lower Napier Building

9.00-10.30  Parallel sessions

1.  Critical Approaches to HIV Research
   Room: Napier G03
   a.  A bet both ways: HIV education as governmentality
       Hammet, K.
   b.  What lessons ‘if any’: An exploration of community conversations in Eastern Zimbabwe
       Nhamo, M., Campbell, C. & Gregson, S.
   c.  Critical health psychology in Cambodia: Moving the data from action research to trade union solidarity
       Lubek, I., Kros, S., Sar, M., Green, M., Mason, C., Badali, J., Sophear, P.,
       Ghabrial, M., Houl, H., Tolson, M., Tra, T., Pen, S. & Doung, S.

2.  Symposium - Governmentalism through the production of deficit identities
   Room: Napier G04
   Chair: Wendy Stainton Rogers
   Discussant: Bridgette Rickett
   a.  Spoiled for choice? On not becoming garbage in liquid life
       Stainton Rogers, W.
b. Childless older women: Combating a deficit identity?
   Reynolds, J.

c. Gender reassignment and medical power: Deficit identities under surveillance
   Moore, T. & McNeil, J.

d. Valued identities and deficit identities: Self-management in mental health
   Scott, A. & Wilson, L.

3. Aboriginal, Māori & Torres Strait Islander Health

   **Room**: Lower Napier LG28

   a. Smoking prevalence amongst Aboriginal and Torres Strait Islander Australians: Implications for cessation support strategies
      Cosh, S., Copley, D., Maksimovic, L. & Bowden, J.

   b. Conceptualising the role of ‘Aboriginality’ in cancer diagnosis and care: Interviews with health care workers in the Aboriginal Patterns of Cancer Care Study
      Newman, C., Gray, R., Brener, L., Jackson, C., Johnson, P., Saunders, V. & Treloar, C.

   c. Māori stories of acute mental health inpatient services in Aotearoa, New Zealand
      Eade, L., Stephens, C. & Tangata Whaiora

   d. Māori and pain: A literature review
      McGavock, Z., Moewaka Barnes, H. & McCreanor, T.

4. ‘Good’ Mothers and ‘Yummy’ Mummies

   **Room**: Lower Napier LG29

   a. Being a ‘good’ mother: Expressing breast milk as a way of negotiating the moral imperative that ‘breast is best’

   b. “Giving guilt the flick”: Infant-feeding discourses and their implications for mothers’ subjectivity
      Kurz, T., Williams, K. & Donaghue, N.

   c. “I’ll quit when I’m pregnant”: Young women smokers’ negotiation of anti-smoking campaigns
      Gilbert, E.

   d. ‘Yummy mummies’: Representations of postnatal bodies in popular women’s magazines
      Jackson, S. & Taylor, D.

10.30-11.00 **Morning tea** – Napier foyer/undercroft
Parallel sessions

1. Embodiment and Health
   Room: Napier G03
   a. Constructing ‘body image’: Representations of women’s ‘body image’ in Australian women’s magazines  
      **Kleczaj, K. & Hastie, B.**
   b. Morality and the elite body: Body surveillance practices in the context of elite-sport  
      **Cosh, S.**
   c. Fleshy enough? Researching bodies in/through critical health psychology methodologies  
      **Chadwick, R.**

2. Symposium - Health care in context
   Room: Napier G04
   Chair: Kerry Chamberlain
   a. The everyday domestic life of medications  
      **Chamberlain, K., Hodgetts, D. & Madden, H.**
   b. Māori men and the indirect procurement of prescription medications  
      **Hodgetts, D., Waimarie Nikora, L. & Carlson, T.**
   c. Whaddya mean there’s more to staying healthy than seeing my doctor? Alternative concepts of health, illness and healing  
      **Mark, G. & Chamberlain, K.**
   d. Integrative medicine practitioners’ talk: Restorying the medical professional and patient  
      **Madden, H. & Chamberlain, K.**

3. Health and Ageing
   Room: Lower Napier LG28
   a. Living in an old woman’s body: Aging and embodied changes to sexuality in the context of cancer  
      **Parton, C.**
   b. Biographical integration: Older adults’ narrative construction of self in the context of a disaster  
      **Tuohy, R. & Stephens, C.**
   c. Exploring older New Zealanders’ cultures of alcohol use: A participatory study  
      **Stephens, C., Pond, R. & Lyons, A.**
   d. Active ageing - Another way to oppress marginalised and disadvantaged elders? Aboriginal elders as a case study  
      **Ranzijn, R.**
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<tr>
<td>12.30-1.30</td>
<td>Lunch – Napier foyer/undercroft</td>
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<td>Postgraduate meeting – Napier G03</td>
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<td>1.30-2.30</td>
<td>ISCHP general meeting – Napier Lecture Theatre 102</td>
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<td>2.30-3.30</td>
<td>Parallel sessions</td>
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**4. Childhood Discourses of Risk and Disorder**

**Room:** Lower Napier LG29

- a. Poverty, inequality and child behaviour: The impacts of medicalisation and psychopathologisation  
  *Harwood, V. & Allan, J.*
- b. Transitioning to adulthood: Autism and biological citizenship  
  *Brownlow, C. & O’Dell, L.*
- c. Infant mental health promotion: The discourse of risk  
  *Lawless, A.*

**1. Mental Health and the Construction of Self**

**Room:** Napier G03

- a. The new blame: Depression as a justification for domestic violence  
  *Cox, P.*
- b. Stress - Has it reached disease status? A critical analysis of the stress discourse on self-help websites  
  *Valiakalayil, A.*
- c. Listening between and beyond words: Disrupting discourses in speaking of sadness  
  *Lafrance, M. & McKenzie-Mohr, S.*

**2. Critical Issues in Treatment of Illness and Disability**

**Room:** Napier G04

- a. Obesity and learning disabilities: Examining the rhetoric of choice through the accounts of residential and day service managers  
  *Gunson, J., Reid, M. & Walley, R.*
- b. Discourses of patient autonomy and physician influence in physicians’ accounts of treatment decision-making for depression  
  *McMullen, L.*
- c. “Coming to the end of their useful life”: The ‘time’ factor in HIV general practice workforce issues  
  *Newman, C., Kidd, M., de Wit, J., Reynolds, R., Canavan, P. & Kipax, S.*
3. **Māori and Pasifika Identities and Knowledges**  
   **Room:** Lower Napier LG29  
   a. Theorising Whakapapa: Genealogy as narrative, actor network, technology and methodology  
      *Kenney, C.M.*  
   b. Māori identity development amongst ngā kiritea in Aotearoa: How we came to identify as Māori  
      *Herbert, S.*  
   c. The Pasifika second generation in Aotearoa: Culture, identities and wellbeing in diasporic spaces  
      *Mila-Schaaf, K.*  

4. **Critical Theory and Methods in Health Research I**  
   **Room:** Lower Napier LG28  
   a. Doing abductive research and analysing mundane practices within health care settings  
      *Phibbs, S., Richardson, F. & Carryer, J.*  
   b. Discursive psychology and its potential to make a difference  
      *de Kok, B.*  
   c. Qualitative methods in pain research – Adequacy of McGill pain questionnaire in the context of the qualia problem  
      *Kalwak, W., Stupak, R. & Bochaver, A.*  

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<td>3.30-4.00</td>
<td><strong>Afternoon tea</strong> – Napier foyer/undercroft</td>
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| 4.00-5.00 | **Keynote address** – Professor Pat Dudgeon  
                 “Mental health and racism: There could be cathedrals of the spirit as well as stone”  
                 **Room:** Napier Lecture Theatre 102  
                 **Chair:** Martha Augoustinos |
<p>| 6.30-7.00 | <strong>Pre-dinner drinks</strong> - Henry’s Brasserie, Ayers House |
| 7.00 onwards | <strong>Conference dinner</strong> – Henry’s Brasserie, Ayers House |</p>
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| 9.30-10.30 | **Keynote address** – Associate Professor Rosemary Du Plessis  
“Putting critical social science to work – Possibilities, challenges and compromises”  
Room: Napier Lecture Theatre 102  
Chair: Wendy Stainton Rogers |
| 10.30-11.00 | **Morning tea** – Napier foyer/undercroft |
| 11.00-12.30 | **Parallel sessions**  
1. **Symposium - Being healthy in an unhealthy environment**  
   Room: Napier G03  
   Chair: Lauren Breen  
   a. Maintaining health on the street: There's more to health than foot care  
      *Hodgetts, D., Stolte, O., Chamberlain, K. & Groot, S.*  
   b. Giving health away: The value of community based collaborations for improving public health and preventing chronic diseases  
      *Totikidis, V.*  
   c. Service delivery for families living with childhood disability: Disabling families through problematic implicit ideology  
      *Breen, L.*  
   d. Surviving toxic psy: A community critical standpoint  
      *Fryer, D.*  
2. **Pecha kucha session**  
   Room: Napier G04  
   a. ‘Smile for the camera’: A critical commentary on the use of obstetric ultrasound  
      *Glen, J. & Lyons, A.*  
   b. ‘Critique with no action’: Is this no longer an option?  
      *Horrocks, C., Johnson, S., Murray, M., Nicolson, P. & Stainton Rogers, W.*  
   c. Framing heath: Conceptualising health influences of changes within and between suburban spaces over time  
      *Lekkas, P., Daniel, M. & Paquet, C.*  
   d. The silent face of domestic violence deaths: Bizarre individual tragedies or predictable and preventable?  
      *Mackenzie, C.*  
   e. “The way it was and still is”: Ageing male farmers and contemporary challenges to identity  
      *O’Callaghan, Z.E.* |
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| f. | An ideological tug-of-war: The story of the researcher in the middle  
*Scholz, B.* |
| g. | Photography, discourse, and the neuroscience of biological psychiatry  
*Sigurdson, K.* |
| h. | A view from the bridge: The two sides of reflexivity  
*Treharne, G.* |
| 3. | **Critical Perspectives on Reproductive Health**  
**Room:** Lower Napier LG29 |
| a. | Productive uncertainty: Reproductive health care choices in Lihir and notions of risk  
*Hemer, S.* |
| b. | One born every minute: Does the consumer-care provider relationship facilitate women’s informed choice during pregnancy, labour and birth?  
*Thompson, R., Miller, Y.D., Stevens, G., Wigginton, B., Turnbull, M. & Mulherin, K.* |
| c. | Technologies of gender and childbirth: White femininities and childbirth choices in South Africa  
*Chadwick, R.* |
| d. | “There was never going to be a happy ending”: Experiencing stillbirth in Australia  
*Lee, C.* |
| 12.30-1.30 | **Lunch** – Napier foyer/undercroft |
| 1.30-2.30 | **Parallel sessions**  
1. **Death and Dying**  
**Room:** Napier G03 |
| a. | The problem with death: A genealogy of euthanasia  
*Ryan, A., Morgan, M. & Lyons, A.* |
| b. | The experiences of physicians negotiating discursive constructions of Australian end-of-life care  
*Trankle, S.* |
| c. | Patient perspectives on the timing of discussions about treatment options at the end-of-life  
*Eliott, J. & Olver, I.* |
| 2. **Health in Culturally and Linguistically Diverse Communities**  
**Room:** Napier G04 |
| a. | Methods of inquiry for researching with vulnerable refugee families  
*Grant, J., Guerin, P. & Parry, Y.* |
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<td>2.30-3.00</td>
<td><strong>Afternoon tea</strong> – Napier foyer/undercroft</td>
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<td>3.00-4.00</td>
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<td><strong>Indigeneity and Governmentality</strong></td>
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<td>Room:</td>
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<tr>
<td>a.</td>
<td>Bureaucratic stress syndrome and remote aboriginal communities</td>
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<td><em>Guerin, P., Guerin, B. &amp; Tedmanson, D.</em></td>
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<td>b.</td>
<td>Policy Dis-Stress: The unbearable ‘whiteness’ of being (indigenous and remote)</td>
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<td><em>Tedmanson, D., Guerin, B., Guerin, P. &amp; Clark, Y.</em></td>
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<td>c.</td>
<td>Framing the child</td>
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<td><em>Tedmanson, D. &amp; Wadiwel, D.</em></td>
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### 3. Masculinities and Health

**Room:** Lower Napier LG28

- **a.** Controlling diabetes and maintaining masculinity: A grounded theory analysis of interviews with diabetic men
  
  *O’Hara, L.*

- **b.** Theorising men and distress: What’s on the horizon for research and scholarship?
  
  *Ridge, D., Emslie, C. & White, A.*

- **c.** Men behaving well? Journeys towards constructive engagement with wellbeing through meditation
  
  *Lomas, T., Cartwright, T., Edginton, D. & Ridge, D.*

### 4. Constructions of Mental Health

**Room:** Lower Napier LG29

- **a.** Peer support and the logic of self-determination
  
  *Scott, A.*

- **b.** Conflict experience and subjective well-being among teachers in Russia
  
  *Bochaver, A., Kasatkin, V. & Stupak, R.*
2. **Health and Motherhood**  
   **Room**: Napier G04  
   a. Postpartum depression in Canadian newspapers: The construction of motherhood and womanhood  
      *Alexander, E.M. & McMullen, L.*  
   b. Mothers’ health, responsibilization and choice in family care work after marital separation  
      *Treloar, R.*  
   c. Embodied expertise and gender identity after breast cancer: Informing health promotion in survivorship  
      *Mackenzie, C.*

3. **Critical Theory and Methods in Health Research II**  
   **Room**: Lower Napier LG28  
   a. Critical analysis of the interview in health research  
      *Hepworth, J.*  
   b. The challenges of making the ‘familiar’ 'unfamiliar'  
      *Masciantonio, S. & Gilson, A.*

4. **Governing Mental Health**  
   **Room**: Lower Napier LG29  
   a. Governing rights for the mentally ill: Responding to the UN convention of the rights of persons with disabilities?  
      *Henderson, J. & Battams, S.*  
   b. Panoptic practice: Community mental health nursing and the new custodians of risk  
      *Warne, T. & McAndrew, S.*  
   c. Psychiatric terminology in patients' and ex-patients' narratives: Constructing a “psychiatric identity”?  
      *Stupak, R.*

| 4.10-5.00 | **5 minute challenge presentations**: “Where I’d like to see critical health psychology in 2 years from now”  
**Conference close** – Professor Wendy Stainton Rogers  
**Room**: Napier Lecture Theatre 102  
**Chair**: Gareth Treharne |
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PSYCHOLOGICAL DIMENSIONS OF SOCIAL TRANSFORMATION

Professor Raewyn Connell
The University of Sydney

A generation ago, psychology was easy to reject, as a search for ahistorical laws of behaviour or development, or a technology of social control. Major forms of psychology now are complicit with power, in new forms. Yet there is a great need for psychological understanding of contemporary social dynamics, and the crisis tendencies that affect our lives. This issue is explored through two cases. The first is the intensification of market relations in affluent countries such as Australia. The re-shaping of family life and child development pathways, the emergence of ‘neoliberal depression’, the relentless sexualisation of everyday life, are among the problems to be explored. The second is the continuing social trauma of post-colonial societies, ranging from the Intervention in Australia to the femicide in Cuidad Juarez and the civil war in Congo. Gendered violence, alienation from land and environment, and loyalty to toxic leaderships, are among the issues to be explored. In the face of such issues, psychology can be complicit with privilege. But it can also respond restoratively to crisis tendencies. Even more hopefully, psychological knowledge and practice can support social movements for change, which have their own serious needs for sustainability and renewal.

PUTTING CRITICAL SOCIAL SCIENCE TO WORK – POSSIBILITIES, CHALLENGES AND COMPROMISES

Associate Professor Rosemary Du Plessis
University of Canterbury

Public participation in debate and decision-making relating to bio-ethical issues is now widely accepted as a component of active citizenship. How to facilitate public deliberation and how to incorporate citizens’ engagement with bio-ethical issues into decision-making remains controversial. This presentation examines attempts in Aotearoa New Zealand to engage diverse publics in discussion of new health biotechnologies such as genetic testing and xenotransplantation. It explores how discourses of ‘participation’ can create opportunities to put critical social analysis to work beyond the academy, but also the challenges and compromises entailed in projects directed at participation, whether pursued inside or outside academia. A key issue is the extent to which social scientists may be drawn into practices that consolidate the rhetoric of participation, while constrained in their capacity to deliver change in processes or outcomes with respect to social, cultural and ethical issues associated with new health technologies.
MENTAL HEALTH AND RACISM: THERE COULD BE CATHEDRALS OF THE SPIRIT AS WELL AS STONE

Professor Pat Dudgeon
University of Western Australia

In 1995, Rob Riley, the first ever Indigenous keynote at an Australian Psychological Society Annual conference charged us with this message:

“How many psychologists have an understanding of Aboriginal people? How many of you...have an understanding Aboriginal culture, history and contemporary issues. For many of you, this work is crucial given the social conditions and your work environment in such places as prisons and the welfare sector and where there are large numbers of Aboriginal clients. It is your responsibility to seek that knowledge and understanding now, and to ensure that it is available for future generations of psychologists, in psychological training and education programs.” (Riley, 1997, p. 15-16)

This presentation critically examines where the discipline has come in the last 12 years since that historic first Indigenous keynote speech. An overview of Indigenous mental health will be provided with a focus on the social determinants of health, particularly racism. Racism as defined by James Jones occurring at individual, institutional and cultural levels will be discussed. Indigenous Australians face these forms of racism every day and this needs to be recognised. This presentation comes from a position that research and practice in health psychology has perpetuated inequities and racism in health and mental health. Racism remains prevalent in the health profession and needs to be recognised and addressed.

Considerable changes are required to bring about equity in the way that health and mental health care is provided for Indigenous Australians. Some changes can be immediate such as the provision of quality cultural competence training with the mental health workforce. Other changes, such as to education, will require different long term commitments by the profession.
Symposia

BEING HEALTHY IN AN UNHEALTHY ENVIRONMENT
Chair: Lauren Breen, Edith Cowan University and Curtin University, Australia

Many people experiencing the poorest health in our societies do not feature prominently in critical health psychology research. There are fleeting references to social determinants of health but little concerted effort to work with groups who by necessity must maintain their collective health in unhealthy environments. In this symposium we will explore: the health-maintenance practices of street homeless people in Auckland paying particular attention to processes of home-making in public and personal and relationally-based health-enhancing practices; a community-based research and health promotion program involving a small group of culturally and linguistically diverse people, the aim of which was to empower participants with health promotion knowledge, skills and confidence; survival of ideologically problematic disabling family service delivery; the survival of toxic psy by those who offer persistent incisive critique of it. Collectively, in this symposium, we call for a civically engaged health psychology which critically scrutinises its own practices, knowledge and deployment with particular attention to whose interests are being served, call for vigilance against default to acritical practices and theorising, and demand a critical health agenda of radical social change achieved through praxis.

MAINTAINING HEALTH ON THE STREET: THERE’S MORE TO HEALTH THAN FOOT CARE
Darrin Hodgetts1, Ottilie Stolte1, Kerry Chamberlain2 & Shiloh Groot1
1 Waikato University, New Zealand
2 Massey University, New Zealand

Health and illness are fundamentally relational and emplaced. A feature of everyday life for people who live on the streets of our towns and cities is the experience of a range of chronic and acute illnesses, which contribute to shockingly high mortality rates for homeless people. Street life is a remarkably unhealthy setting and dwelling on the street requires effort to maintain wellness. Despite experiencing health conditions, homeless people are remarkably effective at maintaining their own health, and also in supporting the health of other streeties. They are resilient by necessity. This presentation explores the health-maintenance practices of street homeless people in Auckland. Particular attention is given to processes of home-making in public and personal and relationally-based health-enhancing practices. Results support the usefulness of looking beyond individualised crisis management approaches to homeless people’s health. Instead, they promote consideration of the extent to which homelessness is a symptom of an unhealthy society, rather than a few misfits ‘choosing’ an unhealthy lifestyle.

GIVING HEALTH AWAY: THE VALUE OF COMMUNITY BASED COLLABORATIONS FOR IMPROVING PUBLIC HEALTH AND PREVENTING CHRONIC DISEASES
Vicky Totikidis
Victoria University, Australia

Psychologists often talk about ‘giving psychology away’ to improve human welfare (Epstein, 2006; Fowler, 1999; Miller, 1969). With the increase in the prevalence of chronic diseases and conditions over the past few years, a critical discourse among psychologists and other health practitioners about ‘giving health away’ to the public also needs to be fostered. This should include recognition of the value of community-based health promotion collaborations for improving public health and preventing chronic diseases. The benefits of community health collaboration include opportunities for critical health education, empowerment and improved health and wellbeing for community members and greater insight into community specific problems and barriers for the health promoter/researcher. A community-based research and
A health promotion program involving a small group of culturally and linguistically diverse people from the Brimbank region, Melbourne, Australia will be discussed in this symposium. The aim of the program was to empower participants with health promotion knowledge, skills and confidence. This included informing the group about major health concepts including National Health Priority Areas, health status, determinants of health, inequalities and major causes of mortality and hospitalisation; introduce them to a range of internet-based health information resources; explore and strengthen their understandings and interests in personal and community health and involve the community group in the development of a health promotion project that would help to improve health and prevent chronic disease in their community.

SERVICE DELIVERY FOR FAMILIES LIVING WITH CHILDHOOD DISABILITY: DISABLING FAMILIES THROUGH PROBLEMATIC IMPLICIT IDEOLOGY

Lauren Breen
Edith Cowan University and Curtin University, Australia

The family as the unit of care is central to the philosophy and practice of early childhood services; however, the practice of family-centred care can be problematic – it is based upon neo-liberal assumptions of ‘idealised’ families, underestimates the profound impact of childhood disability on the family, and encourages service providers to conflate parents’ involvement in care with responsibility for it. Further, the notion of chronic sorrow is often applied in order to describe parents and/or families as either ‘in denial’ or too aggrieved to enact their therapeutic imperative, and individualised and psychologised interpretations are made. Service delivery in early childhood settings often reinforce, rather than act to reduce, social, cultural and economic injustices. Clearly then, childhood disability remains institutionalised, but just within the institution of the family.

SURVIVING TOXIC PSY: A COMMUNITY CRITICAL STANDPOINT

David Fryer
Charles Sturt University, Australia

Community critical psychology, from the standpoint of this paper, surfaces and contests not only oppressive societal arrangements but also the role of ‘psy’, that is the discourses, practices, disciplinary regimes, knowledges, technologies etc. which constitute psychology in its many popular and professional forms – including the roles of community and critical psychology, in constituting and reconstituting those oppressive societal arrangements. Moreover, the domain of community critical psychology is not only what lies outside the societal arrangements and institutions within which it is itself performed but also those societal arrangements and institutions themselves inside which it is performed and which it to some extent constitutes. Those who offer persistent incisive critique in and of such settings or even just resist processes of govern-mentality, struggle to survive and are disproportionately subjected strategies to marginalise, exclude, neutralise, disable and, in a word, destroy them. At this point it is essential, from a critical standpoint, not to slip back into acritical pathologising psy discourses with talk of ‘stress’, ‘burnout’, ‘depression’, ‘support’ and the like. Rather, this is the time to redouble efforts to develop and deploy critical discourses and apparatuses which focus attention on the way the status quo protects itself from critique by destructive action-at-a-distance by silencing obliterating and disappearing those it positions as ‘enemies-within’. In engaging with these issues the paper will touch upon the conference themes of the different politics, economics and social geographies of location, subjectivication, governmentality and critical interpretations of health and health care.
This symposium consists of four papers discussing different aspects of our research into health care issues. The first paper (Chamberlain, Hodgetts & Madden) presents research into the use and meaning of medications within the home, showing how social practices of medication use contribute to more than mere treatment, and function to constitute identities, relationships of caring, and to create the home as a therapeutic space of care. The second paper (Hodgetts, Nikora & Carlson) examines medication practices within Māori households, focussing particularly on a specific issue of treatment – the presentation of proxy symptoms to health professionals by women in order to obtain medications for their male partners – and the implications this holds for medication use more generally. The third paper (Mark & Chamberlain) explores the nature of health care treatment from the perspective of indigenous Māori healers using rongoā, traditional Māori medicine, and questions how this form of treatment contrasts with mainstream approaches. The fourth paper (Madden & Chamberlain) examines the way integrative medicine practitioners make sense of their professional practice as they seek to integrate alternative and conventional forms of care and healing. Together, these papers offer a range on insights into health care practices from different perspectives.

THE EVERYDAY DOMESTIC LIFE OF MEDICATIONS
Kerry Chamberlain1, Darrin Hodgetts2 & Helen Madden1
1Massey University, New Zealand
2Waikato University, New Zealand
We examine the social practices involving medications of all kinds (medical drugs, both prescription and over the counter, alternative and complementary remedies, home remedies, dietary supplements, and functional foods) within domestic homes, and consider the purposes and functions that medications serve in that setting. We took an ethnographic approach, which involved detailed case studies of households, using focus group type discussions with household members, listing of all medications in the space, mapping and photographing their locations, plus photo-elicitation and diary interviews with individual household members. Our findings show how medications are located in diverse, but largely functional, spaces throughout people’s homes, and are involved in a wide range of practices, including sharing and caring. Medications are understood as complex material objects with a variety of meanings; they invoke ambiguity, fear and uncertainty, as well as hope, control, cure and well-being, and are implicated in the production of identities and social relationships. This examination of the everyday domestic life of medications reveals new understandings of the functions of medication in the domestic sphere, and of homes as therapeutic spaces for care. It also provides important information for health care professionals and policy-makers as to how medications are understood and used.

MĀORI MEN AND THE INDIRECT PROCUREMENT OF PRESCRIPTION MEDICATIONS
Darrin Hodgetts, Linda Waimarie Nikora & Teah Carlson
Māori and Psychology Research Unit, University of Waikato, New Zealand
Māori men are over-represented in New Zealand mortality and morbidity statistics. International research into men’s health suggests that some men are reluctant to seek health care and consult medical practitioners. This presentation draws on focus group discussions with Māori people living in the same household which explored Māori access to and use of medications. Particular attention is given to the emergent practice of Māori women presenting to general practitioners with proxy symptoms in order to obtain medications for their male partners. This practice exemplifies strategies that some Māori families appear to have developed to overcome the reluctance of men to engage with the medical profession. The
practice raises issues for discussion relating to the accessibility of medical services, time, cost, family health priorities, and the gendering of healthcare practices.

WHADDYA MEAN THERE’S MORE TO STAYING HEALTHY THAN SEEING MY DOCTOR?
ALTERNATIVE CONCEPTS OF HEALTH, ILLNESS AND HEALING
Glenis Mark & Kerry Chamberlain
Massey University, New Zealand
The concept of health and what it means to stay healthy, as opposed to illness, often focuses on physical symptoms and biological determinants of illness. Although there is a strong increase in numbers of people attending alternative health treatments, most of the literature focuses on why clients attend and what clients get out of it, rather than consider the background thinking behind provision of health treatment from the practitioners’ view. A study of 15 rongoā Māori (traditional Māori medicine) healers using semi-structured analysis was conducted. Using narrative analysis, the data focuses on indigenous concepts of health, illness and healing as a way of understanding health from a point of view that differs from mainstream health treatment. Implications from the data analysis involve consideration of what these types of results really mean for mainstream concepts of health and health treatment. The question is posed: Is this type of research really worthwhile in the academic, quantitative, scientific, “real” world we live in?

INTEGRATIVE MEDICINE PRACTITIONERS’ TALK:
RESTORYING THE MEDICAL PROFESSIONAL AND PATIENT
Helen Madden & Kerry Chamberlain
Massey University, New Zealand
Historically, healthcare practitioners’ professionalism was defined by the provision of personal care to patients, with a cognisance of the social and medical aspects of patients’ lives. In conjunction, the patient–practitioner relationship was forged on a premise of trust and continuity of care. In contrast, medicine in contemporary society has become increasingly technology-based, rationalised and specialised which has brought forth a challenge to traditional notions of medical professionalism. Findings from a discursive analysis of integrative medicine practitioner interviews revealed a negotiation of these challenges. Notions of expertise, holism and a continuity of care were drawn on by practitioners to reprofessionalise their practice and to construct patients as multifaceted and in need of a wider therapeutic toolkit. Through this process practitioners were shown to restore their identity and to reclaim aspects of traditional medical professionalism. I discuss how the space afforded the practitioners warrants them a deeper exploration into the lifeworld of patients, but also places the practitioner in a paradoxical position.
Many young people in Western countries are involved in normalised heavier drinking practices. There has been widespread public and professional concern about the harms associated with ‘binge drinking’ practices of young drinkers. However, previous research demonstrates that young people have been found to resist framing such behaviour as ‘binge drinking’ and rather view their drinking practices as routine, pleasurable, and involving having fun with their friends. This symposium presents a range of critical views on aspects of young people’s drinking practices, cultures and environments. Speakers will address intersecting issues derived from research across Australia, New Zealand and the UK, including:

- how young people negotiate drinker identities in the context of a pervasive and normalised culture of intoxication within a neo-liberal social order, drawing on discourses of belonging and collective support;
- the specific contexts surrounding tertiary students’ drinking practices and heavy drinking subcultures, bringing critical perspectives on Australian policies and public health interventions that inform students about harm minimisation;
- the ways in which both new technologies (e.g., social networking sites, the internet) and contemporary online marketing of alcohol play a role in student drinking cultures;
- the use of drinking practices as part of ‘doing’ gender in student and non-student drinking cultures; and
- portrayals of alcohol and drunkenness in popular celebrity websites.

Discussion will consider young people’s acceptance of, and resistance to, different constructions of drinking cultures and implications for policy and interventions.

This paper focuses on current moral panics around ‘binge drinking’ amongst young people in the UK, and young people’s negotiation of collective identity and a sense of belonging in this context, and also in the context of the individualism and consumer discourses characteristic of neo-liberalism. Contemporary discourses of individual freedom, self-expression and authenticity demand that we live our lives as if this was part of a biographical project of self-realisation in a society in which we all appear to have ‘free’ choice to consume whatever we want and to become whoever we want to be. The paper reports on the findings from an ESRC-funded study of drinking advertisements and intensive research with young drinkers in a major metropolitan area and in two towns in semi-rural locations. This formed part of the ESRC research programme on ‘Identities and Social Action’. We argue that the ‘culture of intoxication’ has become a normalised and all but compulsory aspect of many young people’s social lives, but, paradoxically, against individualising trends, collective identity and friendship groups remain an important source of community, care and support. We end by considering the implications of this work for health promotion initiatives focussed on young people’s alcohol consumption.
ALCOHOL USE AND HARM MINIMISATION AMONG YOUNG UNIVERSITY STUDENTS IN AUSTRALIA (AHMS PROJECT)

Toni Schofield¹, Julie Hepworth², Jo Lindsay³, Fiona Giles¹, Rose Leontini¹ & John Germov⁴

¹ The University of Sydney, Australia
² The University of Queensland, Australia
³ Monash University, Australia
⁴ University of Newcastle, Australia

In Australia, young people’s alcohol use is reported to be almost double the rate for Australians as a whole, and in 2004 29% of those aged 14–24 years were victims of alcohol-related abuse or violence. Despite these “risk behaviours” and adverse health outcomes, there is limited social science research into the drinking practices of young people in Australia, especially in heavy drinking settings, such as university colleges, known for their “drinking subcultures”. This paper presents an overview of how through the AHMS project we problematise dominant public health interventions aimed at young people arguing that alcohol-related harm minimisation also requires people’s consensual participation in health promoting practices and the provision of social and economic environments to support it. The research focuses on the combination of the social dynamics of students’ alcohol use, their understandings of harm minimisation, what they themselves do to achieve it, and the approaches adopted by university colleges and State health authorities. We are examining college and non-college based young university students’ alcohol use in NSW and Victoria, the two most populous states in Australia, to identify barriers and opportunities for harm minimisation. The project partner organisations are NSW Health, the Victorian Department of Human Services, and university colleges represented by AHAUCHI, the Association of Heads of Australian University Colleges and Halls. It is anticipated that the research will produce a new evidence base and innovative theoretical framework for better understanding alcohol-related harm minimisation among university students and developing more effective strategies to advance it.

STUDENTS’ DRINKING CULTURES, SOCIAL NETWORKING AND ONLINE ALCOHOL ADVERTISING

Tim McCreanor, Ross Hebden, Antonia Lyons, Ian Goodwin
Massey University, New Zealand

Student life is often associated with a ‘culture of intoxication’ in Aotearoa/New Zealand and has been linked to socialising, the development of friendships and negotiating identities. Social interactions between young adults are also increasingly conducted both offline and online, particularly through social networking sites. Online interaction has become a routine and everyday part of many young adults’ lives. Researchers argue that the Internet has blurred traditional boundaries and social interactions, and also substantially altered contemporary marketing practices aimed at infiltrating and appropriating youth cultures, in order to sell more product. This project explored the ways in which four groups of tertiary student friends talk about their social networking within the context of their drinking practices and cultures. It also focused on exploring their knowledge about, and interactions with, online alcohol advertisements and specific alcohol product websites. Participants viewed the integration of these new media technologies into already present drinking cultures as completely natural. Sites such as Facebook were being used daily; often to organise, discuss and publish varieties of drinking events and related material, from a casual night out to more organised parties. Alcohol advertising strategies were entwined with social networking, allowing advertising that is cheap, directly endorsed by those close to individuals and harder to identify as advertising, making it less able to be ignored in an online environment. Findings are discussed in terms of implications for policies around alcohol marketing and targeted alcohol advertising, as well as health promotion for university students.
Contemporary drinking cultures are located within an increasingly technologically mediated world, saturated with images of youthful drunken excess, including ‘drunken celebs’. An increase in excessive young women’s drinking has also led to questions regarding changing gender identities, changing drinking cultures and associated health outcomes. This research explored representations of drinking and gender on popular celebrity websites, and their role in young adults’ drinking cultures and gender identities. Multimodal discourse analysis was employed to analyse the images and language on selected websites, to examine how they functioned together to construct meaning. In stage two, 4 groups of young working adults (women and men) discussed these websites and we explored how they jointly accepted, negotiated or resisted their meanings. Online texts reinforced traditional notions of hegemonic masculinity and femininity, and particularly stigmatised women who were drinking if their look ‘slipped’ from one of ideal femininity. However, participants strongly resisted this dominant reading of the website and were more flexible in the meanings they ascribed. They demonstrated much sympathy for the celebrities, and positioned celebrities as ‘just one of us’, thereby collapsing traditional boundaries. Implications of the results for gender relations, drinking cultures, and drinking practices are discussed. It is concluded that current discourses and meanings are open to challenge to provide better outcomes for alcohol-related public health interventions.
GOVERNMENTALISM THROUGH THE PRODUCTION OF DEFICIT IDENTITIES

Chair: Wendy Stainton Rogers, The Open University, UK
Discussant: Bridgette Rickett, Leeds Metropolitan University, UK

Psychology has a shameful history in the active justification it has provided for eugenic systems of control. Psychologists have been all too willing to design instruments to identify the ‘feeble minded’, the ‘mentally sub-normal’, the ‘inverted personality’ and the ‘criminal character’. That this terminology is uncomfortable to us now may be seen as evidence that we have left such prejudice behind. But not so. Crawford (2006, p. 403) has written convincingly about the ‘strategies of distinction and stigmatization’ that continue, now much more obscured, but just as perniciously making it possible to promote the freedoms of some while imposing powerful regulation on others.

This symposium focuses specifically on the ways that ‘deficit identities’ are constructed in relation to health, those so designated rendered objects of social control and required to intensively self-monitor and conform to strict requirements of ‘proper action’. If they don’t, then their ‘moral failure’ is taken as evidence they are ‘not deserving’ of health care services and protection from harm. The symposium brings together research and theory around four very different instances of ‘deficit identity’: the chronically ill patient; the transsexual; the mental health consumer; and the old, single and childless woman. Each paper will provide analysis of the governmental strategies involved, the consequences, and some suggestions for resistance.

SPOILED FOR CHOICE? ON NOT BECOMING GARBAGE IN LIQUID LIFE
Wendy Stainton Rogers
The Open University, UK

Zigmund Bauman claims that life in the commercialised and secularised Modern world has become liquefied – made so fluid that the ‘movers and shakers’ must constantly re-invent themselves, re-configure their environments, restock their wardrobes and renew their relationships. If they don’t, they join the ranks of the ‘worn out’, the dispossessed and the ‘loosers’. This paper will introduce the symposium through a consideration of Bauman’s work and that of Annemarie Mol and Robert Crawford. It will explore discourses around ‘risk’, ‘choice’ and ‘care’, the production of ‘deficit identities’ and concerns about the fate of so-classified individuals and communities in a world of growing austerity and financial crisis.

CHILDLESS OLDER WOMEN: COMBATING A DEFICIT IDENTITY?
Jill Reynolds
The Open University, UK

Government proposals on care for older people often elicit responses on the need to return to the attitude that it is the family’s responsibility to look after its older members. Indeed social policy has tended to rely on the role of families when reducing the provision of social care through tax-supported services. How do people who do not have any children experience the ageing process, and with reference to childlessness what kind of discursive work and conversational moves do they undertake in interview? The normative expectations of a life progressing through stages associated with the heterosexual family, including love, marriage and parenthood, suggest that non-parenthood conjures up notions of loss and deficit – already an identity which can be attributed to single women (Reynolds & Wetherell, 2002; Reynolds & Taylor, 2005). In this paper I revisit narratives from childless women first interviewed as living alone in their fifties and sixties some 13 years ago. Women demonstrated rhetorical work in discussing their handling of questions on whether or not they have children. What does non-parenting mean to them now they are in the sixties and more? How does generativity (more usually associated with having children and grandchildren) play for women entering later life?
What sort of expectations or anxieties do they have about the ageing process and possible future needs for care and support?

GENDER REASSIGNMENT AND MEDICAL POWER: DEFICIT IDENTITIES UNDER SURVEILLANCE
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People seeking gender transition within the UK, before being allowed to qualify for hormone therapy and gender reassignment surgery, are required to undergo what the medical profession term ‘the real life experience’. The RLE comprises up to a 2-year period during which time trans people must live fully (i.e., socially) in their identified gender role. They must then provide evidence of this (e.g., name change documentation, letter from employers) before gender reassignment medical treatment is sanctioned by physicians. Furthermore, other conditions are imposed, including being in employment or education. In this way trans people are positioned as a ‘deficit identity’, forced to act out highly specific, stereotypically gendered forms of self-presentation in order to gain access to the medical interventions required for gender realignment. Perhaps uniquely they must ‘act out’ a highly visible Otherness as the price to be paid for what they seek. This paper will problematise the ‘the real life experience’, drawing on trans men’s reflective accounts of their own experience of it, based upon interviews using subjectively significant objects associated with ‘that time’ (i.e., RLE) as signifiers providing access to personal meanings. Analysis of these data will be used to make visible some of the governmental strategies and processes in play, and to speculate about potential forms of resistance.

VALUED IDENTITIES AND DEFICIT IDENTITIES: SELF-MANAGEMENT IN MENTAL HEALTH
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Wellness Recovery Action Planning (WRAP) is a self-management programme for people with mental illnesses developed by a mental health consumer. This programme is noteworthy for its construction of a health identity which is individualised, responsibilised, and grounded in an ‘at risk’ subjectivity. Success with this programme requires development of an intensely focused health lifestyle. We draw on Bourdieu, Giddens and Beck to argue that what is being developed is a ‘reflexive health habitus’, which is not equally accessible to all social groups, and is in tension with WRAP’s recovery-orientated values. This can lead to the development of ‘deficit identities’. However, we argue it is understandable that such a programme developed in mental health. People with mental illness are highly stigmatised as ‘a risk’ and viewed as in need of risk management. By developing their own form of self-monitoring ‘at risk’ identity, mental health consumers are able to construct themselves as ideal health citizens and no longer a risk, thus re-entering the moral community.
A newspaper or magazine reader in western societies need only read the words “adolescent mother” or “teen pregnancy” or “abortion” in a headline to know that the article is about a serious social problem. Adolescent motherhood and teenage pregnancy have become tropes standing for problematic youth, and are used unreflexively in public health research as a measure of poor outcomes (commonly measured as such along with prison sentences and drug use). The problematic incidence of teenage motherhood is also routinely associated with certain problem groups who are commonly constructed as feckless and non-productive members of society. In particular, minority groups, different ethnic groups, working class members, and women bear the brunt of this association. Despite a body of critical work which points to the destructive and repressive effect of these constructions, which are framed as well meaning calls for intervention in the public health literature, the presentations in this symposium show that the ‘problem’ of motherhood, and associated anomalous social constructions of abortion, works against the well-being of many young women.

THE INVENTION OF ‘ADOLESCENCE’ AND THE CONSTRUCTION OF DEGENERATION AROUND TEEN-AGED PREGNANCY AND ABORTION
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Newspaper articles and television shows consistently declare crises around ‘teenage pregnancy’ and ‘adolescent abortion’. The research literature on ‘teenage pregnancy’ and abortion, for the most part, treats teenage pregnancy as a social problem and abortion amongst young women as psychologically damaging. This dominant understanding persists despite the fact that research that compares the consequences of reproduction or a termination of pregnancy amongst younger women with the consequences for older women of similar socio-economic and other social circumstances shows that there is negligible difference between the two. Geronimus (2003) asks the question: ‘In the light of actual scientific evidence [to the contrary], why does the conventional wisdom on the consequences of teen childbearing continue to be at once overstated and never in doubt?’ (p. 884). Her answer is because it ‘helps maintain the core values, competencies, and privileges of the dominant group’ (p. 884). ‘Teenage pregnancy’, she argues, is used as a political tool to entrench ideas about race, responsibility, sexuality and ‘family values’. In this paper I argue that while race and class are intricately linked to pronouncements about young women who conceive, it is the invention of ‘adolescence’ that allows for these factors to be played out as they are. I trace the invention of ‘adolescence’ and its embeddedness within a colonialist discourse that equates development of the individual with the development of civilisation, and the consequent threat of degeneration that is always already implied in the very notion of ‘adolescence’. 
NARRATIVES OF SCHOOL-GOING PARENTS ON THE GENDERED EXPERIENCE OF BEING A PARENT AND A LEARNER IN CONTEMPORARY SOUTH AFRICAN CONTEXTS

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Adolescent parents at school have the same legal rights as any other learners in post-1994 South Africa. However, the experience of being both a parent and a learner remains powerfully gendered and shaped by broader social and school-based responses to adolescent pregnancy, parenting and female sexuality in general. Drawing on qualitative research with a group of 26 learner parents at schools as well as teachers and school authorities at 11 schools (over 80 interviewees) in Cape Town and Durban, the paper argues that moralistic discourses on female sexuality and gender roles and a continued pathologising and ‘othering’ of teenage pregnancy and parenting underpin negative responses to adolescents that facilitate exclusionary and marginalising practices in schools. While more progressive approaches to parenting and pregnancy were evident in some schools, and some supportive experiences reported by learners, findings foreground multiple barriers to young female parents and flag the importance of locating social policy and practice in relation to adolescent pregnancy and parenting within the larger goal of gender transformation. Thus, supporting pregnant girls and young parents can only be successful if such work is located within a wider context that promotes gender equality and justice. The deconstruction of dominant discourses on adolescent sexuality, teenage pregnancy and female sexuality as they are played out in the school context is an important part of this challenge.

THE COLOUR OF TEENAGE PREGNANCY: MANAGING THE BOUNDARIES OF ‘US’ AND ‘THEM’

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Discussion of teenage pregnancy in the research literature and by health professionals is often confounded by unexamined public health concerns about childbearing among impoverished and minority group members. Research has already shown that early parenting among minority group members is often understood to reflect individual and family dysfunction, rather than structural differences. Here we unpack how culture, ethnicity, and teenage pregnancy come together to reveal the shifting boundaries of acceptable behaviour according to health professionals from dominant cultures. Using discourse analysis we examined how 17 white health professionals in New Zealand talked about ethnicity and culture within interviews about teenage mothers. The focus on ‘cultural sensitivity’ in health care provision permeated this talk, and practices explicitly described as ‘cultural’ were understood as always acceptable. Rather than suffering judgement for their early childbearing, young women of colour were constructed as passive victims of their culture. In contrast, early parenting among white adolescents was subject to censure, as these young women fail to maintain expected norms of adolescent development and appropriate parenting. These findings provide a more nuanced consideration of class- and race-based positioning of adolescent mothers.
A key element in the politics of abortion is the practices of representation with regard to women presenting for a termination of pregnancy. One such powerful public forum is pieces (articles, editorials, letters) written in newspapers. In this paper we outline practices of representation in the South African media from 1978 to 2005 with regard to women presenting for abortions. Within the context of political transformation as well as drastic changes to abortion legislation, we explore how women, in particular young women, are named in newspaper pieces. Using a combination of content analysis and discursive positioning analysis, we explore how the percentage of pieces using the indicator ‘girl’ changed over time and the implications of this usage. Of all articles, 24.6% used the indicator ‘girl’. However, the proportion of articles within each epoch (defined here as 4-year periods) in which the indicator appears varies. The indicator was used most often during the mounting of a legal challenge to the clause of the Choice on Termination of Pregnancy Act of 1996 that allows minors to terminate a pregnancy without the consent of their parents. Opposition to abortion in general and specifically to parental consent not being required was bolstered through the invocation of the indicator ‘girl’, which implies dependence, vulnerability and lack of capacity. This depiction of the ‘girl’ allows for two distinct positionings. The first is the young woman as in need for understanding, care and support. The second is as the pathologised other.
Individual talks

POSTPARTUM DEPRESSION IN CANADIAN NEWSPAPERS:
THE CONSTRUCTION OF MOTHERHOOD AND WOMANHOOD
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Postpartum depression (PPD) exists on a continuum of postpartum mood disorders. Whereas the “baby blues” is experienced by 80% of mothers and spontaneously remits within 10–14 days postpartum, and postpartum psychosis is experienced by 0.002–0.2% of mothers and usually results in mortal consequences for the mother and/or child, PPD is experienced by 10–15% of all mothers who have recently given birth, does not usually remit spontaneously, and does not usually involve dire consequences (although suicide does sometimes occur during PPD, but rarely infanticide). Nevertheless, PPD is considered a serious condition because of its potentially short- and long-term negative impacts on the child(ren), mother and family. How PPD is constructed and conveyed in the media has been scantly researched. The media and society interact in a bidirectional manner, where society’s expectations and beliefs, in part, dictate what is presented in the news and how, and the news influences (and can change) society’s expectations and beliefs. Using critical discourse analysis I will analyze how womanhood/motherhood is constructed in the context of PPD in Canadian newspaper articles (e.g., the Globe and Mail). For example, PPD is sometimes defined by deficits of child caring, which implies that mothers are no longer mothers. The analysis of such constructions could inform people about the types of beliefs that are held about motherhood/womanhood, which could be important for informing health-care professionals about cultural constructions of PPD that can significantly influence treatment decisions and outcomes. As well, these analyses could inform educational/awareness programming.

CONFLICT EXPERIENCE AND SUBJECTIVE WELL-BEING AMONG TEACHERS IN RUSSIA
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Conflicts at the workplace are usually considered to be one of the major causes of stress and therefore significantly influence people’s health and general well-being. Conflict with students is usually interpreted as a challenge for teacher’s professional self-esteem, because ‘Competent teachers are competent communicators’ (Mahon, 2009); most teachers prefer a compromising, avoiding or accommodating conflict style. But what are the personal meanings of the ‘teacher-student’ conflict, and how these concepts are linked to experienced stress? This study aims to explore how teachers conceptualize their vulnerabilities in conflict, process of conflict expansion, their role position, and generally relationships with students. Our research is based on the assumption that the relationships are constructed by conceptual metaphors (Lakoff & Johnson, 1980), which reflect participants’ implicit needs. A conflict emerges when these needs are frustrated and vulnerabilities become exposed. To test this hypothesis, we performed 15 interviews with Russian primary and secondary school teachers, in which they described conflict situations involving their students, colleagues or students’ parents. The conflict dynamics, roles of the participants, painful experiences, skills of psychological self-protection, and the lessons they learned from the conflict were discussed. The data were analyzed using content analysis techniques. The results suggest that the constructs teachers use to describe their vulnerabilities and most painful experiences in conflict situations (‘betrayal’, ‘helplessness’, ‘disrespect’ etc.) are linked to their metaphorical conceptualizations of relationships with students (e.g., ‘commander’, ‘orchestral conductor’, ‘guide’). The dynamics of teachers’
professional position in conflict and their methods of psychological self-protection are discussed.

FOOTPRINTS OF COLOUR: VOICES OF INDIGENOUS AND IMMIGRANT YOUTH ON THE TRANSITION FROM SCHOOL TO WORK
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\textsuperscript{2}University of British Columbia, Canada

The main purpose of this study is to listen to voices of indigenous and immigrant youth in order to understand the lived experiences of transition between adolescence and adulthood in terms of career development. Although more qualitative studies are currently underway, the literature review has revealed a paucity of research with regard to both career developments for indigenous and immigrant youth, and also for transitions of youth into adulthood in the context of career development. Capitalizing on previous research we conducted in Canada, I will be presenting results of those and the current progress of the research project in Australia. More qualitative research is needed to provide a deeper understanding of career, transitions, success and career development from the point of view of indigenous people and immigrants, especially here in Australia (Kingsley & Philips, 2010). Through providing a means whereby indigenous and immigrant young adults can speak freely and give voice to their experiences, new definitions, new meanings and a greater understanding of the needs of this particular group can be explored. It is hoped that the positive stories from this population can lead to greater empowerment and better understanding for all. This information could then be used by a wide variety of people including indigenous and immigrant employment counsellors, school counsellors, parents, teachers, government organizations, curriculum writers and the communities themselves, as a means of interpreting, understanding and providing support for people undergoing the transition from secondary school into post school life.

TRANSITIONING TO ADULTHOOD: AUTISM AND BIOLOGICAL CITIZENSHIP
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\textsuperscript{2}The Open University, UK

The concept of “Biological Citizens” is one that has increased in popularity in recent literature. Several considerations have been made of it in relation to enhancing our understandings of disability and impairment (Hughes, 2009), specific labels such as bi-polar affective disorder (Rose & Novas, 2005) and autism (Orsini, 2009). In this paper we further explore the concept of “Biological Citizens” and extend considerations of it to our understandings of autism. We draw on online discussion list exchanges by people with autism, parents of people with autism and professionals working with people with autism in exploring the crafting of communities based on biological and neurological differences. The concept of neurological difference has been a long standing issue for autistic advocates, who frequently draw on neurology as a way of warranting difference between people with autism and ‘neurological typicals’. In doing so clear arguments are presented which serve to position autism as a difference rather than a deficit. In this paper we seek to further explore the concept of biological citizenship for these online groups and what identification with this may mean for young people with autism transitioning to adulthood.
FLESHY ENOUGH?
RESEARCHING BODIES IN/THROUGH CRITICAL HEALTH PSYCHOLOGY METHODOLOGIES
Rachelle Chadwick

University of Cape Town, South Africa

While questions surrounding ‘the body’ and theoretical interventions focussing on ‘embodiment’ are important topics in critical health psychology, research on bodies/health is still curtailed by qualitative methodologies which struggle to move beyond the representation of the body as object (Frank, 1995). Using insights gained through a narrative, longitudinal study of childbirthing bodies, this paper outlines methodological strategies that are argued to be useful in the move towards alternative, ‘fleshier’ representations of bodies in critical health psychology research. These methodological strategies include: (a) problematizing and rethinking transcription as a theory-laden process, (b) privileging the embodied nature of speech and (c) using experimental poetic methodological devices as tools of embodied analysis.

TECHNOLOGIES OF GENDER AND CHILDBIRTH:
WHITE FEMININITIES AND CHILDBIRTH CHOICES IN SOUTH AFRICA
Rachelle Chadwick

University of Cape Town, South Africa

This paper argues that gender is a form of disciplinary power that intersects powerfully with childbirth, shaping white South African women’s choices and experiences in relation to the birth event. While feminist work on childbirth has consistently highlighted biomedicine as a key form of authoritative power at work in/on childbirth, there has been little research that has analysed the impact that gendered technologies of power have upon women’s choices and experiences in relation to birth. This paper argues that gender operates as a form of disciplinary power that polices, regulates and produces white feminine identities in relation to the choice to birth either at home or via an elective caesarean section. The pre-birth stories of 21 white, middle-class South African women who were planning either a home-birth or an elective caesarean section are analysed via a Foucauldian framework in which gender is conceptualised as a technology of power. Technologies of gender identified in South African women’s narratives about childbirth choices included a patriarchal optics of power and a natural childbirth ideal. These gendered technologies emerged as forms of gendered power which framed women’s childbirth choices and disciplined their talk about birth.

STRESSED SPACES: THE IMPACT OF DESIGN UPON WELL-BEING
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¹University of South Australia, Australia
²Flinders University, Australia
³The University of Adelaide, Australia

This presentation details preliminary findings of a project regarding the impact of architecture and design on the function of mental health facilities and the health of clients within them. What limited previous research there is in this area suggests that the way in which space is organized architecturally will impact upon nurse/client relationships, relationships amongst clients themselves, and whether or not clients feel safe, respected and comfortable within the facility. The current project utilized ethnographic observations of both a secure, high-dependency unit and an open ward in a mental health facility – combined with detailed analyses of architecture and design within the spaces – in order to provide data on the relationships between architecture and mental health care. Preliminary findings from this project include the impact of the design of the nurses’ station within both high dependency units and open wards on client/nurse relationships and the ability for clients to assert some
control within the space. The presentation will also outline findings in relation to the impact of lighting, surveillance and control techniques, and other aspects of design on the movements of clients and staff. These findings have significant implications for the design of mental health units, particularly in relation to the ability of clients within mental health facilities to gain control, and to form healing relationships with nursing staff.

MORALITY AND THE ELITE BODY:
BODY SURVEILLANCE PRACTICES IN THE CONTEXT OF ELITE-SPORT
Suzanne Cosh
The University of Adelaide, Australia

The world of elite sport is increasingly concerned with athletes’ weight and physique. Idealised standards are widely upheld within sporting environments and regular testing of body fat has become routine practice. The drive to reduce body fat can lead to performance gains; however, reducing body fat too far can have physical and psychological health consequences for athletes. Body fat can become too low to sustain normal function, resulting in athletes experiencing fatigue, anaemia and increases in illness and injury. It has been suggested that such pressure from the sporting environment to reduce body fat can also lead to the development of eating disorders (and sub-clinical disordered eating) and, subsequently, the ‘Female Athlete Triad’ (disordered eating, amenorrhea and osteoporosis). Given the potential long-term health consequences of significantly reduced body fat, the management of athletes’ bodies is delicate business: Sporting organisations are focused on maximizing performance, albeit potentially to the detriment of athletes’ well-being. The present study examines practices around body regulation occurring within the context of a sport institute. Existing research has considered interactions occurring during other forms of body regulation, such as obesity consultations in health-settings and commercial weight-management groups; however, the practices around body surveillance have not previously been explored in a sporting context where those being assessed are already in peak physical condition. This study presents analysis exploring interactions occurring during body composition testing, specifically how news delivery is done within this institutional context and how athletes accomplish moral accounting for their bodies.

SMOKING PREVALENCE AMONGST ABORIGINAL AND TORRES STRAIT ISLANDER AUSTRALIANS:
IMPLICATIONS FOR CESSATION SUPPORT STRATEGIES
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¹Cancer Council South Australia, Australia
²Quit SA, Australia

The prevalence of smoking among Aboriginal and Torres Strait Islander (ATSI) people is 48%; more than double that of the total Australian population (20%). Tobacco is responsible for one in every five ATSI deaths, and 17% of the health gap between ATSI people and the total Australian population. Although recent decades have seen a steady reduction in smoking prevalence for the total Australian population, such decreases are not consistent across social groups. Smoking prevalence is higher among those who are more socially disadvantaged, with socio-economic status, unemployment, homelessness/poor housing conditions, and mental illness linked with higher smoking prevalence. Australia’s ATSI population is the most socially disadvantaged subgroup, having the highest rates of unemployment, lower average incomes, poorer educational outcomes, and higher rates of mental illness. In addition, historical factors resulting from colonisation contribute to smoking; including removal from family, marginalisation, racism, and disconnection from the land. Despite the higher prevalence of smoking amongst the ATSI population, research in this area remains minimal. Existing smoking cessation services provide support for ATSI populations, yet they are not specifically targeted for this population. Also, the effectiveness of these existing services has not been explored for the ATSI population. This paper will present initial findings of evaluation of the effectiveness of
existing smoking cessation services as well as exploring the barriers to quitting and accessing services amongst the ATSI population. The implications for future service provision will also be discussed.

THE NEW BLAME: DEPRESSION AS A JUSTIFICATION FOR DOMESTIC VIOLENCE
Peta Cox
University of New South Wales, Australia
“Periodically he becomes a stranger, I call this intruder the ‘Fire Breathing, Soul-Destroying Dragon’... I have to be careful not to make the situation worse by saying the wrong thing... How I hate this angry, violent Dragon.” (Journeys with the Black Dog, p. 178). This paper examines how conservative gender norms and affective disorder rhetoric can combine to justify the physical, emotional, sexual and financial abuse of women who care for men who experience depression. Through close textual analysis of quotes from relevant Australian autobiographies, internet bulletin boards and writing collections, this paper examines how identification with the diagnosis of depression obscures recognition of abusive relationships or, in instances where relationships are identified as abusive, how depression rhetoric is used to excuse such interactions. This paper will demonstrate that rationalisations such as, ‘it’s the depression that made him yell at me’ or ‘I should have known he was feeling down and not asked him to do the dishes’ are utilised by a wide range of authors and are supported by major Affective Disorder organisations in Australia. This paper will outline the nature of these types of justifications and identify the challenges faced by health care professionals who wish to simultaneously affirm the suffering of individuals diagnosed with affective disorders and promote non-violent intimate relationships.

DISCURSIVE PSYCHOLOGY AND ITS POTENTIAL TO MAKE A DIFFERENCE
Bregje de Kok
Queen Margaret University, UK
There is a growing ‘call to action’ in critical health psychology, asking critical health psychologists to go beyond critique, to side with ‘the oppressed and disenfranchised’, and address inequalities and injustice (Murray & Campbell, 2003, p. 234). In this presentation, I will explore how discursive psychology (DP) can meet this call. So far, DP has been applied, but mainly in western contexts and to enhance health services rather than equality and social justice. Yet, DP’s relativism and its micro-analysis of discursive strategies do not prevent it from contributing to bigger questions of social justice or development of interventions seeking to increase well-being. Critical health psychologists should illuminate social suffering within social, economical and political contexts (Murray & Campbell, 2003), but we can examine such contextual dimensions in various ways. How macro social issues such as gender or other social inequalities affect people’s well-being depends on how they are interpreted, played out or resisted in local interactions. Discursive psychology can provide important insights into how interactions within the micro social context contribute to suffering and injustice. To illustrate this, I discuss my own analysis of accounts of infertility in Malawi. Some ways of accounting for infertility’s consequences and solutions could be considered unhelpful, disempowering and contributing to inequality and injustice. Drawing on approaches such as development of health-enhancing communities (Campbell & Murray, 2004) and critical consciousness raising (Freire, 1972), I will propose interventions which address such accounting practices.
MĀORI STORIES OF ACUTE MENTAL HEALTH INPATIENT SERVICES IN AOTEAROA, NEW ZEALAND
Lorraine Eade, Christine Stephens & Tangata Whaiora
Massey University, New Zealand

There are significant differences between Māori and non-Māori health in New Zealand, including access to services, treatments, and health service experiences. For example, Māori have a higher prevalence of serious mental health disorders than non-Māori, are less likely to access health services for their mental wellbeing, are more likely to be involuntary admitted, are more likely to be prescribed antipsychotics and at higher doses than non-Māori, are less likely to be referred to psychotherapy services, and have higher levels of seclusion than non-Māori. A higher number of Māori are admitted to acute inpatient services under the Mental Health Act than non-Māori, pathways to acute inpatient units are less likely to be through General Practitioners, and more through law and welfare agencies. Māori have higher admission (and readmission) rates, have a higher number of psychotic disorders on admission, and have higher suicide and mortality rates than non-Māori. The aim of this research is to understand Māori Tangata Whaiora (service users/patients) experiences from admission through to discharge from a mental health acute inpatient unit in Te Tau Ihu (Nelson/Marlborough), New Zealand. Using a narrative approach embedded within a Kaupapa Māori framework, tangata whaiora stories will assist in understanding what existing interventions work well for tangata whaiora and what interventions and approaches will improve the overall quality of care for Māori accessing acute inpatient services. The presentation will provide a brief rationale for and explanation of Narrative and Kaupapa Māori research followed by a discussion of interim findings from interviews with tangata whaiora.

PATIENT PERSPECTIVES ON THE TIMING OF DISCUSSIONS ABOUT TREATMENT OPTIONS AT THE END-OF-LIFE
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Within developed nations such as Australia, the dominant model of medical decision making at the end of life dictates that patients be provided with all information regarding their prognosis, in order to make informed decisions about treatment options. There is little examination, however, of patients’ perspectives on when in the disease trajectory such information should be provided. We conducted semi-structured interviews with 23 patients diagnosed with a life-threatening disease (cancer) about end-of-life treatment decisions, with a focus on the decision not to resuscitate (the DNR decision) following cardiac arrest. Following discursive analysis, we argue that determining the timing of DNR discussions appeared problematic for participants, with competing notions of criteria for decision-making working to justify different conclusions. Drawing on a ‘modernist’ repertoire of self (prioritising rationality), participants agreed that, in order to legitimately make a decision at the end of life, patients had to pass a ‘Sanity test’ – being excluded from decision-making if they did not. This worked to recommend early discussions and decision-making before disease progression compromised cognitive functioning. However, a ‘romanticist’ repertoire (prioritising emotionality) functioned to justify delaying such discussions, with a ‘Stability test’ available to excuse patients from decision-making. The coexistence of these two repertoires and associated Sanity/Stability tests contributes to a dilemma (for patients and clinicians) in terms of determining appropriate timing of any discussions regarding the DNR decision. The absence of the romanticist repertoire in dominant models of patient decision-making has ethical implications for policy makers and practitioners dealing with dying patients and their families.
BEYOND COMING OUT: LESBIANS’ (ALTERNATIVE) STORIES OF SEXUAL IDENTITY TOLD IN POST-APARTHEID SOUTH AFRICA
Alexandra Gibson
University of Queensland, Australia

The coming out story has developed into a canonical narrative, in that it is a socially recognisable way of narrating the experience of acquiring a gay or lesbian identity. Despite the way in which it is applied universally, it does not necessarily capture the experiences of all lesbian, gay and bisexual people, as it is shaped by a specific socio-historical context, namely, through the North American gay and lesbian liberation movement. This paper draws on a study conducted in post-apartheid South Africa, in which lesbians’ stories of sexual identity were analysed for how they are shaped and constrained by the surrounding discursive and social context. Lesbians’ narratives are explored in this paper for the ways in which they depart from the ubiquitous coming out story. Instead of narrating their sexual identities as entities which are crystallised over time, participants depicted the ways in which the security of their identities and the acceptance of others is always contingent and open to re-negotiation. These narratives, I argue, move beyond ‘coming out’ and should be read in light of the social, political and historical location in which they are told.

“I’LL QUIT WHEN I’M PREGNANT”:
YOUNG WOMEN SMOKERS’ NEGOTIATION OF ANTI-SMOKING CAMPAIGNS
Emilee Gilbert
University of Western Sydney, Australia

The introduction of anti-smoking campaigns in Australia almost 30 years ago has contributed to a significant decrease in the overall rates of smoking, as well as a shift in our cultural imagination surrounding smoking. However, this decrease in the rates of smoking has not been universal across gender, with women initiating and maintaining smoking at a greater rate than men. This exploratory study examines how young women smokers negotiate anti-smoking messages in the context of their everyday lives. Five young women smokers aged 18–29 completed ‘cultural probes’ and participated in in-depth interviews about the construction and experience of smoking and the meanings ascribed to anti-smoking campaigns. The cultural probes allowed participants to collect data themselves through such means as photography, diaries, or scrapbooking pop-culture images. Discourse analysis of the cultural probe and interview material revealed that anti-smoking campaigns depicting the negative medical effects of smoking to the individual body do not arouse concern for these young women. However, anti-smoking campaigns that depict the ill-health effects of passive smoking on children were seen as particularly impactful, with the young women reporting that it is ‘disgusting’ to smoke whilst pregnant. Although none of the young women reported currently wanting to quit smoking, they all reported wanting to quit when pregnant – to avoid being positioned as a ‘bad mother’. The results of the study will be interpreted in the light of neo-liberalism and social-cultural constructions of the ‘good mother’. Recommendations will be made about the development of future gender specific anti-smoking campaigns.
METHODS OF INQUIRY FOR RESEARCHING WITH VULNERABLE REFUGEE FAMILIES
Julian Grant, Pauline Guerin & Yvonne Parry

Flinders University, Australia

Parents are generally the first people through whom children experience the world. Experiences during these early years greatly affect a child’s long-term health outcomes and their ability to achieve educationally and economically. A child’s experience is explicitly shaped by their parents’ socio-emotional, physical and economic situation. Specific factors that affect children of parents who are refugees include poverty, social isolation, potential maternal stress and mental ill health. While there is an emerging body of evidence about the physical and psychological health problems experienced by children who are parented by refugees, there is little information available about how parents who are refugees manage parenting in a new country. In particular, there is no research that reports on how parents who are refugees make sense of the intersecting social determinants of health, nor how they manage them to reduce their impact on the physical and social wellbeing of their children. To ensure comprehensive exploration of the development of social and cultural capital in a new land for this vulnerable group of parents and their children, particular approaches to inquiry are required. These approaches need to be based on the development of relationships with parents and families to ensure that the research is genuinely reflexive and culturally ‘safe’. Decolonising methods are essential alongside an imperative to collect rich meaningful data. This paper presents and critiques the methods used in a current project undertaken with African refugee mothers and families in South Australia. These include participatory action focus groups and case study.

BUREAUCRATIC STRESS SYNDROME AND REMOTE ABORIGINAL COMMUNITIES
Pauline Guerin¹, Bernard Guerin² & Deirdre Tedmanson²

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Through many years of work on research and contract projects in rural and remote Aboriginal communities, we have identified a never-before described health syndrome, affecting both Aboriginal and non-Aboriginal residents. This syndrome, which we refer to as ‘Bureaucratic Stress Syndrome’ (BS Syndrome), results from a constant large number of ever-changing government imperatives for communities. For example, imperatives to achieve community ‘outcomes’ according to bureaucratic timelines, budgets and election cycles, lead to ‘stress’ on bureaucrats that is then incorporated into the design and implementation of programs, which in turn adversely affects the local community members. This frequently results in a defensive or punitive implementation by locally resident ‘outsiders’ (often non-Indigenous and well-meaning) running programs in communities. The bureaucratic imperatives require Aboriginal people to ‘comply’ with various externally applied rules, norms, demands and expectations, even though these are constantly changing and often ineffective, thereby leading to a form of ‘learned helplessness’. The resulting difficulties are usually attributed to Aboriginal ‘ill health’ or ‘mental ill health’, which then requires more programs. Current discourses also allow BS to be ‘explained’ as a facet of ‘The Gap’, while the impact on non-Aboriginal workers is not usually acknowledged or problematised in the same way. We spell out the context for ‘BS Syndrome’ and give some examples, so as to locate the ‘problems’ where they should be – in the wider social and political context that is impacting on people in communities.
TALKING ABOUT REFUGEES: ‘PROBLEMS’ AND ‘RESILIENCE’ AND WHAT THIS MEANS FOR SERVICES AND PRACTICE FOR REFUGEE PARENTS AND CHILDREN

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Children in families with parents from refugee backgrounds are often viewed as a vulnerable group with increased risks of developing physical or social problems. The refugee experience and resettlement in a western country often results in children being parented solely by women. There is very little research regarding the strategies that these women might use to parent their children in a new country while they also manage the interrelated challenges of poverty, social isolation, maternal stress and mental ill health that often go along with resettlement. Overall, single mothers are among those who are likely to be most under resourced. This is compounded when single mothers are fleeing war torn countries, have experienced trauma or torture, or are from culturally distant societies, that is, are visible minorities in their host country. While this may pose social and health problems for new arrival single mothers and their children, there are also numerous strengths associated with this complex situation. Competing discourses of the ‘problems’ associated with resettlement and ‘resilience’ of individual refugees (be they adults or children) pose interesting dilemmas in the development and delivery of various programmes and services. In this paper we will explore these competing discourses and dilemmas as they relate specifically to single refugee mothers and parenting in a new country and the impacts on children in these families. Implications for policy and practice guidelines will be discussed.

OBESITY AND LEARNING DISABILITIES: EXAMINING THE RHETORIC OF CHOICE THROUGH THE ACCOUNTS OF RESIDENTIAL AND DAY SERVICE MANAGERS

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This paper examines the rhetoric of choice in the specific context of food and activity practices, and service provision for adults with learning disabilities who are overweight or obese. The data presented are drawn from a qualitative study looking at the understandings of adults with learning disabilities and their carers about food, diet, and activity. This paper will explore the accounts of managers of residential and day services for adults with learning disabilities in East and Midlothian, Scotland. Service managers consistently raised the dilemma of promoting individual choice whilst at the same time fulfilling a duty of care for service users who are overweight. The accounts of managers demonstrated the tensions between ensuring the rights of adults with learning disabilities to make choices for themselves are upheld, the desires and actions of their carers, and the impact of food and activity practices on their weight and health. The ways in which managers negotiated these tensions demonstrated ambivalence as well as reflexivity and pragmatism. The paper provides an important contextualisation of the ways in which the dominant and often problematic rhetoric of choice is accommodated and/or overcome in the process of managing service provision for adults with learning disabilities who are overweight.
A BET BOTH WAYS: HIV EDUCATION AS GOVERNMENTALITY
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This paper is based on findings from qualitative policy research based upon the accounts of PLWHA (people living with HIV/AIDS) delivered in public health and education settings. Viewing these accounts through a governmentality lens, my discussion draws attention to the realisation of policy discourse through experiential accounts of HIV and drug use. A contradictory identity politics is highlighted in this context that sharply eschews the category of HIV ‘risk group’ in the name of anti-discrimination while reinforcing cultural anxiety about risk in the name of effective prevention. My data suggest the disciplining of HIV-negative people through hyper awareness of risk and disciplining of PLWHA (as the embodiment of that risk) by insisting that they use HIV prevention education to seek recognition as ‘safe’ and therefore ‘deserving’ citizens. My analysis concludes that HIV policy discourse regulates through empowerment narratives yet confirms the ‘healthy’ subject through the public spectacle of a disempowered, unhealthy ‘other’. Further, stories about HIV, parenting and drug use illustrate a field of political contest over the ‘natural’ family and its children that HIV and drug law reform activism have not fully appreciated and must come to terms with to be relevant to women with HIV in particular. Broader implications for community-led health education and advocacy are discussed.

POVERTY, INEQUALITY AND CHILD BEHAVIOUR: THE IMPACTS OF MEDICALISATION AND PSYCHOPATHOLOGISATION
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While children in poverty are four times more likely to have behavioural problems, there is concern that they are simply more likely to be diagnosed by professionals as having behavioural problems, such as Attention Deficit Hyperactivity Disorders, and that these diagnoses may be misplaced. The rapid increase in diagnosis of behavioural problems in both developed and developing countries is occurring in areas marked by poverty and is a recognised problem. However, some preliminary investigation of this has identified professionals who are seeking ways of supporting children with behavioural problems in disadvantaged contexts that represent alternatives to medicalised diagnoses and interventions. This paper will report on our new research into this phenomenon. Firstly we will provide a review of the emerging patterns of the medicalisation of behaviour that is occurring in both developed and developing countries, with special attention given to Brazil and to South Africa. Secondly we will present the findings of our pilot work in Scotland (funded by an Academy of the Social Sciences in Australia International Science Linkages Bilateral Program) which has alerted us to the profound importance that an understanding of poverty has for the interpretation and response to behavioural problems.

“SHE NEEDS SPERM!”: RENDERING THE MALE REPRODUCTIVE BODY VISIBLE TO RESIST GENDER INEQUALITY
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Extensive work has been conducted on constructions of the female body as risky, particularly in relation to reproduction (Martin, 1987; Rich, 1976; Ussher, 2006). However, the male reproductive body generally remains invisible (Oudshoorn, 2004). This analysis explores debate in 285 online responses to an article about gender-based differential pricing of health insurance. One of the discursive strategies drawn upon to defend this differential pricing is through familiar constructions of women’s bodies as ‘at risk’ due to reproductive potential. However, this justification for inequality is resisted within the corpus through explicitly rendering the male body as similarly ‘at risk’ of reproduction. By examining how both women’s and men’s
reproductive bodies are made visible, this paper explores discursive practices around how gender inequality is (re)produced and resisted. In particular, we can see how rendering the male reproductive body visible works in this context to resist practices that disadvantage women relative to men.

“I THINK I HAVE TO PUT A KNOT IN IT”:
WOMEN LIVING WITH AND MANAGING AN INCONTINENT BODY
E. Jean C. Hay-Smith
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Urgency urinary incontinence (UUI) is the involuntary loss of urine accompanied by an overwhelming desire to void. Participants in the current study were 10 New Zealand Pākehā women with UUI who had previously taken part in a pilot randomised trial comparing medication (bladder antispasmodic), ‘behavioural’ therapy (strategies to delay voiding and manage urgency), or the combination. The current study aimed to explore participants’ experiences of UUI, and its treatment, in living their everyday lives. The semi-structured interviews were recorded, transcribed verbatim and analysed using the principles of Interpretative Phenomenological Analysis. This double hermeneutic approach was consistent with my view that participants interpreted their experience to tell me about it, and I then interpreted what they said from my position as researcher and also as the therapist who provided the treatment in the randomised trial. The analysis focused on women’s perceptions of how their urinary symptoms (and treatment) influenced their cognitive and bodily being within their life-world. The main finding was that participants experienced the lived-body as unreliable (incontinent), and the life-world of participants was transformed into one ruled by the bladder. Treatment was valued if the embodied experience was one of self-control; participants worked with treatment recommendations to find what gave them the greatest sense of bodily control. These findings suggested that health professionals may find it useful to elicit and explicitly discuss the bodily signs of worsening or improving bladder control in order to support women with UUI as they seek greater self-control through personalising the recommended treatment.

PRODUCTIVE UNCERTAINTY:
REPRODUCTIVE HEALTH CARE CHOICES IN LIHIR AND NOTIONS OF RISK
Susan R. Hemer
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This paper examines the reproductive care choices that are made by the women of the Lihir Islands, Papua New Guinea, in light of biomedical notions of high risk pregnancies. Biomedical health care staff in Lihir were concerned by the patchy uptake of reproductive health care, particularly where they classified a pregnancy as high risk. Such high risk pregnancies were relatively common in Lihir, given that women had an average of 4.2 children, with 35 percent of women having 5 or more children (to a maximum of 15), 28 percent of women were anaemic in pregnancy, and 20 percent of hospital deliveries involved some form of complication. This paper draws upon anthropological fieldwork in the Lihir Islands of over 3 years in duration, and in particular a maternal health survey of over 150 women to understand the health care choices made by women about nutrition, antenatal care and place of birth. During pregnancy and breastfeeding, many women undertake taboos on various food items, such as seafood, nuts and vegetables. An analysis of health care choices as well as who underwent such taboos suggests a different understanding of pregnancy than that provided by biomedical notions of risk. Taking inspiration from Malaby’s (2002) critique of the literature on risk and his reflections on contingency, this paper argues that pregnancy in Lihir is a state of productive uncertainty. Health care choices reflect this understanding rather than the sense of threat implied in the concept of high risk pregnancy.
GOVERNING RIGHTS FOR THE MENTALLY ILL: RESPONDING TO THE UN CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES?

Julie Henderson & Samantha Battams

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Australia’s endorsement of the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2008 provided an opportunity for the refocusing of a rights discourse for the mentally ill away from negative rights which limit governmental interference with rights and freedom towards positive rights which affirm the duties of the state to provide services (Gostin, 2000). The CRPD is underpinned by a social model of disability which extends civil rights to people with disabilities through the removal of barriers to the benefits of citizenship (Jones, 2005). Drawing upon 10 key informant interviews and discourse analysis of Federal mental health policy documents from 2006, this paper argues that the construction of rights evident in the Australian National Mental Health Strategy since 2006 departs from a social model of disability in key three ways. Firstly, resource limitations result in the targeting of mental health resources towards specific groups that are viewed as being at greatest risk, which is a departure from a view of right to health care as universal. Secondly, the association of access with the provision of a universal health care system ignores not only financial barriers to care but also barriers arising from the impairment associated with mental illness and from the attitudes towards mental illness and knowledge base of service providers. Thirdly, the association of rights with responsibilities ignores the burden created by these expectations and capacity of the mentally ill to meet them. Data will be explored in relation to neoliberal governmental rationalities.

CRITICAL ANALYSIS OF THE INTERVIEW IN HEALTH RESEARCH

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Research about interviews in health research has examined several aspects including how interviewing techniques can impact behaviour change, face-to-face versus online/email interviews, and the co-construction of interview content. In this paper the research interview is further explored because the widespread and increasing use of the research interview in the social and health sciences is argued to have also brought with it a series of practices that can limit its potential as a method of ‘data’ collection. Through a critical analysis of this trusted method, a number of possibilities to expand the use of the research interview are identified in order to inform research practices including interview analyses and interpretation. Selected examples of research interviews with people who have complex care needs resulting from type 2 diabetes are drawn on to illustrate this critical analysis.

MĀORI IDENTITY DEVELOPMENT AMONGST NGĀ KIRITEA IN AŌTEAROA: HOW WE CAME TO IDENTIFY AS MĀORI

Sarah Herbert

Massey University, New Zealand

Cultural identity measures currently used to explore the relationships between health and Māori cultural identity in Aōtearoa pose several validity problems. For example, many Māori individuals do not necessarily ‘fit’ into the stereotypical idea of what it means to be Māori that such measures are based on. This research examines the identity construction of ngā kiritea Māori: those who do not physically look Māori but who identify as Māori and have Māori whakapapa. It was grounded in a Māori centered, qualitative approach and utilized narrative analysis as the methodology. Semi structured interviews were carried out with eight participants in order to obtain information around their experiences of growing up in Aōtearoa and how these experiences helped or hindered them in their development of their Māori identity. In addition, the interviews drew out stories about what their Māori identity meant to them in today’s society. It is hoped that this research will contribute to the limited literature existing on
ngā kiritea Māori identity development and to contribute to the understanding of cultural identity.

**CAPABILITY AND CARERS’ WELLBEING:**
**USING THE INTERNET FOR PARTICIPATORY ACTION RESEARCH**
Barbara Horrell, Christine Stephens & Mary Breheny
**Massey University, New Zealand**

In this paper I discuss using an internet discussion board in the first phase of a participatory action research project. The discussion board was set up in the context of caregivers’ wellbeing, from the perspective of caring for the informal carers of older people. Using an online method provided the opportunity to contextualise caregiving and to test the internet as a vehicle for participatory action research with a difficult to access population. Research shows that informal carers risk poor health. They may suffer depression, anxiety, social isolation and neglect their own physical health while putting others’ needs first. Often this research focuses on the individual, to create interventions that help carers ‘cope’ with the ‘burden’ of caring. This is akin to pulling struggling swimmers out of the river before they drown. This study was designed as an upstream alternative, working with carers to identify what they consider important for maintaining their wellbeing throughout the caregiving process. Sen’s (1980) capability approach, which contains three central concepts: capability, functioning and agency, provides the theoretical framework for the project. Sen’s insistence that any list of capabilities for wellbeing should be context specific, as well as his emphasis on agency and deliberative democracy, informed the study’s participatory approach, with the discussion board enabling carers to generate their own list of capabilities. The next step will involve collaborative action, based on this initial work.

**“YOU HAVE TO GET IT INTO YOUR BRAIN”: WOMEN’S EXPERIENCES OF DOING LONG-TERM PELVIC FLOOR MUSCLE EXERCISE FOR THE TREMATING OF PELVIC ORGAN PROLAPSE SYMPTOMS**
Gail Hyland, E. Jean C. Hay-Smith & Gareth J. Treharne
**University of Otago, New Zealand**

Pelvic organ prolapse (POP) is a common condition affecting women, which is often treated with pelvic floor muscle exercises (PFME) and/or surgery. Vaginal prolapse symptoms are associated with discomfort, bladder and bowel disorders and psychological distress. The five women who participated in the current study had previously taken part in a randomised controlled trial of PFME for POP. The aim of the current study was to explore the experiences of these women regarding their on-going practice of PFME. The five participants were interviewed using a semi-structured approach by the researcher who had been their physiotherapist in the original trial. The interviews were transcribed verbatim then analysed using an Interpretative Phenomenological Analysis approach. Two core themes were identified, namely “Patterns of Exercise” and “Family as Priority”. The nature of and what influenced participants’ patterns included exercise and health behaviour cycles, exercise control strategies, the effects of other health patterns and the effects of relationships with others. Family as priority was expressed by putting family first at the expense of caring for one’s self, or successfully combining both the priorities of family and self. This is discussed in terms of holistic balance within the family, self-efficacy and the caregiving role of women in their families. Family priorities and exercise were often discussed in terms of how “busy” an individual felt and how time was perceived and managed. These findings indicate the positive influence of the establishment of routines and the transportability of PFME into preferred environments. It is important to consider what effect the family situation might have on how the individual approaches exercises and what patterns of exercise might emerge.
‘YUMMY MUMMIES’:
REPRESENTATIONS OF POSTNATAL BODIES IN POPULAR WOMEN’S MAGAZINES
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Representations of women’s postnatal bodies in popular culture have attained unprecedented visibility in recent years, signified by the ‘Yummy Mummy’, whose appearance maps onto the slim, attractive cultural ideal. By way of unpacking and interrogating this rise of the ‘Yummy Mummy’, particularly her possible meanings around new mothers’ emotional and well-being, this paper examines post-maternity representations in a selection of popular women’s magazines. From a dataset of 28 magazines, 96 texts referencing new mothers were extracted for thematic analysis around key patterns and constructions in the data. Feminist post-structuralist analyses identified discourses mobilised in the texts and the possibilities for subjectivity these made available to new mothers. We identified three key subjectivities produced by the magazines’ representations: ‘sexy’, ‘healthy’ and ‘labouring’ mothers. Magazines celebrated ‘sexy’ mothers who quickly reshaped their post-birth bodies to the ‘Yummy Mummy’ ideal. They similarly praised healthy mothers’ who lost the ‘right’ amount of weight, ‘looked good’ and ‘felt good’ while chastising those who became too thin. Magazines also represented ‘labouring mothers’, who disciplined their bodies, as ideal subjects within discourses of empowerment and self-care. The ‘Yummy Mummy’ culture has clear health implications for new mothers, requiring further investigation around ways women negotiate its regime.

THE AUSTRALIAN EXPERIENCE OF OVARIAN CANCER FOR ADULT CHILDREN
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This paper, which reports the experience of adult children of women with ovarian cancer, presents one aspect of a larger study into the experience of ovarian cancer. The aspect of the study presented today aims to describe and interpret the disease experience from the perspective of adult children of women with ovarian cancer. Phenomenological philosophy underpins this research in which data were collected via digitally recorded unstructured interviews with eleven participants (10 daughters and one son). Their mothers ranged from being newly diagnosed to having succumbed to the disease. The transcribed interviews have been analysed based on van Manen’s (1990) method for data interpretation. In this paper, emerging themes around the concepts of embodiment, relationality, spatiality, temporality and death will be discussed. Specifically, themes to be explored include the decaying body, loss of dreams, loss of naivety, role reversal and changing relationships. The experience of ovarian cancer for adult children is clearly one of disrupted lives and altered futures. In the management of women with ovarian cancer it is paramount that the needs identified by the children in this study be addressed.
BEING A ‘GOOD’ MOTHER: EXPRESSING BREAST MILK AS A WAY OF NEGOTIATING THE MORAL IMPE
MANTIVE THAT ‘BREAST IS BEST’
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2 University of Huddersfield, UK
3 De Montfort University, UK

Although relatively little appears to be known about the reasons for expressing breast milk following healthy term births, evidence suggests that it is an increasingly common practice during early infant feeding in the West. However, analysis of this practice within feminist infant feeding literature suggests contradictory theorisation; on the one hand, expressing is seen as a type of regulation, in that it imposes a form of ‘control’ upon breastfeeding, whilst on the other it has the potential to be emancipatory, enabling opportunities for involved fatherhood and increased freedom for mothers. Previously, we explored accounts of expressing breast milk amongst a group of sixteen first-time British mothers through the collection of data via audio diaries and interviews during the first week postpartum. Our original analysis suggested that women accounted for feeding their infants with expressed breast milk in several ways which, in feminist terms, can see as potentially both empowering and disempowering. A subsample of five women expressed milk extensively and in this presentation we extend our analysis by considering, in detail, the account of one of these mothers from data collected in both the first and fourth weeks postpartum. Her story will be used to illustrate a common theme in the other accounts; that these women seem to be engaging in the practice of expressing breast milk extensively as a solution to the dilemma of managing the competing demands of early infant feeding and thus ensuring the continued provision of breast milk thereby avoiding accusations of poor mothering.

QUALITATIVE METHODS IN PAIN RESEARCH – ADEQUACY OF MCGILL PAIN QUESTIONNAIRE IN THE CONTEXT OF THE QUALIA PROBLEM
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Pain as a strictly private experience proves to be extremely difficult to investigate using objective methods and can be measured only by self-assessment scales. One of the tools commonly used for assessing and describing pain is the McGill Pain Questionnaire, which is mainly a verbal check-list. The aim of our study was to evaluate whether words used in the questionnaire correspond to sufferers’ experience. In order to do this we compared items from Melzack’s scale with pain descriptions given by chronic pain sufferers. Targeted and snowball sampling was used to recruit 15 participants who declared to be suffering from chronic pain. Semi-structured interviews were conducted. We found that pain descriptions given by chronic pain sufferers varied: some of the words from the questionnaire did not appear in the interviews, others occurred with various, but low, frequency. Instead, participants tended to use different metaphors and similes, and referred to the functioning impairments caused by pain. In the theoretical part of our presentation we will focus on a philosophical problem that rises in the context of pain research and explains our choice of methodology for this study. Semantic models proposed by cognitive science are often used to prove the use of questionnaire methods validity in pain studies. Our goal is to analyze cognitive linguistics proposals and compare them with concurrent philosophical approaches to the problem of pain experience. We will also show how our study’s conclusions can contribute to the qualia problem.
THEORISING WHAKAPAPA:
GENEALOGY AS NARRATIVE, ACTOR NETWORK, TECHNOLOGY AND METHODOLOGY
Christine M. Kenney
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Indigenous peoples have historically perceived genealogy as a form of embodied and/or corporeal knowledge. Contemporary Māori researchers have re-characterised whakapapa (genealogy) as a relational technology for storying knowledge and experiences, as well as an epistemological framework for conducting research. Foucault introduced the concept of genealogy as a metaphysical technology to the social sciences. He theorised genealogy as the ancestral or archaeological framework for the construction of knowledge and as contingently located in a multiplicity of situations within localised temporal, social and historical settings or fields. In contrast, Latour has theorised technologies as heterogeneous relational and material entities that achieve durability through the linkages created by the actions of actors. Technologies are therefore embedded in actor-networks which are able to transform and redefine the heterogeneous elements that constitute the network. In this paper, theoretical linkages between Foucauldian and Latourian conceptualisations of technology are explored through analysis of Matipou’s narrative of miscarriage using the kaupapa Māori exemplar of genealogy (whakapapa). An argument is advanced that whakapapa simultaneously constitutes a metaphysical, corporeal and embodied metaphor for narrative, a dynamic unfinalised actor network and a Foucauldian technology of the body. In presenting this argument it is suggested that both Foucauldian theory and Actor-Network Theory are extended through treating whakapapa as a form of bio-power and as a Latourian technology through which indigenous actor-networks are created and maintained.

MEN’S ACCOUNTS OF THEIR PARTNER’S PMS:
A THEMATIC ANALYSIS OF FORUM POSTS FROM PMSBUDDY.COM
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Due to dominant constructions of premenstrual syndrome (PMS) as a biomedical disorder, there remains a disproportionate focus within the literature on the individual PMS sufferer in relation to aetiology, impact and treatment. While such investigations are warranted, sole focus on the individual woman is problematic as this negates the relational aspects of PMS as well as the partner’s experience and construction of premenstrual change. In order to explore men’s constructions of PMS, a thematic analysis was conducted on men’s posts in an online forum from the website, PMSBuddy.com. PMS was predominantly positioned as a hormonal problem, with a small number of men suggesting that PMS is a choice or an excuse to behave ‘badly’. Men’s descriptions of premenstrual women were largely negative and stereotypical, with frequent references to premenstrual women as crazy, irrational and bitchy. Further, these men actively represented themselves as unsympathetic and resentful of women’s premenstrual experiences. While some men positioned premenstrual women as requiring support, understanding and empathy, instances of this were minimal. This suggests that men’s negative constructions may be acting as a barrier to empathetic understanding of women’s premenstrual experiences. Interestingly, men frequently described instances of their own suffering as a result of their partner’s PMS, with their descriptions centring on instances of personal victimisation, methods of coping and the impact of PMS on their relationship satisfaction and emotional wellbeing. Results reinforce notions of PMS as a relational issue, with implications for couple-based PMS interventions for couples seeking treatment or support for premenstrual distress.
CONSTRUCTING ‘BODY IMAGE’:
REPRESENTATIONS OF WOMEN’S ‘BODY IMAGE’ IN AUSTRALIAN WOMEN’S MAGAZINES
Karolina Kleczaj & Brianne Hastie
University of South Australia, Australia
This conference talk presents the results of a study of the discursive construction of ‘body image’ in several Australian women’s magazines that published editions dedicated to the topic of the body. Outside the realm of clinically diagnosed eating disorders, research has demonstrated persuasive weight and shape dissatisfaction amongst women to the extent that this phenomenon has been labelled ‘normative discontent’. These feelings towards and surrounding the body are not without consequence, with researchers suggesting that body satisfaction should be recognised as a core aspect of women’s physical and mental health. The sociocultural model has been broadly acknowledged as the most convincing theoretical explanation for body image disturbance, leading to body dissatisfaction and eating pathology. Mainstream women’s magazines are powerful conveyors of information, reproducing and emphasising particular discursive constructions. The approach taken in this study is broadly critically discursive and three dominant themes corresponding to ‘body image’ are identified, namely The female body as fundamentally flawed, Women typically have a negative ‘body image’, which is normal but wrong, and Heralding the experts’ advice to form a ‘sexy body image’ to go with that sexy body. Throughout all three discourses, women are positioned as erotic objects of the male gaze and subsequently a woman’s primary concern and commodity is said to not only be her ‘sexy body’ but also her accompanying ‘sexy attitude’ in the form of ‘sexy body image’, both of which require scrutiny, judgment, disciplining, control and reconfiguration on the part of the individual woman.

“GIVING GUILT THE FLICK”:
INFANT-FEEDING DISCOURSES AND THEIR IMPLICATIONS FOR MOTHERS’ SUBJECTIVITY
Ngaire Donaghue¹, Kate Williams¹ & Tim Kurz²
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² University of Exeter, UK
Established research on infant-feeding produced in the fields of medicine, midwifery, public health and social policy is strongly in favour of breastfeeding. Expert guidance and government policies often cite health benefits and advocate exclusive breastfeeding for the first 6 months of life. Recently, feminist and sociological researchers have challenged underlying medical assumptions and attended to the social and discursive construction of breastfeeding practice. The currently pervasive cultural discourse of breastfeeding as the ‘morally correct’ choice has been found to affect actual decisions and practices, as well as subjective judgements and feelings, particularly those of guilt, inadequacy and isolation. Within a Foucauldian framework of knowledge and power, we analyse constructions of infant-feeding and ‘guilt’ within two data sets, a) current Australian childcare educational books, booklets and pamphlets dealing with infant feeding, and b) a series of focus groups with mothers with young children. In our analysis we examine the major discursive constructions of infant-feeding that were evident within the informational material available to mothers, and then the ways in which these were taken up, managed, and potentially problematized within women’s own accounts in focus groups. In particular, we focus on the ways in which the issue of ‘guilt’ is talked about within both data corpus and discuss our findings in relation to potential implications for mothers’ subjectivities.
LISTENING BETWEEN AND BEYOND WORDS: DISRUPTING DISCOURSES IN SPEAKING OF SADNESS
Michelle N. Lafrance & Suzanne McKenzie-Mohr
St. Thomas University, Canada
There is often no ready-made language for the taken-for-granted aspects of women’s lives, and feminist scholars have pointed to the challenges women face in naming and legitimizing their experiences. In this paper, Marjorie DeVault’s concept of ‘linguistic incongruence’ is drawn on to explore the gaps and fissures in the language available for women to make meaning of their lives. In particular, women’s accounts of moving beyond sadness will be explored as a concern for which there is inadequate language and discursive framings. Drawing on a study of women’s accounts of ‘recovery from depression’, this paper will explore the ways in which participants frequently spoke beyond dominant medicalized discourses of depression and recovery. Participants’ use of metaphor will be explored as a nuanced and creative way of reflecting the embodied experiences of depression and relief, as well as a discursive means of negotiating dominant discourses and constructing identity.

INFANT MENTAL HEALTH PROMOTION: THE DISCOURSE OF RISK
Angela Lawless
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The field of infant mental health promotion is relatively new. Twenty years ago infant mental health promotion had little visibility, but the recent expansion of interest in early childhood and mental health is apparent in both policy and practice. This paper reports on a study analysing the ways in which infant mental health promotion is evolving as a field of practice. Health promotion is understood as a project of government in the Foucauldian sense, an attempt to shape human conduct to achieve specific ends. A case study approach was used to explore how infant mental health promotion discourses are playing out in the field. The study focussed on the understandings and practices of members of a regional collaboration with a focus on early childhood work. Interviews explored themes identified from the literature and were critically analysed employing the conceptual tools of governmentality analysis. Risk emerged as a dominant thread in most interviews undertaken for this study. The construction of risk acts as a technique of governing, providing the rationale for intervention for both the child and the mother’s good, and indeed the public good. Risk discourse shapes who health promotion works with, how they engage with them and the settings in which they work. The analysis made visible ways in which practice shaped by such discourse may in fact run counter to the stated aims of health promotion to enable and empower.

“THERE WAS NEVER GOING TO BE A HAPPY ENDING”: EXPERIENCING STILLBIRTH IN AUSTRALIA
Christina Lee
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In Australia, stillbirth is defined as the death of a foetus in utero after 20 weeks’ gestation. The rate is 1 in 200 births, there are no clear risk factors, and the cause often cannot be identified even after autopsy. Despite its highly distressing nature, there is almost no psychological research on the phenomenon, women’s reactions, or the responses of health services. The Queensland Centre for Mothers & Babies invited 100 women who had experienced stillbirths during 2010 to complete an on-line survey, consisting mainly of open-ended questions. Fourteen women completed the survey and another commented by telephone. The women’s pregnancies and circumstances of loss were highly diverse, yet there was considerable consistency in their descriptions of health services and their own reactions. Despite describing health staff, service provision, follow-up and support in glowing terms, the respondents were devastated by their loss. All described heartbreak, guilt, hurt, emptiness and despair, and struggled to deal with their own feelings while coping with their other children and with the reactions of family and workmates. Respondents perceived the stillbirth as the birth and death of a child, and an event with far-reaching existential meaning for them and their families. The medical aspects seemed
far less important than the social and personal reality of the child. The survey demonstrates that there is value in health professionals understanding major health crises, such as stillbirth, not purely as discrete events requiring medical care, but as contextualised and meaningful in people’s lives.

MEN BEHAVING WELL?
JOURNEYS TOWARDS CONSTRUCTIVE ENGAGEMENT WITH WELLBEING THROUGH MEDITATION
Tim Lomas, Tina Cartwright, Trudi Edginton & Damien Ridge
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Research suggests that men may experience distress in ways that go undetected. Many commentators argue that hegemonic forms of masculinity can render men unable or unwilling to deal constructively with distress, leading to maladaptive responses including avoidant behaviour and emotional numbing. However, there are indications in the research that men are also able to constructively engage with their well-being, although little research exists exploring how they do so. The present study sought to find men who currently appear to self-manage their well-being in order to examine issues around how men adopt a constructive approach. In-depth narrative interviews were conducted with 30 male meditators in the UK, selected using principles of maximum variation sampling. Using a modified grounded theory approach, the analysis suggests that while these men took up meditation for varying reasons, they have discovered strategies to better manage their wellbeing. However, the journey towards meditation was fraught with difficulties. Men described crossing a threshold from boyhood into ‘manhood’, and most had tried in the past to be emotionally tough and/or disconnect from difficult emotions. Many had experienced internal conflict, and sought relief in a variety of ineffectual coping responses. Exploring varying pathways toward meditation, this study sheds light on the ways men deal with distress and find constructive ways of coping. Here, resisting dominant norms of masculinity is a difficult struggle for men. Moving away from the ‘masculinity as deficit’ model, we discuss implications for helping men to better understand, engage with, and manage their feelings of distress.

CRITICAL HEALTH PSYCHOLOGY IN CAMBODIA:
MOVING THE DATA FROM ACTION RESEARCH TO TRADE UNION SOLIDARITY
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Findings from an 11-year health promotion project in Cambodia to reduce HIV/AIDS and workplace risks for alcoholism and violence, have been frequently presented, including earlier conferences of ISCHP. But academic data dissemination, in the midst of an epidemic or health crisis, is often the weak link in the chain leading from knowledge to intervention. Since 2001, we have used Participatory Action Research to feed back data about health risks and consequences to all stakeholders: i) at local, grass-root workshops, we have educated over 1200 women beer-sellers at risk in their restaurant workplaces; ii) we have run several workshops for restaurant owners and local beer distributors; and iii) we have presented data to beer industry executives, sitting in corporate headquarters in major European cities. The data inform researchers, local community members, employers, the press, and policy-makers that selling beer in Cambodia for
international brewers: i) pays only about 50% of a living wage, ii) forces half the women to occasionally sell sex to make ends meet; iii) led to beer-sellers becoming one of the high risk groups for HIV/AIDS, with prevalence over 20%, 1995–2003). Our studies found that even in 2010, the majority of women were sitting with customers and drinking over six standard drinks nightly – despite industry assurances that this is against policy. Rather than just “surveying” and “interviewing”, we got “physiological” and took breathalyzer readings of women in their workplaces – mean level of blood alcohol 0.05, or impaired. We presented evidence of the workplace health and safety risks for women to their employers, and shareholders’ groups take our data to the Annual General Shareholders’ Meetings of Heineken. To counter the research of “that Canadian Professor”, the Cambodian beer industry hired two research groups to produce data showing a kinder, gentler workplace. Reporters try each April to sift through the two sets of often contradictory data and duelling press releases. A new phase of the Action Research strategy began in August, 2010, when a workshop on workers’ rights was held and 55 beer-sellers and hostesses attended. We told them about the health risks we had found, and union representatives told them about how belonging to a national union might, through solidarity and larger numbers, bring workplace changes. All women present agreed to join a union and a seven-person executive was elected. Henceforth, data collected in workplaces about health and safety can now be transmitted by the union members, and local complaints can be lodged with the Union’s headquarters, to challenge global brewers at an international, rather than local, level.

EMBODIED EXPERTISE AND GENDER IDENTITY AFTER BREAST CANCER: INFORMING HEALTH PROMOTION IN SURVIVORSHIP
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In response to Australia’s growing population of women who have/have had breast cancer, there has been increased research emphasis toward improving women’s health in survivorship. Participation in regular physical activity is promoted as ameliorating a broad range of adverse effects from breast cancer treatments and reducing recurrence, but little research has explored women’s views on health promotion generally or physical activity promotion specifically. This paper examines Australian women’s responses to health promotion following a breast cancer diagnosis while they had dependent children, and is informed by original research undertaken for a PhD in Public Health. In-depth qualitative interviews were conducted with 36 women from rural and metropolitan locations in South Australia, Victoria and Albury, New South Wales. The women’s responses to health promotion messages based on data from studies of population risk ranged from resistance to cynicism and/or blaming themselves for their breast cancer diagnosis. Consistent with both feminist and qualitative public health research, the women reported social, structural and individual enablers and constraints to participation in physical activity. Normative expectations of gender identity and motherhood were central to the women’s participation in health promoting activities. For health promotion in the context of supportive care of women who have/have had breast cancer to be effective, more attention should be paid to women’s embodied expertise in breast cancer and gender-power relations at a structural level. This paper suggests a more effective, whole-woman, comprehensive approach that leads to changing structured determinants of women’s health and enables women to take part in health promoting practices.
THE CHALLENGES OF MAKING THE ‘FAMILIAR’ ‘UNFAMILIAR’
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Traditionally, anthropologists travel to remote or foreign places to study the cultures of ‘other’ people. Through the qualitative research technique of ethnography they observe and participate in the daily practices of the people they are studying and document how these people make meaning of their everyday lives. Conducting research in foreign places can make differences appear more obvious, but what challenges can anthropologists face when they chose to study a subculture within their own culture? This paper will explore the challenges faced by two PhD student Medical Anthropologists who recently conducted separate ethnographic research in a Mother-Infant Psychiatric Unit and a Familial Cancer Counselling and Testing Unit. Although the focus of their research and the units in which they studied differ, both of the researchers experienced and had to work through similar dilemmas. Having no medical background, they were considered both to be ‘outsiders’ to their field participants but were still very much part of a culture that is deeply ingrained in biomedical beliefs and practices. The researchers will highlight both the barriers and the advantages that undertaking ethnographic fieldwork ‘at home’ can generate. They will address the difficult task of making the ‘familiar’ ‘unfamiliar’ and the importance of questioning the taken for granted assumptions we make of our own cultures. Using their personal experiences and practices as examples they will also highlight the ways in which they negotiated these fieldwork challenges.

DYING TO COME OUT: ADDRESSING SUICIDALITY AMONGST YOUNG GAY MEN
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International epidemiological studies report that gay men have an increased lifetime risk of mental health problems and are eight times more likely to report a serious suicide attempt than their heterosexual counterparts. Whilst contemporary practice recognises sexual orientation as a significant risk factor for predicting suicide attempt and international healthcare policy concerns itself with reducing suicide among young people, important research findings relating to gay men and their mental health needs are often not acknowledged. Qualitative research, using case studies, was used to gain an in-depth understanding of the life experiences contributing to the suicidality of four gay men. The methodology was psychoanalytically informed, using free association narrative interviewing. Initial data analysis involved interpretation of each of the case studies, whilst subsequent analysis explored the shared experiences found in each of the individual narratives. Described as ‘knowing and not knowing’, ‘the centrality of the father-son relationship’, ‘the loneliness of ‘outsiderness’, ‘leading a double life’ and ‘crime and punishment’, these four inter-related narratives form the basis of a coherent story of gay men and their suicidality. The significance of the life experiences illustrated through these themes reveal why some gay men might not only experience long-term mental health problems, but also engage in suicidal behaviour. Individually and collectively the analysis provides important insights for all professionals involved in health and social care and education becoming more attuned to specific aspects of a gay man’s story and for providing sensitive mental health care to those who have a gay sexual orientation.
Chronic pain is one of the most common health complaints in the modern world. The subjective nature of pain and pain experiences, mean it can be a complex and difficult issue to address. Better understandings are required for improvements to be made in how pain is managed. In light of evidence that culture plays a role in pain experiences, including pain thresholds and tolerance, differences in how pain is expressed, how socially acceptable it is to express pain, and of particular concern, disparities in treatment and care for individuals experiencing pain (Rollman, 2004), there is also a need to improve our knowledge of this dimension of pain. Differences in pain experiences exist between Māori and non-Māori in Aotearoa New Zealand. For example, Grace and Zondervan (2004) found that Māori women are less likely to experience chronic pelvic pain than Pākehā women, Nelson (2006) describes how Māori women are less likely than Pākehā women to receive an epidural for pain relief during childbirth, and Scott, McGee, Schaaf and Baxter (2008) found that Māori have a higher prevalence of chronic pain than either Pacific Island or Pākehā New Zealanders. These apparently conflicting findings inspired a literature review of existing, peer-reviewed research on Māori and pain. Both substantive findings and the research methods used were focused on, which led to a discussion of implications for the health of Māori and suggestions for future research. The review contributes to a deeper understanding of Māori experiences of pain and may inform health practice.

TAKING UP TOOLS OF NARRATIVE REPAIR: WOMEN'S NAVIGATION OF THE POST-RAPE PROCESS TOWARD LIVING WELL
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Despite much effort on the part of feminist activists, researchers, and mental health workers to broaden popular cultural notions pertaining to rape, master narratives continue to delegitimize women's rape experiences – denying that rape has occurred or blaming women for its occurrence. Neither dominant medical framings nor positivist feminist storying of rape, which bring forward the protective identity positions of patient or victim, have managed to adequately counter the harmful effects of master rape narratives. Drawing on a study of women’s accounts of their process toward living well after having been raped, this paper will consider the strategies women used to resist and disrupt the harmful identity positionings created for them by master narratives, despite the absence of adequate language and framings from which to draw. Hilde Lindemann Nelson's articulation of creating counterstories as a means to repair the damage inflicted on identities as a consequence of oppressive master narratives will be explored in relation to women’s navigation of the post-rape process. We will consider participants’ innovative use of linguistic tools to take up identity positionings that serve both to validate their experiences and the external forces at play, while also highlighting their ability to be active agents in their lives. In particular, women’s use of metaphor to create ‘both/and’ identity positionings, and their seeking out audience to solidify these positionings, will be examined as means to develop alternative spaces for meaning making that may enhance progress toward living well.
DISCOURSES OF PATIENT AUTONOMY AND PHYSICIAN INFLUENCE IN PHYSICIANS’ ACCOUNTS OF TREATMENT DECISION-MAKING FOR DEPRESSION

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Models of patient–physician decision-making are typically framed on a continuum of discourses and practices ranging from patient autonomy to physician paternalism with the middle ground being occupied by terms such as shared decision-making. Critiques of these models centre on the gulf between these idealized models and actual practice and on how context influences decision-making practices. I chose the context of diagnosing and treating depression as a focus for studying these practices because the variation in how depression is understood, diagnosed, and treated makes it contested terrain for decision-making. In the present study I focus on how 11 Canadian family physicians talked about patient–physician decision-making in response to questions about their diagnostic and treatment practices posed to them in individual interviews. I adopt a discursive approach to analyzing extracts from these interviews and show how these physicians constructed patients as having the final say in decision-making about treatment for depression and themselves as engaging in acts of professional judgment and persuasion. I link this analysis to rhetorics of choice and consumerism, and argue that the intertwining of discourses of patient autonomy and physician influence provides the grounds for a reconsideration of the idealized models of patient–physician decision-making.

THE TALKBACK STUDY: IDENTIFYING MEDIA IDENTITIES TO FACILITATE HEALTH EDUCATION

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Traditionally, Health Education has been delivered either one to one: from a health professional to a client; or, one to many, health professional authored texts disseminated to individual clients or groups through set media. While health education may have been targeted to defined demographic groups or provided individually, according to the health professionals’ perception of the clients understanding of the issues, it has been only recently that there has been an increased understanding of how discrepancies in health literacy affect the comprehension and uptake of health education. A corollary to the concept of health literacy is media literacy, which describes how a person uses, evaluates and engages with media in its myriad forms. The Talkback study is utilising communicative ecology to map individual media identities which will aid in the development of tailored health education materials. Through mapping the patterns of the media use by pregnant women, and their treating health professionals, the Talkback study is identifying distinct media preference identities, so that public health messages relating to pregnancy may be tailored through specific media. Supplementing the semi-structured interview and focus group process is a study blog. The blog is testing whether women incorporate into and engage with targeted media portals on a daily basis, and if they demonstrate attachment to a mediated community in which membership is based on pregnancy and participation in a research study. This presentation will discuss the emerging media identities of the women and the implications for future health education and care delivery.
ON HIS TERMS: REPRESENTATIONS OF SEXUALITY IN WOMEN’S MAGAZINES AND THE IMPLICATIONS FOR NEGOTIATING SAFE SEX
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Research on sexual content in women’s magazines has identified dominant ideologies which promote sexual role stereotypes and privilege masculinity. We extend this analysis, in a thematic analysis to examine representations of sex in two best selling Australian women’s magazines, to examine how such ideologies may reduce women’s abilities to negotiate safe sex. One main theme – hetero-monogamy – and six subsidiary themes emerged. Being in a monogamous heterosexual relationship was presented as essential for every woman’s happiness, with sex as the means for achieving and maintaining this state. Five subsidiary themes, labelled gender differences, great sex, reaching orgasm, appearance, and single women, reinforced the message that, for women, sex was work, and required instruction. The final theme, sexual health, revealed an alarming absence of information on negotiating safe sex, apart from referring to it as an ‘awkward conversation’, while unprotected sex was a sign of trust and commitment. Throughout the themes, there was a lack of recognition of women’s sexual desires and sexual agency. We argue that these discourses have serious implications for women’s sexual health.

THE PASIFIKA SECOND GENERATION IN AOTEAROA:
CULTURE, IDENTITIES AND WELLBEING IN DIASPORIC SPACES
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The findings of a strengths-based mixed-method project emphasised the importance of acceptance in relation to health and wellbeing among second generation Pacific peoples. Logistic regression tests showed that among a sample of Pacific Secondary School students (n = 1,114) feeling accepted by those from Pacific ethnic groups, as well as feeling accepted by others, was statistically associated with reduced suicide risk. The qualitative component of the research further explored issues of culture, identity, acceptance and belonging. Individual interviews showed the complex conditions in which second generation Pasifika individuals operated culturally and constructed identities. Drawing on the Pacific indigenous concept of va or “relational space” (socio-spatial mutual terrain where we are called into relation) and Bourdieu’s ideas about social space and capital, it was recognised that the second-generation moved across many local, cross-cultural, national and transnational relational spaces made possible via migration and movement. These sites of symbolic interaction were negotiated in a shifting interplay of sameness and difference, identification, recognition and misrecognition, where social and cultural capital associated with advantage and acceptance shifted and changed across spaces. Identities were fluid and performative, but dependent on the ability to accumulate a culturally diverse range of symbolic resources (polycultural capital) and agency to strategically identify through these in contextually responsive ways. It was possible to negotiate, mediate and connect across many intercultural spaces in-between, yet identifications were always subject to the burden of recognition. Key challenges included demands for cultural legibility as well as cross-cultural coherence, and the symbolic struggle over authenticity and ethnic imaginaries.
CONCEPTUALISING THE ROLE OF ‘ABORIGINALITY’ IN CANCER DIAGNOSIS AND CARE: INTERVIEWS WITH HEALTH CARE WORKERS IN THE ABORIGINAL PATTERNS OF CANCER CARE STUDY

Christy Newman, Rebecca Gray, Loren Brener, Claire Jackson, Priscilla Johnson, Veronica Saunders & Carla Treloar

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Cancer is the second biggest killer of Aboriginal Australians. For some cancers, the mortality rate is more than three times higher in Aboriginal people. The Aboriginal Patterns of Cancer Care Study explored barriers and facilitators of cancer diagnosis and treatment among Aboriginal and Torres Strait Islander people in New South Wales. Our team – which includes both Aboriginal and non-Aboriginal researchers – conducted the qualitative arm including in-depth interviews with Aboriginal people with cancer, their carers and health care workers who care for them. In this presentation we will describe how the 16 health professional participants (including 11 women) constructed and negotiated particular concepts of ‘Aboriginality’ in relation to cancer diagnosis, treatment and care. Despite diversity in their health service settings, professional experiences and cultural backgrounds – including geographical (e.g., urban, regional and coastal), organizational (e.g., Aboriginal Medical Service, hospital, general practice), disciplinary (e.g., oncology, nursing, education) and cultural (e.g., Aboriginal and non-Aboriginal health workers, limited and extensive engagement with Aboriginal clients) – they articulated a shared agreement that people from Aboriginal backgrounds have particular needs when it comes to cancer. However, they had different and complex ways of interpreting how Aboriginality acts as a cultural barrier and/or facilitator to health, and these are shaped by contemporary discourses around cultural difference, cultural safety, and responsibility for health. Critically unpacking the assumptions made by health care workers about cultural identity can enrich our understanding and response to the health needs of Aboriginal people in Australia.

“COMING TO THE END OF THEIR USEFUL LIFE”: THE ‘TIME’ FACTOR IN HIV GENERAL PRACTICE WORKFORCE ISSUES

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The number of people living with HIV in Australia is increasing and ageing, requiring an expert primary care workforce to provide HIV clinical care into the future. Yet the numbers of general medical practitioners (GPs) training as community-based HIV s100 prescribers may be insufficient to replace those retiring, reducing hours or changing roles. The HIV General Practice Workforce Project was funded by the NHMRC to address these issues, and one of its key aims is to compare the professional interests and aspirations of GPs who have worked in HIV medicine for various lengths of time. Our study design included interviews with key informants who hold senior roles in organisations that shape policy on HIV care and clinicians who provide care to people living with HIV in general practice settings in different parts of Australia. In this paper, we will explore how time is constituted as a factor in how both groups describe the workforce issues facing HIV GPs. Time not only relates to the pressures on GPs to manage patient expectations alongside financial responsibilities and continuing education requirements, but also to the idea that HIV GPs are ‘generationally distinct’ based upon their age and length of time providing HIV care. Taking account of the discursive constitution of the time factor in these interviews can enrich our understanding of how and why GPs might sustain a special interest in HIV medicine, and potentially inform the recruitment and retention of health professionals in other ‘challenging’ or ‘underserved’ areas of clinical work.
WHAT LESSONS ‘IF ANY’:
AN EXPLORATION OF COMMUNITY CONVERSATIONS IN EASTERN, ZIMBABWE
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Community-based programmes to address HIV and AIDS stigma are critical components in the fight against AIDS. One promising community intervention, which has received little attention, is that of community conversations. It is against this background that we explore the potential role of community conversations in tackling HIV and AIDS stigma. This study was designed to explore how community conversations can be used as both a research and intervention strategy to address HIV and AIDS stigma among church group members in eastern, Zimbabwe. 24 community conversations were conducted involving a total of 198 church members – 106 women and 92 men. Participants were recruited from three major church groupings namely: Apostolic, Anglican and Roman Catholic. Participants described how community conversations provided space for mutual discussion about the barriers to address HIV and AIDS stigma. Through the community conversations, participants identified barriers which hindered HIV disclosure among community members and access to treatment. The intervention was complicated by misrepresentations of (i) HIV and AIDS, and (ii) unsupportive community context that blamed and labelled HIV sufferers as promiscuous. Our experiences suggest that community conversations can provide community groups with a platform to (i) engage community members in identifying the problems they face in disclosing their HIV status and (ii) intensify public engagement and increased support for HIV sufferers within communities – allowing communities to identify and address their problems drawing on the social capital evident within their localities and ultimately challenge representations that drive HIV and AIDS stigma.

CONTROLLING DIABETES AND MAINTAINING MASCULINITY:
A GROUNDED THEORY ANALYSIS OF INTERVIEWS WITH DIABETIC MEN
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Maintaining masculine identity whilst sustaining physical health is one of the challenges faced by men living with a chronic illness. In men with Type 1 diabetes, the possession of ‘control’ (a traditionally masculine trait) may appear to come under threat as a medicalised existence is necessitated – rendering bodies and lifestyles open to the scrutiny of medical professionals. Being a man and being in control is in conflict with being a patient and accepting medical instruction. Based on a grounded theory analysis of interviews with 15 men with Type 1 diabetes, this paper illustrates how the importance attached to the possession of control informs these men’s relationships with their healthcare providers and in turn affects the management of their diabetes. For men who perceive an equal distribution of control between ‘patient’ and doctor, the healthcare personnel are depicted in a supervisory role whilst the ‘patient’ is responsible for implementation of the diabetes care-regime. On the other hand, men who view doctors’ recommendations as an attempt to assume control view their relationship with the healthcare team in a more negative light and are more likely to view instructions from doctors not only as a threat to their sense of control but also, to their identity as a man.
LIVING IN AN OLD WOMAN’S BODY:
AGING AND EMBODIED CHANGES TO SEXUALITY IN THE CONTEXT OF CANCER
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Cancer is associated with significant changes to sexuality many of which are a result of the bodily effects of cancer, cancer treatments, and ongoing issues adjusting to these changes. As the number of people living with a cancer diagnosis rises along with an aging population, understanding the embodied effects of cancer on sexuality is increasingly important. This study explored how women construct a sense of their bodies and sexual selves in the context of cancer. In-depth semi-structured interviews were conducted with 15 women with cancer across a range of ages (20–71 years), cancer types, and cancer stages. A thematic analysis was conducted in which “disrupted aging” was identified as a dominant theme. The women’s accounts varied in the way that they positioned themselves in relation to their age and sexuality taking up positions including, ‘old and sexual’, ‘old and asexual’, ‘young and sexual’, and ‘young and asexual’. Normative constructions of the aging process were also often disrupted by the experience of cancer and its impact on sexuality. These constructions subsequently affected the coping strategies employed by the women and their understandings of their cancer experiences. These findings have implications for the way aging and sexuality are understood and conceptualised for women in the context of cancer, as well as more broadly within health research.

DOING ABDUCTIVE RESEARCH AND ANALYSING MUNDANE PRACTICES WITHIN HEALTH CARE SETTINGS
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Abductive research eschews a focus on identifying general themes that cut across participants’ transcripts in favour of exploring the specificities of language, meaning and context within individual stories. The progression from lay descriptions of social life provided by participants to technical descriptions of social life developed by the researcher forms the process of analysis within an abductive methodological approach (Blaikie, 2000). In this paper an abductive approach to narrative research is illustrated through drawing upon Bourdieu’s ideas about doxa, field, habitus and (dis)interested practices. Two stories are presented which identify how doxic attitudes and practices operate in a community mental health setting and in a rest home where the research participant worked. In both stories the effects of doxa are unconscious, defended as common sense or the routines through which patients and staff have become complicit in their own domination by accepting the habitus of the field as normal (Bourdieu, 1994). It is argued that an abductive research strategy, when combined with social theory, provides a way for health researchers to analyse everyday practices within health care settings.

ACTIVE AGEING - ANOTHER WAY TO OPPRESS MARGINALISED AND DISADVANTAGED ELDERS?
ABORIGINAL ELDERS AS A CASE STUDY
Rob Ranzijn
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Research into active ageing has unearthed a host of suggestions for prolonging healthy life and reducing the impact of a range of diseases and lifestyle factors. While this may be good news for older people who fit the ‘typical’ pattern, does the very concept of active ageing (along with other value-laded terms such as successful ageing and positive ageing) unintentionally devalue the life experiences of those who don’t? In this paper, it is argued that talking up the expectation that older people will continue to be physically active may further marginalise significant groups of elders, including those from diverse non-dominant cultural groups. The paper draws on a study of Australian Aboriginal Elders to illustrate this point, with suggestions
about culturally-appropriate ageing policies. The paper concludes that alternative conceptions of ageing, such as ‘ageing well’ or ‘authentic ageing’, may better capture the cultural diversity of ageing and promote social inclusion.

“I DON’T HAVE TO TELL YOU, YOU KNOW WHAT GOES ON”:
INTERSECTIONS OF FEMININITIES AND CLASS IN TALK AROUND WORKPLACE HARASSMENT
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Workplace harassment appears to be a particular problem for the UK with rates being anything up to 10% higher than in neighbouring EU countries such as France or Germany. Research has also indicated that incidence and experiences of workplace harassment appear to be particular issues for women who work in male dominated workspaces. More specifically, it is claimed by Morgan and Martin (2006) that these women are at risk of being both excluded and harassed by their male counterparts, more worryingly, studies have demonstrated that the ensuing harassment at work poses such significant problems for these women that both their career outcomes and their psychological and physical health are negatively affected (Scheider, Hitlan & Radhakrishnam 2000). Using a post-structural and feminist-informed discourse analysis (Willot & Griffin, 1997), this paper aims to address this issue by analysing how multiple, plural and contradictory notions constructions of femininity and class are variably taken up, reworked and resisted in talk by women who work in male-dominated work-spaces. Findings illustrate that women’s work practices are both controlled and regulated through gendered and classed constructions of workplace harassment, and, importantly, these mechanisms of control can or could be challenged, resisted or re-worked to enable organisational practices that do not have the ‘hallmarks’ (Lee, 2004) of bullying, violence and sexual harassment.

THEORISING MEN AND DISTRESS:
WHAT’S ON THE HORIZON FOR RESEARCH AND SCHOLARSHIP?
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In line with the shift towards prioritising lay accounts and narratives of chronic illness in critical health research, there is an emerging literature on men, subjectivities and experiences of distress. We argue in this paper that subjectivities and distress for men are an important area for critical research and scholarship. In the area of health, very little is known about men’s subjectivities or the meanings they give to – and how they cope with or seek help for – distress. At the same time, current theories of gender relations, performativity and wellbeing as they pertain to men are likely influence future work. However, current theories (and qualitative research involving men and women) are pointing to considerable complexity. In this paper, we outline what is known about distress and men, and consider the utility of gender relations, performativity, subjectivities and wellbeing for a better understanding of distress. We scan the horizon and ask: What are the biopsychosocial influences on subjectivities and distress, and how should these be considered in relation to men and masculinities? What are the implications for theorising about men, as well as mental health research?
THE PROBLEM WITH DEATH: A GENEALOGY OF EUTHANASIA
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A hugely contentious issue in society today is whether individuals have the right to choose when and how to die. The ethics, legality and morality of euthanasia have been hotly debated in many countries around the world. However, the phenomenon of euthanasia has not just emerged recently, on the contrary a wide ranging and diverse network of events have all played some part in our present day understanding. This paper presents a genealogy, a Foucauldian ‘history of the present’, that addresses the issue of how euthanasia has emerged as a possible solution to terminal illness. It examines the conditions present at particular periods of time and a specific, but disorderly collection of incidents that have allowed our present constructions of euthanasia to come about. This focus recognizes the intrinsic relationship between discourse, knowledge and power as the construction of particular discourses of euthanasia that may prevail in our society today and are accepted as ‘common sense’ provide the potential to act in certain ways, while marginalizing alternative practices. This genealogy challenges both the origins and functions of our present day ‘knowledge’ regarding euthanasia and the assumptions of self-evidence and inevitability that accompany prevailing discourses.

TARGET PRACTICE: DECISION MAKING V. TREATMENT TRAJECTORIES IN BREAST CANCER CARE
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This research qualitatively investigates experiences of breast cancer treatment, with a focus upon individuals’ decision-making processes. Treatment pathways involve many procedures, from diagnostics through to mastectomy and adjuvant therapy. Numerous guidelines stipulate that treatment decisions should be shared between physicians and patients. Additionally, the UK Department of Health sets target treatment times which are likely to decrease due to improved diagnostic technologies. One example is Sentinel Lymph-node Biopsy (SLB). At the University Hospital of North Staffordshire (UHNS), lymph-nodes are assessed after initial surgery, with patients waiting up to 10 days for results. If cancer has spread all lymph-nodes are removed in a second operation. However, new intra-operative techniques allow SLB results to be returned during initial surgery, allowing all nodes to be removed immediately and necessitating only one operation. Our recent audit of services within the breast clinic at UHNS (N = 60) revealed that patients were generally satisfied with current practice, but needed more information and discussion about new technologies. Of particular note were responses that hypothetically consented to concurrent initial treatment and lymph-node removal, yet inversely indicated a wish to discuss the removal procedure after the SLB result. Therefore a critical view is imperative to review the psychological impact of procedures that are consented to hurriedly to satisfy targets, and to address the clinical versus personal agenda as patients adjust to diagnosis, treatment and possibly a changed body. There is also scope to explore when psychological intervention is most appropriate based upon personal narratives rather than institutionally target-driven practice.
BLOGGING THE SELF: HOMELESSNESS, HEALTH, AND TECHNOLOGIES OF THE SELF
Barbara Schneider

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This paper will describe a blog written by a homeless person in Calgary Alberta Canada. It will call on Foucault’s notion of technologies of the self to analyze the blogger’s writing activities. Technologies of the self “permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality.” Technologies of the self are linked to Foucault’s concept of governmentality, in which individuals regulate their own behaviour and construct subjectivities to align with the expectations of governmental, institutional, and social administrative structures of power and knowledge. In the case of homeless people, this knowledge is the academic and professional knowledge of addictions, healthcare, and homelessness. The blog was started by a university researcher, who worked for 3 months with four homeless men to help them produce writing and post it to the blog. At the end of this time, all but one of the men stopped writing. The remaining man took the blog over as his own and has continued to post regularly. He has collected 54 followers and has met some of them in person. This paper will focus on the writing of this man and its role in helping him to achieve his explicit goal of transforming his body, his health, his self and his life.

PEER SUPPORT AND THE LOGIC OF SELF-DETERMINATION
Anne Scott

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Peer support is the provision of mental health services by people who are, or have been, service users themselves. More than this, however, it is a philosophy of practice. It is often asserted by peer supporters that they are ‘not clinical’ and that peer support is very different from ‘clinical’ practice. Given that peer supporters operate in contexts that are sometimes very similar to the contexts in which clinical mental health practice occurs, what do they mean by this? Meditating on Annemarie Mol’s distinction between ‘the logic of choice’ and ‘the logic of care’ in clinical health practice, I will argue that peer support operates through a third logic, which draws on both of the above. This is deeply relational. It starts from the honoring of experience, and it trusts the process involved in sometimes extreme emotional events. And yet it is deeply committed to a politics of goal-setting, managing illness and empowerment. In this, peer supporters are committed to a practice of not being the best themselves, but of facilitating the peer to be at their best, through relationship. I have called this a logic of self-determination.

“TO FAKE OR NOT TO FAKE?”:
PERFORMING AND RESISTING THE EXAGGERATION OF WOMEN’S SEXUAL PLEASURE
Monika Stelzl & Michelle N. Lafrance
St. Thomas University, Canada

This research investigates women’s accounts of consensual sexual encounters by exploring the ways in which women account for ‘faking’ orgasm. It is common for women to exaggerate sexual pleasure. However, the social meanings of this practice are only beginning to be understood. Using a discourse analytic approach, this study examines the various discourses that are drawn on and mobilized in women’s accounts of feigning or exaggerating sexual pleasure. Moreover, we pay attention to moments in which women resist this normative practice and do not feign pleasure when it is not experienced. To explore the various discourses surrounding these themes, we invited female undergraduate students to talk about their experiences of either exaggerating sexual pleasure, or not. Women chose to participate in either focus groups or individual interviews. Preliminary findings will be discussed in the context of hegemonic discourses of femininity, masculinity, and heterosexual sexuality as well as women’s resistance.
to these. Our exploration in this area of research, which is new to both of us, will be reflexively discussed.

EXPLORING OLDER NEW ZEALANDERS’ CULTURES OF ALCOHOL USE: A PARTICIPATORY STUDY
Christine Stephens, Rachael Pond & Antonia Lyons
Massey University, New Zealand

There is a growing number of recent articles in the public health, medical and gerontological literature that urge concern about levels of alcohol drinking among elders. Scores on measurement instruments, developed in clinical settings with patients who have suffered from alcohol abuse, are used in the general population to suggest that alarming proportions are drinking alcohol at ‘hazardous’ levels. For example, data from a standard measure of alcohol use in a national survey in New Zealand, shows that 53% of those aged between 55 and 70 years report drinking at hazardous levels. As the proportion of elders in the population is increasing and will increase for some time, such survey data suggests that we should be concerned about the health of those who drink alcohol at consistently high levels. To answer questions about the actual behaviour and meaning of drinking in this population we have begun a pilot participatory study to enquire into the cultures of alcohol use among older people, including the practices and meanings of drinking. People over the age of 65 were interviewed about their interpretations of the survey questions. These people, and others from groups who attended a presentation of the survey results, were invited to become co-researchers: to develop research questions around drinking, interview their peers, and participate in the analysis and dissemination of the results. A description of these procedures and some preliminary results will be described in this presentation.

SUPPORTING ABORIGINAL HEALTH WORKERS TO PROVIDE PRIMARY HEALTH CARE IN CENTRAL AUSTRALIA
Janet Struber
Flinders University, Australia

The health of Aboriginal Australians is known to be worse than that of their non-Indigenous counterparts. It is also acknowledged that their worldview of health is broader and more holistic than the mainstream, biomedical view. In light of this, the employment of ‘culturally appropriate’ Aboriginal Health Workers (AHWs) is seen as a key strategy in closing the health gap. Yet AHWs working in primary health care in the Central Australia are trained as clinicians in a biomedical model, and although provided with resources that are purported to be ‘AHW friendly’, we don’t know with any certainty what AHWs actually value to support them. There is little in the academic literature that provides an AHW voice on their work support requirements. After describing the situation, this presentation will focus on the development of a methodological approach to investigating what AHWs do value to support them in their work roles, through the exploration of perceived roles of AHWs, what AHWs report to be of value, and the ways in which these supports work. From a foundation of constructionism, the theoretical framework draws on both critical constructs including post-colonialism, and participatory action research. The inclusion of participation aims to ensure culturally appropriate research by creating ongoing interaction and dialogue between the researchers and the recipients – primarily the employers of AHWs. It also provides an avenue to target provided information to meet key stakeholders’ needs, and for participating organisations to contribute to interpretation of the research, maximizing its potential uptake.
Hospitalization for mental health problems is often one of the most important life events, not only because of the illness itself, but also because of the social and cultural context. Becoming a psychiatric hospital patient may trigger the need to create new narratives and reconstruct personal identity. This study explores and tries to understand the impact of describing oneself with the use of psychiatric language on the process of treatment and psychosocial rehabilitation. Sixteen semi-structured interviews were conducted. Eight psychiatric hospital patients with different diagnoses and a history of previous hospitalization and eight ex-patients, members of “Open the doors” NGO, supporting people diagnosed with schizophrenia, were interviewed. They were asked to tell about themselves, their illness in general, and to describe symptoms they experience or experienced. Data analysis focused mainly on the presence of psychiatric terminology and other means of illness description in the narratives. Relying on psychiatric terminology may indicate the adoption of a specific medical model of mental illness as an agglomeration of symptoms generally lacking personal meaning, sense and aspect. Focusing on illness perceived this way may further lead to self-stigmatization and difficulties with creating a healthy narrative and identity. Hypothesized link between severity of symptoms, frequency and number of hospital treated episodes, subjective well-being and frequent use of psychiatric language when describing oneself is possible and implications for clinical practice discussed.

A constant feature of Australian Aboriginal Affairs Administration over the past twenty 5 years has been the rapid pace of policy changes. Coupled with a lack of both consultation and engagement with Aboriginal peoples in the design and implementation of policies, this causes a confusion, uncertainty, anxiety and frustration that we are calling ‘Policy Dis-Stress’, which adversely affects social and emotional well-being and mental health. In this paper we explore the first-hand accounts of Aboriginal people in central Australia as they deal with the local effects of macro policy changes – such as those to CDEP, housing entitlements, access to dialysis and other health treatments, and shifts in funding impacting community-based local governance councils. Such rapid changes are often punitively framed and poorly explained, enacted in ways that inhibit cultural interpretation, and experienced as puzzling and threatening forms of imposition and social control, which disrupt people’s sense of control over their own lives. Disempowerment, stress, depression, alienation and despair are conditions that affect families and their mental health. We argue that ‘Policy Dis-Stress’ is a form of re-traumatisation requiring urgent critical attention.
FRAMING THE CHILD
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This paper explores the themes of biopolitics and state sovereignty made manifest in Australia’s Northern Territory Emergency Response (NTER) intervention into Indigenous life-worlds. Using Foucault’s notions of biopolitics and governmentality, and notions of war from Hobbes to Mbembe, we explore the management, surveillance and administration of violence, sexuality and sovereignty in the NTER. We conceptualize the intervention as a new form of racialized combat that claims the bodies of Indigenous children as a ‘spoils of war’. We explore how the organized regimes of biopolitical control enacted through the NTER correlate with a prurient, sexualized and intensely moralizing public discourse which erodes Indigenous self-determination. While rationalised in political rhetoric about the urgent need to ‘protect’ Indigenous children we suggest new forms of psychological and human rights abuse have been inflicted on Indigenous communities, families and children as a result of the NTER. We argue the paternalistic discourses of the ‘Intervention’ have served a dual infantilizing function: to both announce the passivity of the ‘vulnerable Indigenous child’ as an object for white sovereign guardianship, while at the same-time eulogizing the need for state paternal and biopolitical control over all Indigenous Australians. We explore the discursive construction of the passive and vulnerable ‘Indigenous child’ in this context, suggesting children not only become a convenient target within race/pleasure wars but are often the deliberate subjects of that ‘war’, embodying its long-term distressing effects into future generations.

ONE BORN EVERY MINUTE: DOES THE CONSUMER-CARE PROVIDER RELATIONSHIP FACILITATE WOMEN’S INFORMED CHOICE DURING PREGNANCY, LABOUR AND BIRTH?
Rachel Thompson, Yvette D. Miller, Gabrielle Stevens, Britta Wigginton, Megan Turnbull & Kate Mulherin
The University of Queensland, Australia

The principle of patient autonomy is at the core of contemporary Western health policy and legislation, which seek to protect the individual’s right to self determination during the medical encounter. The growing emphasis on patient autonomy and the related concept of informed choice – particularly evident in the maternity care sector – challenges the medical paternalism that has historically dominated the provider-patient relationship. Despite various policies and programs aiming to ‘empower’ patients and promote informed choice, the self-reported experiences of Australian maternity care consumers suggest that current clinical practice fails to effectively inform consumers about care options and facilitate their autonomy in decision-making (Thompson et al., 2010). In this paper we describe the findings of a study that aimed to further examine the nature of decision-making within the maternity care context and the extent to which it reflects, or is at odds with, traditional medical paternalism. Using observational data from the recent eight-part UK documentary series, One Born Every Minute, we extracted and analysed excerpts of decision-making during pregnancy, labour and birth with a particular focus on the communication between consumers and care providers, the nature and content of information exchange and responsibility for final decision-making. Findings pertaining to the nature of consumers’ and care providers’ respective roles in decision-making and the individual, interpersonal and environmental factors that appear to promote or inhibit birthing women’s active, informed decision-making are discussed.
TIME @ WORK: NURSES, CARE AND PRIVATE HEALTH
Luisa Toffoli
University of Sydney, Australia
This paper presents part of a larger study of nursing practice and the rationalities of nursing care time in private health. Informed by governmentality theory, this paper explores the mentalities and government of nurses’ work in private health care. The paper argues that within the political rationalities of neo-liberalism, nurses’ work, as ‘care’ is employed in the government of nursing translating the business aims of the hospital from the programmatic to the everyday level of nursing practice. Nursing care, translated as ‘nursing hours’ is the mechanism through which a particular nursing subjectivity or identity is produced, that of a nurse who is not only an expert professional but one that is also business savvy. Data for the paper are taken from an ethnographic study conducted at an Australian metropolitan acute care private hospital. The political realities of the hospital expressed in organisational texts such as the hospital’s Annual Review and Organisational Chart, and in calculations of nurses’ working time, illustrate how nurses’ work is presented and represented. The paper considers how work flexibility plays out in the temporal and spatial locations of nurses’ practice as patients, doctors and nurses exercise their ‘choice(s)’ in private health care. In this paper the problems with the nursing workforce for organisations (re)constitute the caring virtue script of nursing to enrol nurses in the work of the hospital where they are ‘nursing’ hours.

THE EXPERIENCES OF PHYSICIANS NEGOTIATING DISCURSIVE CONSTRUCTIONS OF AUSTRALIAN END-OF-LIFE CARE
Steven A. Trankle
University of Western Sydney, Australia
Despite the illegality of euthanasia and physician-assisted suicide in Australia, physicians providing end-of-life care frequently engage in such practices. Yet the meanings physicians hold regarding these and other divisive practices like terminal sedation are seldom consistent. Current research within a social constructionist paradigm exploring the experiences of Australian physicians engaged in end-of-life decision-making and practice provides new perspectives on death and dying. Emphasising context specificity, meaning and reality is uniquely constructed by actively negotiating discourses. Yet the manner in which physicians negotiate various discourses with patients, their loved ones, professional colleagues and within themselves, impacts their subsequent experiences, and end-of-life settings regularly associate with professional burnout. In-depth semi-structured interviews were conducted with 13 specialist palliative physicians, acute/critical care specialists, and general practitioners across Australia. Thematic analysis and an interpretive lens of “positioning theory”, revealed that, although discourses within different settings such as the “cure” focus of critical/acute settings, legal and institutional imperatives, and individual religious and cultural ideals, sometimes constrain physicians in their decision-making and subsequent practices, such discourses are often resisted with physicians practicing by a flexible internal ethical structure. Many appear motivated by empathic compassion for patients, and hastening death is a lesser consideration. However, the impact on physicians in managing their patient’s deaths is sometimes long-lasting, for example one physician who 30 years ago ended an intractably suffering patient’s life commented: “to this day, I don’t know whether I did it for the patient’s suffering, his family’s or mine; I still struggle to unpack that for myself”.

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MOTHERS’ HEALTH, RESPONSIBILIZATION AND CHOICE IN FAMILY CARE WORK AFTER MARITAL SEPARATION

Rachel Treloar
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This paper describes the collective impact of neoliberal discourses of ‘choice’ and ‘responsibility’ and familialistic policies and practices on the physical, psychological, and economic health and well-being of separated and divorced mothers. First, I utilize the concepts of familialism and responsibilization to help explain why parenting after separation remains highly gendered. These features of neo-liberal governance constrain both the enactment of care work and the exercise of choice in this work. Next, I draw on secondary data concerning mothers’ primary care work of parenting after separation and divorce, and on examples from Canadian family policy. Recent policy decisions have been justified with reference to the principle of family responsibility; while at the same time promoting personal responsibility and independent choices. The concept of ‘choices’ minimizes women’s difficulties in navigating the tensions between their productive and reproductive lives; promoting a limited and neo-liberal view of work that obscures the gendered dimensions, material costs, and health implications. I suggest that the ways in which mothers exercise choice with regard to self-care and familial caring roles are both shaped by, and rooted in, the socio-political context of neo-liberal reforms. In British Columbia, for example, the government has cut back funding to community agencies that support women and eliminated funding for most family law issues, while at the same time introducing reforms that involve reducing costs to government and a moral emphasis on parents’ shared responsibility for their children. I conclude by providing recommendations for future research, health and social policy, and practice.

BIOGRAPHICAL INTEGRATION:
OLDER ADULTS’ NARRATIVE CONSTRUCTION OF SELF IN THE CONTEXT OF A DISASTER

Robyn Tuohy & Christine Stephens
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This study examined how frameworks related to biographical interpretation of chronic illness could be used to explain responses to a natural disaster. Disasters are disruptive life events, which are particularly threatening to older people due to physical and social vulnerability. For older adults this disruption is a threat to health and wellbeing. Narrative interviews were conducted with nine older adults aged over 65 years who had recently experienced a flood disaster. Two examples of individual narratives will be discussed to exemplify the different ways in which older adults maintained their identity in the face of an unexpected event. The participants’ narratives about the flood were integrated with past personal events that spanned more than six decades. The disaster became a reference point for previous challenging experiences in a way that created biographical continuity, coherence and order over time. The study showed how older adults’ sense of self was expressed within the context of their stories about the disaster. The accounts of the disruptive event were biographically integrated into the personal and social context of each person’s life story, which functioned to maintain ontological security and maintain health and wellbeing in old age. This study showed how older adults made sense of a disaster while maintaining a coherent self-identity in old age.
STRESS — HAS IT REACHED DISEASE STATUS?
A CRITICAL ANALYSIS OF THE STRESS DISCOURSE ON SELF-HELP WEBSITES
Agitha Valiakalayil
University of Saskatchewan, Canada

Stress, as a construct of health, has a long history and has stimulated vast research in psychology and other health disciplines. Scientific and lay discourses have increasingly implicated stress in the development of numerous health conditions such as cardiovascular disease and depression. In recent times, stress has been constructed as a health concern in its own right requiring monitoring and management. Critical scholars have questioned this move to medicalize and naturalize stress and have critiqued the usefulness of this term as a construct of health due to the varying definitions used in the literature, from a biological response, to an aversive stimulus, to the interaction between the person and the environment (Mulhall, 1996). Additionally, the bulk of stress research fails to consider how the objectivist epistemology adopted influences and constrains the knowledge claims one can make. I use a critical discourse analytic perspective from a social constructionist epistemology to examine the stress discourse of self-help websites. In particular, I examine the shaping of the stress concept as a disease entity using the rhetorics of risk with the consequent needs for surveillance, risk management, and treatment. For example, framing stress with its own set of ‘symptoms’, ‘causes’, and ‘treatment’ transforms stress from risk factor to the risk itself. By drawing parallels between stress and depression, I review the implications of these online constructions with a broader eye towards how discourses of health are shaped and used to manage individual behaviour, rather than address structural conditions that may be adversely affecting health.

PANOPTIC PRACTICE:
COMMUNITY MENTAL HEALTH NURSING AND THE NEW CUSTODIAN’S OF RISK
Tony Warne & Sue McAndrew
University of Salford, UK

In 1785, Jeremy Bentham designed what is said to be the epitome of social control, the Panopticon. It was initially designed as a prison that would allow the observers to observe others without being observed. His design and the intentions behind it have become a metaphor for the way modern societies embrace surveillance to modify the behaviour of those considered to be at odds with the dominant discourse. This paper critically examines the new UK Mental Health Act (2007), which introduced the supervised community treatment (SCT) order. This order gives mental health professionals the power to require patients who are in the community and deemed to present a risk to themselves and/or others, to receive treatment and/or be recalled to hospital. The wider policy context of protectionism and concern to ensure public safety is evaluated in order to explore whether such powers compromise the wider use of mental health services by those with serious and common mental health problems. For the mental health nurse this analysis of the new law gives rise to the idea of mental health nurses simply becoming a ‘custodian’s of risk’. Arguably, if mental health nursing care is to be therapeutic and effective, account needs to be given to how they might reconcile their therapeutic role with that of their statutory responsibility, albeit predicated on public safety. These two apparent opposing registers of therapy and security need to be more clearly explicated as congruent and complementary aspects of contemporary mental health nursing practice.
Refugee studies have long documented the devastating mental health effects that forced migration can have. The majority of these studies have focused on epidemiological assessments of posttraumatic stress disorder and major depressive disorder using Western-derived assessment measures. However, alternatives to this Western-psychiatry, trauma-focused model of refugee mental health research have been proposed calling for new approaches to inquiry such as ethnographic investigations to identify indigenous idioms of distress and local psychosocial concerns and priorities. In 2009–2010 Australia granted 13,770 Humanitarian Program visas and refugees from Burma comprised the largest intake population during this period. However, there is a dearth of information concerning the psychosocial needs of this important and growing community. I will present preliminary findings from a study of psychosocial distress and wellbeing of Karen refugee women from Burma who have resettled in Sydney, Australia. Utilizing ethnographic and other qualitative methods has allowed me to move beyond a ‘trauma focused’ approach and listen to the perspectives of Karen refugee women as well as multiple other stake-holders working with the Karen community (including medical and mental health practitioners, community elders, religious leaders, and refugee service providers). Emerging themes concerning ‘Identity’ and ‘Feeling Useless’ reveal the important relationships between pre-migration cultural context, persecutory experiences (including but not limited to trauma), post-migration psychosocial stressors and current experiences of emotional distress. These findings have implications for theoretical and conceptual frameworks for understanding refugee mental health, as well as Australia’s refugee health-related policy and service delivery.

Sense of place can be defined as the relationships that people have with particular locations, which include attitudes, feelings and behaviours. This concept plays a significant role in facilitating positive ageing for older people living in rural areas. However, there is limited research in the Australian context investigating the exact nature and basis of these relationships, and their effect on social and psychological wellbeing. This paper aims to address this gap, utilising a qualitative, phenomenological approach to explore the experience of place for older people residing in rural north-east Victoria (n = 20), inclusive of both long-term residents and those who have relocated in retirement. Findings are explored in relation to a conceptual framework examining sense of place dimensions as defined within environmental psychology (place identity, place identification, sense of community, place attachment, and place dependence). In doing so, this research highlights which aspects of rural living are particularly important to older people, and subsequently which are vulnerable to age or place-related change. These findings are essential in facilitating positive environments for ageing in the context of issues related to climate change, increased tourism, rural decline and the ageing of rural communities.
This paper examines the pathways through which racism can affect health and wellbeing for Aboriginal people living in an urban environment. Face-to-face interviews were conducted with 153 Aboriginal people living in Adelaide, and as part of these interviews participants were asked about their experience of racism, how they responded if they experienced it, and the impact their felt racism had on their health. The vast majority of people had experienced racism, and for many this was a regular experience. Almost two thirds of people felt that racism impacted on their health. Using a thematic analysis with a particular focus on how agency and structure operated, a number of key responses to racism were identified including: confronting the person/situation; ignoring it; avoiding situations; emotional reactions such as anger and shame; physiological reactions; drawing on social networks/support; and health behaviours such as alcohol and tobacco consumption. A further theme was of questioning whether the incidents were racist and a decision not to ‘let’ racism affect health. The analysis found that most people used more than one strategy, and reflected on the potential health impacts of response types. While some strategies appeared ‘healthier’ than others, this varied across the respondents and for most strategies there were costs and benefits. The findings suggest that the pathways between racism and health are complex, and that attempts to promote health protective responses to racism need to consider structural constraints and the cultural context of racism, and the potential variation in usefulness of strategies for different individuals.
Pecha Kucha Presentations

‘SMILE FOR THE CAMERA’: A CRITICAL COMMENTARY ON THE USE OF OBSTETRIC ULTRASOUND
Jessica Glen & Antonia Lyons
Massey University, New Zealand
Medical discourses on pregnancy position pregnant women as needing to be constantly watched, monitored, measured, tested and screened. One of the technologies used as an extension of the medical gaze into pregnancy is obstetric ultrasound. Within the medical profession, ultrasound images are seen to provide ‘objective’ knowledge that is superior to women’s own gender-specific, experiential knowledge. This aligns with broader contemporary social meanings that accord primacy to the visual domain, and inevitably see technology as progress. Living in an increasingly visualised world means that to ‘see’ is strongly allied with the ability to ‘know’. However, images themselves lack ‘objective’ meaning (Petchesky, 1987). Constructing and interpreting the ultrasound image is a historically and culturally specific practice. The site of image production, the image itself and the ‘audiencing’ of the image are all involved in the process of meaning-making (Rose, 2001). Many pregnant women and their partners are increasingly choosing to pay for ultrasound scans when they are not medically necessary, but they need an interpreter (sonographer) to decipher what they are seeing in the scanned image. Thus, obstetric ultrasound is a site where both lay and medical understandings of pregnancy intersect with discourses around the authority of technological knowledge and the primacy of visual experience. In a world where ultrasound has been successfully constructed as a necessary experience of pregnancy, the commercial non-diagnostic ultrasound exam offers a site for discussion of philosophies of commodification, consumerism and freedom of choice.

‘CRITIQUE WITH NO ACTION’: IS THIS NO LONGER AN OPTION?
Christine Horrocks1, Sally Johnson1, Michael Murray2, Paula Nicolson3, Wendy Stainton Rogers4
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2 Keele University, UK
3 Royal Holloway College, University of London, UK
4 The Open University, UK
Recent debates in critical health psychology have focused on differences of opinion about how, and to what extent, action is or should be, the goal of critical health psychology. Yet the core goal of critical health psychology is ‘social justice’ for all, aimed at tackling health inequalities experienced by individuals, groups, communities and societies. This Pecha Kucha will focus on what action can look like from a critical health psychological perspective, opening up for discussion some of the challenges it brings. Within the current UK climate of health care delivery which purports to put patients first and at the centre of decisions about their health care, the notion of the ‘Big Society’ and the creeping individualism of the centre right rhetoric of choice, mainstream health psychology approaches and seemingly progressive messages will seem attractive. Accepting that these issues around governmentality resonate internationally, the presenters will draw on key contemporary themes in critical health psychology; achieving both critique and action, morality and ethical practice and reflexivity and knowledge construction. Using visual examples of contemporary images that aim to promote health-related action, the pecha kucha will be structured around how critical health psychology can challenge mainstream approaches in ways which bring about change. In part this will involve carefully thinking through how critical health psychology’s innovative approach to developing methods and methodologies will influence and impact on promoting health equality.
FRAMING HEALTH: CONCEPTUALISING HEALTH INFLUENCES OF CHANGES WITHIN AND BETWEEN SUBURBAN SPACES OVER TIME
Peter Lekkas, Mark Daniel & Catherine Paquet
University of South Australia, Australia

Health, broadly defined, and its social determinants are spatially distributed across suburban residential environments which are increasing, expanding and in flux. Whilst much is known about this distribution, much less is known of the influence of changes within suburban spaces on health over time, inclusive of their potential to concentrate and/or amplify social health inequalities. Moreover, confidence in, and the strength of inferences able to be drawn from the extant literature is hindered by conceptual and methodological challenges in particular the limited or absent use of ‘theory’, that to date has overly fostered post-hoc speculation in attempts to construct meaning from what have in some cases been more or less opportunistic empirical analyses. To facilitate understanding, how though should environment(suburban)–health relationships be framed? From whose purview, and what might be gained through the adoption of a trans-disciplinary approach?

THE SILENT FACE OF DOMESTIC VIOLENCE DEATHS: BIZARRE INDIVIDUAL TRAGEDIES OR PREDICTABLE AND PREVENTABLE?
Catherine Mackenzie
Flinders University, Australia

This pecha kucha presents some of the cases included in an analysis of print media reporting of domestic violence-related deaths that occurred in South Australia between 2005 and 2010 to the sound of an Australian artist’s song about domestic violence. The presentation aims to highlight disconnect between media representation of these cases as one-off tragic events and the reality of a predictable pattern of violence that is obscured by institutionalised inequitable gender-power relations. Discourse is politicised, power-bearing language employed to extend or defend the interests of its discursive community. Critical discourse analysis reveals the ways control over discourse is abused to direct people’s beliefs and actions in the interest of dominant groups, and against the best interests or the will of the others. The identification of discursive frameworks provides opportunities for progressive reforms to reduce homicide risks, as well as informing about the particular historical, social and political conditions within which the reporting occurs. This presentation uses silence (the presenter is silent), music, images and text to challenge dominant values and attitudes found in media representations of victims and perpetrators.

“THE WAY IT WAS AND STILL IS”: AGEING MALE FARMERS AND CONTEMPORARY CHALLENGES TO IDENTITY
Zoe E. O’Callaghan
La Trobe University, Australia

A large body of social science literature claims that qualities such as toughness, hard work, pride and passion continue to shape the way Australian farmers see themselves. These identities are strongly associated with the archetypal images of pioneer farmers often portrayed as the backbone of Australia. However over the past decade rural Australia has experienced a significant decline in social, economic and climatic conditions, which has seen an increased rate of suicide and mental health problems among rural men. While research evidence and policy responses have concentrated on the economic and environmental challenges and health effects of declining rural conditions, the impact of these changes on ageing male farmers’ identities has received little attention. Social research suggests that factors such as having a purpose in life and feeling needed and valued are central to the well-being of people as they age. In the rural context, it may be that expectations associated with traditional male farming roles, male socialisation and images of rural masculinities present significant threats to the self-identities of ageing male farmers, and also it may be assumed, to the health of this group. Yet the question
remains, how do these ageing farmers manage the pressures of being ‘good’ productive farmers while attempting to construct a meaningful sense of self? Drawing on in-depth interviews and ethnographic methods, this paper reports on some early findings from a research project that explores how farmers construct and actively manage their ageing male identities in the context of major economic, social and climatic changes.

AN IDEOLOGICAL TUG-OF-WAR: THE STORY OF THE RESEARCHER IN THE MIDDLE
Brett Scholz
The University of Adelaide, Australia
This pecha kucha explores the ideological pull between the biomedical model and a social constructionist epistemology. The researcher focuses on his work undertaken on depression in men with reflection on the entrenched construction of depression as a medical condition. Specifically, discussion will focus on the ways that this construction has come to influence the researcher himself, as well as men who have been interviewed in regards to their health, stress and coping. Through critical discourse analysis of these interviews, the meanings behind depressive symptoms and their development are questioned. The researcher discusses his experiences of resisting assumptions and his own tendencies to fall into taken-for-granted understandings of depression.

PHOTOGRAPHY, DISCOURSE, AND THE NEUROSCIENCE OF BIOLOGICAL PSYCHIATRY
Kristjan J. Sigurdson
University of Saskatchewan, Canada
Scholars advocating for a critical neuroscience project (see Choudhury, Nagel, & Slaby, 2009) have requested, among other things, for social scientists to study how neuroscientific knowledge is generated in the laboratory. The pecha kucha presentation is based on a tour of a neuroscience laboratory where I photographed and discussed with lab members the methods and scientific procedures for researching mental health ailments in a laboratory. Neuroscientists promise cures to mental health ailments through basic research of neural activity and behaviour, utilizing animals in their experimental preparations. In the presentation I review the historical resurgence of biological psychiatry and the relationship to neuroscience. I illustrate the common techniques for modeling depression in rodents, and the current hypotheses neuroscientists test, with images of animals and experimental apparatus. I contrast the state of depression research and theory in neuroscience with the scientific merit of the serotonin hypothesis of depression by presenting images designed by pharmaceutical companies for public display and images designed by neuroscientists for academic publications. I critically review the implications of the ties to biological psychiatry and the influence of pharmaceutical companies on the generation of neuroscientific knowledge.
A VIEW FROM THE BRIDGE: THE TWO SIDES OF REFLEXIVITY
Gareth J. Treharne
University of Otago, New Zealand

There is no I in research, but there are two in reflexivity. The first I is the I of the researcher, who generates the gap between themselves and the other I, the researched, the person who is colonised by the research process. In this presentation I will highlight some potential pros and cons of engaging in reflexivity. My point of departure is the metaphor of methodology as the bridge that holds up the researcher and allows them to appreciate a view of the world. I argue that reflexivity is crucial for critical health psychology because the process of examining one’s method and position is a way of challenging the hegemony of objectivism. If a researcher does not acknowledge their bridge then they overlook the way they are achieving their view. But there is a counterpoint to the view from the bridge, the point at which I, the researcher, should look before I leap. The reflexive focus on the I of the researcher can regress into looking only down at one’s bridge so that the view of the other becomes unappreciated. There is no real line between the I of the researcher and the I of the other; we, the research community, are all humans; we may get sick, we may become the other I of someone’s research, we will die. Awareness of the two sides of reflexivity is the first step on a journey to redressing the gap between the I of the researcher and the I of the researched.
POSTERS

THE ANIMAL’S ROLE IN ANIMAL ASSISTED THERAPIST TRAINING – A CASE STUDY
Sari Bar-on
Levinsky College of Education, Israel
Professional training of teachers for people with special needs, involve their emotional growth. In positions that engage social and emotional aspects, training that concerns itself with issue of emotional and personality growth is imperative. Research and literature regard the process of becoming a professional as a consecutive process. It begins with using “common sense” till acquiring an introspective and abstract comprehension of the psychotherapeutic ongoing process (Ralph, 1980; Dewald, 1981). A training program for animal assisted therapists, has been conducted in Levinsky College of Education for several years. The students has a prior background in education or therapeutic professions. We find that besides acquiring professional capabilities, the students undergo changing processes that reflect on their self-perception and identity. These changes are enriched due to the context of animals and their environment. Development of inner personal growth, is regarded crucial in the training of professionals that relate to emotional intervention in their work. What is the supplementary role of the animal in this process? Do animals have a unique contribution to inner change processes? In this case study the parallel process within the triangle “student–child–animal” is discussed, through the liberating role of the animals in facilitating this process. Psychological aspects (by Klein, Winnicot and Jung) and Bion’s theory of groups’ behavior are in the basis for analysis and discussion of the professional growth of the students.

ADOLESCENTS WITH ASTHMA: WHAT SHOULD THEY KNOW VS. WHAT DO THEY KNOW
Erin Beilby, Rachel Roberts, Shona Crabb & Christine Holton
The University of Adelaide, Australia
Although asthma is a highly prevalent and often lifelong condition, with highest prevalence in those aged 15 to 24 years, to date limited research has focused specifically on adolescent and young adult asthma management. This poster will present findings from research that aimed to explore the “gaps” between the information general practitioners are advised to give adolescents in regards to asthma and asthma management, and the information that adolescents report knowing about asthma and the models of care they report following in their asthma management. As part of a larger study, 35 metropolitan secondary school students with self-reported asthma completed a questionnaire relating to their asthma management and model of care. Participants responded to both closed (yes/no responses) and open-ended questions. The majority of participants reported that their general practitioner had not discussed a range of issues relating to their asthma management with them, including the use of certain medications, having a written Asthma Action/Treatment Plan, and being told about how their asthma might affect their weight or mental health. The results of this study call attention to a number of disjunctions between participants’ understandings of asthma and asthma management, and those general practitioners are advised to communicate. Whether these mismatches are the result of miscommunication, misunderstanding or the divergent construction of meanings around asthma is not clear from this study; however, the points of disjunction provide critical insight into where health messages are failing to impact on adolescent asthma patients.
RISKY AND RELATIONSHIPS: EXPLORING FACTORS ASSOCIATED WITH SEXUAL RISK TAKING IN YOUNG MEN WHO HAVE SEX WITH MEN
Denton Callander & Charlene Senn
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HIV rates among young men continue to be a problem in many Western developed countries. Although the literature has identified a number of factors that relate to sexual risk taking, little research has considered how these factors relate to the behaviour of young men in particular. This study examined the effects of several commonly identified HIV risk factors on the sexual behaviour of men who have sex with men (MSM) who reached sexual maturity after the advent of HAART (i.e., under the age of 27). The factors considered were HIV optimism, closeness to someone with HIV/AIDS, self-esteem and body image. Responses were collected via online survey for 139 men from North America, all of who had engaged in anal sex with another man in the past 3 months. The data gathered were considered as a whole and for the sub-population of men who were not in a steady monogamous relationship. Knowing someone with HIV/AIDS was related to lower levels of sexual risk taking. The aspect of body image related to weight was also an important factor in safer sex behaviour, with perceptions of heavier bodies related to higher sexual risk taking. For single participants only, higher HIV optimism was related to greater sexual risk taking, although an explanation that behaviour may lead to self-justification through optimism is more likely than the reverse. The findings from this unique study of young MSM are discussed in the context of attractiveness norms within the gay community and current and future health campaigns.

PSYCHOSOCIAL BENEFITS OF TELE-COUNSELING FOR ADULTS WITH A PHYSICAL DISABILITY
Diana Dorstyn, Jane Mathias & Linley Denson
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The delivery of mental health services by telephone, referred to as tele-counseling, has the potential to improve the health outcomes of adults with an acquired physical disability in a cost-effective way. However, the efficacy of this form of treatment requires further evaluation before it is used on a larger scale. This meta-analysis provides a critical and quantitative evaluation of the impact of telephone-administered psychological interventions on the psychosocial functioning of adults with an acquired physical disability caused by spinal cord injury, limb amputation, severe burn injury, stroke or multiple sclerosis. A comprehensive search of eight electronic databases identified eight studies (N = 658 participants) that compared treatment efficacy to that of matched control groups. Differences in the psychological outcomes of treatment and control participants were examined using Cohen’s $d$ effect sizes. Fail-safe Ns and 95% confidence intervals used to evaluate the significance of these results. Significant improvements in coping skills and strategies, community integration and depression were observed immediately after telecounseling, with modest improvements in quality of life maintained at 12 months post-intervention. The results suggest that tele-counseling is an effective treatment modality for adults adjusting to a physical disability; however, further trials are needed to establish the long-term psychosocial benefits.
DISCOURSE ON HOMEOPATHY IN JAPANESE NEWSPAPERS AND MAGAZINES
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Homeopathy was introduced into Japan in the late 1990s. It is a newcomer as an alternative remedy, but is getting popular these days. Some medical doctors and nurses and those who are not trained as a medical doctor nor nurse but are trained as a homeopath provide health care to people who want so-called ‘natural care’. Homeopathy and other alternative medicine are among popular topics in magazines for general readers. The Ministry of Health, Labour and Welfare has started a research project to promote integrative medicine that is supposed to compliment the mainstream scientific medicine in 2010. Integrative medicine includes homeopathy and other remedies such as Chinese medicine, chiropractic treatment, psychotherapies and aromatherapy as major alternative remedies. Leading politicians of the government party mention homeopathy when they talk about the importance of integrative medicine today. But in the summer of 2010, major newspapers started to report homeopathy as something unscientific and harmful after a baby’s death caused by vitamin K deficiency disease had been brought to the court. According to newspaper reports, the death was caused by remedies of homeopathy given to the baby instead of vitamin K syrup that was prescribed by medical authorities as a standard treatment to prevent the disease. Analysing Japanese newspaper and magazine articles on homeopathy, I examine discourses by which homeopathy is promoted and discourses by which homeopathy and other alternative remedies are negated. The background of promulgation of alternative medicine and problems that the mainstream scientific medicine is facing will be discussed.

WORK PSYCHOLOGICAL RISK FACTORS AND JOB STRAIN AMONG UNIVERSITY WORKERS IN KUALA LUMPUR
Marzuki Isahak, Azlan Darus, Moy Foong Ming, & Retneswari Masilamani
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Job strain now appears to be a feature of occupational life for university staff. It is quickly becoming the single greatest cause of occupational disease and can have bad consequences for both the employer and employee. This study was conducted to determine the prevalence of job strain among staff in University of Malaya (UM) and its association with work psychological risk factors. A cross-sectional study was done to assess work psychological risk factors and job strain among multiple types of workers in UM, Kuala Lumpur. The validated Malay version of Job Content Questionnaire (JCQ) and Depression, Anxiety and Stress Score (DASS) questionnaire were self-administered randomly by 90 participants (72% response rate). The percentage of job strain among university staff in UM was 27.8%. The psychological risk factors that are significantly associated with high job strain were high job skill discretion ($p = 0.018$) and low supervisor support ($p = 0.01$). High job strain also was associated with high depression ($p = 0.01$), anxiety ($p = 0.04$) and stress ($p = 0.01$) score. Female workers were having higher job strain ($p = 0.03$) compared to male. We conclude that higher job strain workers would have a higher depression, anxiety and stress symptoms score especially among female workers.
SELECTED INSTITUTIONAL FACTORS INFLUENCING STUDENTS’ SUBSTANCE ABUSE: A COMPARATIVE STUDY OF SELECTED PRIVATE AND PUBLIC UNIVERSITIES IN KENYA

Jane Ngure
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There is an unprecedented increase in the number of cases of alcohol and drug abuse over time in Sub-Saharan Africa, more so among youths in Kenya. Alcohol abuse among young people increase their risky behavior and negative health, psychological, social and economic consequences. This study will examine aspects of institutional factors that influence alcohol consumption and drug abuse among students in selected private and public universities in Kenya. Ex-post-facto research design will be employed where questionnaires will be distributed to 1,500 participants who will be selected using multistage sampling technique. Self-administered questionnaire will be used in the study. The questionnaires will be adopted from the global assessment programme on drug abuse toolkit model 3 (UN, 2003) to determine prevalence of alcohol consumption and drug abuse; the CAGE to determine levels of students dependence to drugs and alcohol, and Likert questions on institutional factors. To obtain more information, focus group discussions and in-depth interviews will be conducted with the Dean of Students, student mentors and student leaders. Both qualitative and quantitative data will be generated and hence both descriptive (mean, standard deviations, frequencies and percentages) and inferential statistics (t-test and analysis of covariance) will be used for data analysis and hypotheses testing. It is hoped that the results will provide important information to the Ministry of Education, National Campaign against Drugs Abuse (NACADA), university administration, faculty, counselors, and the student community. It will also benefit scholars, particularly those researching on alcohol and drug abuse in the institutions of higher learning.

INVESTIGATING THE HEALTH BEHAVIOUR–HEALTH LITERACY RELATIONSHIP THROUGH THE PRISM OF RESPONSIBILITY

Remo Ostini
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Good health is considered valuable and a circumstance to be sought after. There is a moral imperative associated with health: most obvious in the moralisation of behaviours such as smoking. Yet, even considering health more broadly, people are considered to be responsible for their health. If you are unwell, you should try to get better. If you are well, you should try to stay healthy. Being responsible for your health means that you ought to behave in ways that maintain or help you achieve health. Health literacy refers to the competencies required to be able to find, interpret and use health information in everyday life. Health literacy has been strongly and consistently linked to a number of health outcomes, including: mortality, health status, use of preventive health services, adherence to medication, and disease-related knowledge. Health literacy is therefore important to people’s health behaviours. Does this relationship imply that people should also be responsible for their health literacy? Given the nature of health literacy competencies it may be inappropriate to hold people responsible for their health literacy but not for something that has a strong influence on those behaviours? If so, is this because of some fundamental difference in the two concepts? Can people be responsible for behaviours but not for the causes of those behaviours? Or, should people not be held responsible for their health behaviours?
SELF-ESTEEM AND SUICIDAL TENDENCIES: A COMPARISON OF PSYCHIATRIC PATIENTS WITH HIGH AND LOW PERCEIVED SOCIAL SUPPORT
Muhammad Rizwan, Riaz Ahmad & Sobia Aftab
Institute of Clinical Psychology, University of Karachi, Pakistan
The objective of the present study was to investigate the difference in the level of self-esteem and suicidal tendencies between psychiatric patients with high and low perceived social support. After a detailed literature review, it was hypothesized that there would be a significant difference in the level of self-esteem and suicidal tendencies between psychiatric patients with high and low perceived social support. The sample of present study was consisted of 140 diagnosed psychiatric patients according to Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR; American Psychiatric Association, 2000) criteria, and were further divided into four sub-groups, including male and female patients of (a) Schizophrenia (n = 40); (b) Major Depressive Disorder (n = 40); (c) Obsessive Compulsive Disorder (n = 40); and (d) Opioid Dependence Disorder (n = 20). The age range of participants was 18–25 years (with the mean age of 22.14 years) and they belonged to middle socioeconomic status. Research measures employed were: Semi Structured Interview Form of Institute of Clinical Psychology, University of Karachi, Rosenberg Self-Esteem Scale (Rosenberg, 1965), Suicidal Probability Scale (Cull & Gill, 1982), and Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farley, 1988). Descriptive Statistics and t-test were employed to analyze the data in statistical terminology. Results indicate a significant difference in the level of self-esteem (t = -5.88, df = 125, p < 0.05) and suicidal tendencies (t = 8.92, df = 125, p < 0.05) between psychiatric patients with low and high perceived social support. These findings have implications for clinical interventions and these also suggest avenues for future research.

PRECONCEPTION CARE – WHO CARES? GPS’ EXPERIENCES OF DELIVERING PREVENTATIVE CARE TO WOMEN PLANNING THEIR PREGNANCY
Ingrid Rowlands
Queensland Institute of Medical Research, Australia
Providing care for women before pregnancy, namely preconception care (PCC), is a preventative health strategy that is important for optimising women’s health and wellbeing during pregnancy and subsequently the health of her future child. However, medical and social support practices favour the obviously pregnant woman and little attention is directed to women pre-pregnancy and in very early pregnancy. I interviewed 11 general practitioners (9 women; 2 men) about the advice, treatment and support that they would offer to a woman planning a pregnancy. Semi-structured interviews were conducted until saturation and transcribed data were subject to a thematic analysis. The GPs I interviewed were enthusiastic and very supportive of PCC, but it seems that the delivery of this care is currently limited by the health care system and to some extent, medicine itself. The lack of reimbursement available to women for pre-pregnancy services in general practice, the lack of clear guidelines for GPs for PCC, and the lack of public awareness of the availability of PCC are barriers for the delivery of this care. Current assumptions suggest that pre-pregnancy and early pregnancy should not be important periods for women, and that resources are best reserved for the later stages of pregnancy. However, prioritising “prepregnancy wellness” may give greater choice and empowerment for women in pregnancy, and ultimately optimise women’s lifetime reproductive health and wellbeing.
EXPERIENCES OF LIVING WITH VISIBLE DIFFERENCES OF THE MOUTH AND JAWS
Yvonne-Olivia Stocker, Andrew Thompson, Sarah Baker & Barry Gibson

University of Sheffield, UK

Orthognathic surgery is offered to change diagnosed malformations of the jaws. Surgery dramatically alters facial appearance yet very little is known about the patient experiences. This study aimed to explore these experiences of individuals from ethnic minority backgrounds and giving a patient voice. The narrative framework of holistic content analysis was applied. Recruitment took place in four different specialized dental clinics. In total seven semi-structured interviews were conducted and transcribed verbatim. In line with holistic content analysis a case study approach facilitated the emergence of themes at a descriptive level within the specific contexts. A secondary layer of analysis provided overarching themes facilitating accounts of shared experiences. Quality control was achieved by audit of the analysis process. The majority of participants described experiencing a “shocking” change in their sense of identity and described feeling utterly unprepared for this. Aspects of potential medicalization of differing appearances shone through in their discussion of the perceived necessity for surgery. Cultural values were indirectly evident with participants carefully locating their perceived need for surgery in relation to a desire to improve functionality as opposed to facial appearance. This is the first study to specifically in depth explore experiences of undergoing orthognathic surgery, ethnicity and identity. Further research is needed to provide insights into psychosocial factors relative to surgery. Additional research is required relative to factors of identity (re)negotiations as initiated by this procedure. This study clearly identifies the need to take account of ethnicity. Clinical implications will be discussed in relation to the findings.

DISCOURSES OF PATERNALISM AND NEO-LIBERALISM AROUND ‘LIFESTYLE ADVICE’ AS PART OF THE TREATMENT FOR RHEUMATOID ARTHRITIS
Gareth J. Treharne1, 2, Holly John2, 3, Elizabeth D. Hale2, Douglas Carroll3 & George D. Kitas2

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Clinical interactions between health professionals and individuals with chronic illness are a space of power that has recently been undergoing deconstruction. Our objective was to explore discourses and intersubjective processes that surround incorporation of ‘lifestyle advice’ into clinical care for rheumatoid arthritis (RA), a common chronic illness that has been shown to associate with increased risk of cardiovascular disease (CVD). Evidence has been published showing that tailored exercise interventions can reduce the impact of RA and may decrease RA patients’ risk of CVD, but little is known about how the provision of lifestyle advice is conceived by rheumatology health professionals or received by people with RA. Focus groups were held with 12 rheumatology health professionals in the UK to investigate conceptions of CVD risk and treatment for people with RA. One-on-one interviews were conducted with 18 British RA patients about CVD risk and treatment. Health professionals constructed lifestyle advice as something patients should ‘comply’ with whilst simultaneously emphasising patient autonomy and the neo-liberal conundrum of making the right choices. Patients’ daily decisions about ‘healthy’ lifestyles were framed by a discourse of priority as a balance between immediate suffering versus long-term self-management CVD risk. Autonomy was desired by participants with RA, but so were extrinsic motivators. The nature of autonomy in decisions following lifestyle advice is complicated by the co-existence of paternalism and neo-liberalism in discourses around healthcare choice. These discourses are co-constructed by patients, health professionals and health researchers, and require further investigation of their enactment in clinical interactions.
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<td>Ziersch</td>
<td>Anna</td>
<td><a href="mailto:anna.ziersch@flinders.edu.au">anna.ziersch@flinders.edu.au</a></td>
<td></td>
</tr>
</tbody>
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