



EDITORIAL

Welcome to the fourth issue of *Connected*. We perhaps should start with an attempt to explain and apologise for the protracted delay since the last issue. Instead we'll forge ahead in the spirit of Orwell's six rules of writing and focus on the message - why should you read this newsletter? Well, if you have been fortunate enough to attend an ISCHP conference in the past then reading about the Adelaide conference should evoke memories of the 'ISCHP conference experience' (unique, in our opinion). More importantly, these pieces should inspire and motivate you to join us at our next conference. Our 'critical health psychology across the globe' should stimulate your critical musing and facilitate your intellectual

growth. We were reminded of the time when we serendipitously 'found' critical health psychology; the feeling that we had come home. Our journey was exciting and beguiling, overwhelming, bewildering and slightly scary. Why? Because we knew that delving into the complexity meant mess; a lot of sticky work that doesn't jell well with the ease of compartmentalisation. So sharing the messy work between ourselves is necessary, and the contents of this newsletter helps us to connect with this task and demonstrates that we continue to move forward in a multiplicity of ways. We hope you enjoy reading it!

Tria & Adam

ISCHP COMES TO AUSTRALIA: REPORT OF THE 7TH BIENNIAL CONFERENCE, ADELAIDE, 2011

On the 18-20th of April, 2011, ISCHP's 7th Biennial Conference was held 'down under' in Adelaide, South Australia. Under blue skies, approximately 150 participants from around 12 different countries gathered to exchange ideas, debate, network, and socialise!

This was the first time ISCHP has been held in Australia and, as well as there being more Australian participants than ever before, there was a strong focus in the content of the conference on indigenous issues. Although not unique to the Australian context, the social and health inequities between indigenous and non-indigenous Australians are marked and of serious concern to critical health psychologists. Professor Pat Dudgeon's keynote address spoke directly to this issue, challenging us by demonstrating the ongoing racism and disadvantage faced by indigenous people in Australia. This keynote was a highlight of the conference for me, and it prompted some strong responses amongst the audience. I recommend Karlo Mila's reflection, "Look into racism and you will find race privilege", written just after the conference.

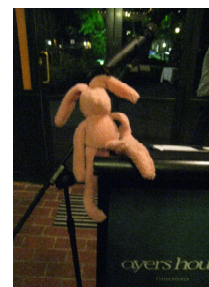
In order to maintain the dialogue and discomfort resulting from Pat's keynote address, our ISCHP chair, Wendy Stainton Rogers, initiated the 'Fluffy Bunny' prize, to be awarded at each ISCHP conference to the speaker who most challenges, disrupts and confronts us and our views of the world. I am pleased to say that Pat Dudgeon was the first recipient of this award!

We were also incredibly honoured to welcome our two other Australasian keynote speakers, Associate Professor Rosemary Du Plessis and Professor Raewyn Connell, as well as a wonderful group of workshop presenters: Neil Drew; Darrin Hodgetts; Mohi Rua; Shiloh Groot; Pat Dudgeon; Yvonne Clark; Alexa Hepburn; Jonathan Potter; and Barbara Schneider. Our keynote addresses and workshops were a real strength of the conference and we were very lucky to have such high calibre presenters.

In planning ISCHP 2011, there was a real effort to include a range of different presentation formats, and we received really positive feedback on this aspect of the conference. We kicked off, and finished, the conference with a 5MC session (five minute challenge), in which a number of speakers were asked to speak on the topics of 'Furthering critical health psychology', and 'Where I'd like to see critical health psychology in 2 years from now'.



"Although not unique to the Australian context, the social and health inequalities between indigenous Australians are marked and of serious concern to critical health psychologists."



LEFT: The 'Fluffy bunny' award, RIGHT: ISCHP delegates having a well-earned drink

We were also very lucky to be treated to a moving poetry reading by Karlo Mila (mentioned above), and a play titled "Diagnosis" brilliantly performed by Helen Madden and Kathryn McGuigan. A highlight of the conference was definitely the pecha kucha session – we were blown away by the fantastic presentations and hope to see this continue in future conferences.

The conference, as always, also had a strong focus on social events and aimed to create a welcoming and supportive atmosphere for postgraduates, early career researchers and those new to ISCHP. I was especially pleased to see the extent of the interdisciplinarity at the conference, with a really strong representation of scholars from a whole range of disciplines outside of psychology

(e.g., anthropology, sociology, gender studies, nursing, public health) with whom there was (and continues to be) great opportunity for dialogue and learning. Sincere thanks to everyone involved in the behind-the-scenes work of the conference, especially Martha Augoustinos, Damien Riggs and our fantastic team of helpers in Adelaide, as well as Wendy Stainton Rogers, Kerry Chamberlain, and all of the wonderful Conference Planning Committee. And, of course, thank you to all of you who attended and made the conference a success!

I'm looking forward to Bradford in 2013!!!

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DELEGATE'S REFLECTION ON THE 2011 CONFERENCE

When thinking about the 7th Biennial Conference of the International Society of Critical Health Psychology, the memories of hospitality emerge first and foremost. Shona and many others emanated positive energy and genuine engagement with the attendees and the numerous various aspects of running a conference. This positive energy was the foundation on which the conference took place and so when I think of the gathering and of Adelaide, I think of engaging talks, predominantly respectful conversations, poetry, pechakucha, laughter, and very good champagne.

Aside of the ubiquitous hospitality, I see connections among ISCHP, the Occupy movement, and the public mourning for Vaclav Havel (the now deceased ex-president of Czechoslovakia and the Czech Republic). I was affected, challenged, and inspired by these three events in 2011. They overlap in their emphasis on the acknowledgment of alternatives that are, in turn, connected to diversity of voices and social and environmental justice. With respect to ISCHP, I was quite perceptive to what this conference and its critical and qualitative foci evoked. My graduate training and research interests have been, until recently, situated within the field of experimental social psychology. It is about two years ago that I became systematically engaged in qualitatively oriented research and, as such, this was the first qualitative conference that I presented at. Similarly to the Occupy movement and the public persona of Vaclav Havel, I appreciated the persistent attention to the diversity of human experience, to the fluidity of such experiences, their construction, understandings, and interpretations. I especially liked the unabashed consideration of how these experiences are unique and resistant to particular pre-existing categorizations. One major difference

that I noticed between this conference and the many quantitatively oriented conferences that I have attended was the relative absence of competitiveness and striving for one common (possibly objective) language at ISCHP. Perhaps the fairly non-mainstream (i.e., out-there☺) status of qualitative or critical psychology, at least in some sections of the academia and elsewhere, allows for creativity and space regarding the examination of the unwieldy scope of human experience. However, I also think that each approach, be it qualitative or quantitative, has a potential to contribute to our conversations and understandings of human experience. Rather, it is the critical aspect of ISCHP that resonated personally and professionally and was stirred again during the Occupy and then in December when thinking about what Vaclav Havel's writings mean.

So when reflecting on ISCHP, I am grateful for the opportunity to partake in the various discussions and interpretations of what it is to be a human creature. I am also grateful that I was able to dip my feet in this personally fairly new area of probing and examination in an atmosphere that was embracing, engaging, diverse, and fun.

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"I appreciated the persistent attention to the diversity of human experience, to the fluidity of such experiences, their construction, understandings, and interpretations."

THE ROLE OF DISCOURSE ANALYSIS IN CRITICAL HEALTH PSYCHOLOGY

In most of my work I have used discursive psychology (DP; Potter, 2010)¹. DP shares critical health psychology's (CHP) critique of positivistic, cognitive and individualistic approaches in psychology. It enables the examination of suffering in context, as CHP calls for (Murray & Campbell, 2003). CHP mainly focuses on how the wider social, economic and political context affects well-being and social justice. DP can demonstrate how the proximate context of social interactions matters too (McVittie, 2006). It can illuminate how social inequalities and power differentials are interpreted, played out or resisted at the micro-level of everyday or institutional interactions (McVittie, 2006). Furthermore, DP studies demonstrate that when people discuss their (ill) health, they address certain interpersonal concerns, such as avoiding responsibility for illness or the attribution of problematic identities (e.g. being a malinger; Guise et al., 2007). By identifying interpersonal issues at stake, DP uncovers additional aspects of suffering.



DP can meet CHP's call to shift from critique to action (Murray & Campbell, 2003). For instance, I have used DP to examine a neglected sexual and reproductive health issue in Malawi: infertility. I examined how men and women with a fertility problem, practitioners and relatives of those with fertility problems talk about infertility, its causes, consequences and solutions and how their descriptions perform social, interpersonal functions. For instance, respondents constructed polygamy and having affairs as normal, 'automatic', and culturally required responses to infertility. Such constructions diminish personal accountability and are likely to facilitate these responses (de Kok, 2009). One should be cautious in assessing practices such as polygamy from a western perspective. However, there may be health consequences: unprotected sex with multiple partners increases the risk of STIs, including HIV. Additionally, polygamy or affairs may affect the psychological well-being of the women who are being 'replaced' and risk losing their husband's social and economic support. Thus, the identified discursive practices appear to contribute to gender inequality and seem disempowering for men (by minimizing their personal choice) and especially women, by facilitating male behaviours which increases their physical, socio-economic, and mental vulnerability.

These insights could inform interventions in Malawi, aimed at enabling communities to challenge constructions of 'culture' as a force which makes people 'automatically' behave in certain ways. In (radio) plays or discussion groups, accounts of polygamy and affairs could be presented, followed by discussion of their disempowering effects and of alternative constructions which frame *not* engaging in extramarital affairs and polygamy as reasonable and highlight people's agency. Such interventions chime with Freire's (1972) approach of critical consciousness

raising, aimed at increasing communities' understanding of how *social* conditions affect well-being.

DP's micro-analysis of discursive strategies does not prevent it from contributing to bigger questions of social justice or the development of interventions aimed at increasing well-being. DP's geographical scope could be expanded. Often, people assume that I am an anthropologist when they hear about my work. Traditionally, western psychologists have left the academic study of low income settings to anthropologists. However, as (Murray & Campbell, 2003, p. 234) have argued, 'being critical' entails addressing injustice and siding with 'the oppressed and disenfranchised'. Thus, critical psychologists, including discursive psychologists, should not ignore¹ low-income settings, where rates of poverty and illness are high.

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Notes

1. This article is largely a summary of my chapter in the recently published book: C. Horrocks and S. Johnstone (eds). (2012). *Advances in Health Psychology: Critical Approaches*. Hampshire: Palgrave MacMillan.

2. There is a relatively strong tradition of critical psychology in some middle income countries in Latin America and in South Africa. However, few DP studies have been conducted in this part of the world. For exceptions see e.g. work by Jennifer Watermeyer (University of Witwatersrand) and Kevin Durrheim (University of Kwazul Natal).

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"Often, people assume I am an anthropologist when they hear about my work. Traditionally, western psychologists have left the academic study of low income setting to anthropologists. However [...] 'being critical' entail addressing injustice and siding with 'the oppressed and disenfranchised' (Murray & Campbell, 2003, p.234)."

ON HIS TERMS: REPRESENTATIONS OF SEXUALITY IN WOMEN'S MAGAZINES AND THE IMPLICATIONS FOR NEGOTIATING SAFE SEX

This study examines the ways in which sex and sexuality are represented in two popular Australian women's magazines (Cleo and Cosmopolitan). We conducted an interpretive thematic analysis of 106 articles from 12 recent magazine issues, with a focus on the extent to which the constructions of sex and sexuality supported or undermined women's sexual safety.

Qualitative thematic analysis of written content produced one main theme – *hetero monogamy* – and six subsidiary themes. The overriding theme was predicated on the assumption that being in a monogamous heterosexual relationship was essential for every woman's happiness, and that the primary function of sex was to achieve and maintain this state.

Five subsidiary themes, labelled *gender differences*, *great sex*, *reaching orgasm*, *appearance* and *single women*, reinforced the message that sex was fundamentally for male pleasure and that, for women, sex was work and required instruction. Throughout these sub-themes, the focus was relentlessly male-centred. Women were instructed in how to look, dress, think and feel in order to provide men with satisfying sex. Almost no attention was paid to women's sexual agency, choice or preferences;

female sexual pleasure was presented as less important than men's, and female orgasm as 'naturally' difficult to achieve. Thus, sex for women was reduced to a performative act, done for the benefit of a man, and any sense of women's sexual agency or desire was undermined.

The final theme, *sexual health*, revealed an alarming absence of information on safe sex, with only two articles in the entire 12 magazines focusing on STIs and condom use. Even these articles failed to provide the reader with advice or guidance on how to negotiate safe sex, instead referring to it as an 'awkward conversation'. An article entitled '*Sex without condoms: The new engagement ring?*' illustrates how not using condoms was positioned as normative and desirable, and a sign of trust and commitment.

Notable by their absence were any talk about women's sexual agency or sexual desire; non-judgemental representations of non-monogamous sex; and any mention of non-heterosexual sex. The positioning of sex in these magazines is highly problematic, encouraging unsafe sex and undermining women's ability to negotiate safe and pleasurable sexual activities on their own terms.

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"Notable by their absence were any talk about women's sexual agency or sexual desire."

THE IDENTITY IMPLICATIONS OF SELF-MANAGEMENT PROGRAMMES IN MENTAL HEALTH

Wellness Recovery Action Planning (WRAP) is a self-management programme for people living with mental illnesses that has been enormously successful around the world. It was developed by service users, and has the value of self-determination at its heart. It's now being picked up and taught by the wider mental health sector. I went on a WRAP course as a mental health consumer, and was intrigued by the implications of its self-management process for users' felt identities. It seemed this programme, which was premised on hope, equality and self-determination, might instead create a sense of inadequacy – a deficit identity. I started talking my concerns through with Lynere Wilson, a psychiatric nurse who was at that time managing a small mental health NGO and teaching WRAP. Our 2011 paper, 'Valued identities and deficit identities: Wellness Recovery Action Planning and self-management in mental health', *Nursing Inquiry* 18(1): 40-49 was the result.

Key to our analysis is that WRAP, and other self-management programmes, require active self-monitoring within an individualised process that can create a sense of 'being at risk'. In this way, it fits well with neoliberal discourses that responsabilise health consumers to maintain their own health through reflexive processes of self-improvement. An intensely focused 'health lifestyle' is needed to make self-management programmes work in mental health. Monitoring one's thoughts and feelings, engaging in stress reduction, planning ahead, and other lifestyle changes are required. As a mental health service user, one steps out of the stigmatised identity of being seen as 'a risk', by treating oneself as always 'at risk'; people experiencing mental distress can re-enter the moral community by becoming hyper-responsibilised in regards to their own mental states.

While WRAP works beautifully for some people, others experience a failure to manage its demands, and can be left with a resulting deficit identity.

"We argue that social patterns structure who succeeds with self management programmes like WRAP, and who finds they may not work for them. A reflexive health habitus requires some 'distance from necessity', to use Bourdieu's concept."



They are seen as inadequate and irresponsible, and indeed may see themselves in that way. We argue that social patterns structure who succeeds with self management programmes like WRAP, and who finds they may not work for them. A reflexive health habitus requires some 'distance from necessity', to use Bourdieu's concept. Thus, middle-class people in comfortable circumstances may be more likely to possess the necessary time, resources and habitus to make a self-management programme work for them, than those who are living in more marginal circumstances. The expectation that everybody who 'tries' can succeed with self-management can thus be destructive to people living on the breadline, as are many mental health service users.

This piece of research has some wider implications, given the widespread uptake of 'expert patient' programmes around the world. While these can be exceptionally empowering, they also have the capacity to be destructive in their implications for identity. An awareness of these issues by practitioners would be beneficial to all concerned.

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LOOKING BACK AT ANTIPSYCHIATRY IN POLISH CONTEXT



Mental health problems are a growing issue in modern (or postmodern) societies. This seems to be particularly the case for Poland, where after the painful transition from the so called communist centrally-planned economics to the so called free market economics, many people suffer from social exclusion, insecurity and poverty. Perhaps this fact can be accounted for the dramatic rise of diagnosed "mental illnesses" in Poland in the last 20 years. The prevalence of a biological model of understanding and treating these problems puts even more responsibility and guilt on the already vulnerable individual. Despite the fact that Cracow, where I study, has a long tradition of a more humane approach to "mentally ill" (of which Polish psychiatrist Antoni Kępiński, who was a prisoner in a Nazi concentration camp and strongly opposed against turning mental hospitals into structures of a somehow similar nature was a pioneer) there still seems to be a lack of a wider social perspective when it comes to questions of mental health.

As a Ph.D. student at the Jagiellonian University, I decided to look back at the phenomenon of antipsychiatry, which is not widely known in Poland and usually disregarded by mental health professionals. Basically, my question is that: can we still learn from antipsychiatry? Are the ideas of Goffman, Foucault, Szasz, Laing, Basaglia, Cooper, Scheff, Mosher and others still relevant?

Currently the voices of those calling for a shift of paradigms in psychiatry and the need of a more holistic approach to mental health problems become louder worldwide, the biological model and ubiquitous pharmacotherapy is being questioned by more and more scholars and professionals. This is something of which some individuals in Polish academic circles are aware of, still most professionals do not even dare to doubt in solely biological origins of many "mental diseases". Underfunding of even those "traditionally" oriented psychiatric units is also a problem and not many people can afford any form of a "talking therapy", and there is a long waiting list for those funded by state insurance.

There is a growing number of studies showing long-term harms associated with the use of psychiatric medications or their ineffectiveness. It may be useful to analyze what the so called "antipsychiatrists" proposed in terms of treatment, which was mainly of a psychological or psychotherapeutic nature. It is important to listen to the voices of psychiatric survivors, perhaps through the use of qualitative studies and include their perspective in the process of treatment. It seems that it is necessary to try to avoid the power imbalance between professionals and patients. It also seems that more tolerance for the sometimes bumpy individual paths of psychological and spiritual growth is of a crucial importance for all of us.

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"The prevalence of a biological model of understanding and treating these problems puts even more responsibility and guilt on the already vulnerable individual."

DISCORDANCE, DIFFERENCE AND RESILIENCE: MANAGING HIV IN RELATIONSHIPS

In late 2011 the Sigma Research group (of which I am a part) published findings from the *Plus One* study, which explored HIV sero-discordant relationships (i.e. Where one person has HIV and the other does not) among black African people living in England. This was a large qualitative study with 60 participants drawn from across the country who had experience of this kind of relationship, either presently or in the recent past. Drawing on the principles of community based social research, we worked with a number of HIV charities to design the study, focus our enquiry, recruit participants and frame our thinking in terms of critical analysis of the resulting data.

While a sizeable number of people we interviewed were having happy fulfilling and productive relationships, including sex they were comfortable with, this was not the reality for a great many people, especially women as well as those partners with diagnosed HIV. The findings were often stark; painting a detailed picture of perpetuating HIV related stigma, social isolation and significant gaps in health and social care provision for members of these communities.

For more information about the project, and to download the community reports (as well as audio clips about the key findings), see: <http://kwp.org.uk/planning/plusone>

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WENDY STANTON ROGERS – THE CHAIR OF THE SOCIETY

“This is psychology, but not as we know it!” for me just about summed up our last ISCHP conference in Adelaide. It was said by a sociologist, with a big, approving grin, as we left the auditorium for the last time, at the end of the conference. It was brilliant – academically, socially, but most of all in its welcome to and nurturing of delegates from an enormous diversity of roles and disciplines, and, especially, stages in their careers. Three cheers, and a very big “thank you” to Shona Crabb and her team, who pulled it off so magnificently.

Now we have a new, equally talented and dedicated team working hard and creatively to make the Bradford conference (July 22nd - 24th) just as exciting, challenging and well organised as Adelaide – if not better! The conference organising committee is co-chaired by Sally Johnson (Bradford University) and Christine Horrocks (Manchester Metropolitan University) and is being sustained by a consortium of four universities in the north west of England, including Leeds Metropolitan and Huddersfield Universities. I like to call that part of the country the *Rochdale Rhombus*, where the gold of critical psychology shines bright. It's rather like the Bermuda Triangle, only it's a place where incredibly good things happen, rather than incredibly bad.

The bounty of ISCHP 2013 will include: installations, pecha kutchi, 5-minute challenges, ‘in conversation with...’ sessions, an ISCHP ‘fluffy

bunny award ceremony’ (and maybe even clog-dancing!) and – an innovation, a public lecture. Never fear, we will also do the usual keynote lectures, symposia, as well as paper and poster sessions. Like Adelaide, we plan to create a good mix between serious and purposeful academic presentations and debate, chances to network with each other in pleasant settings, and lots of opportunities for fun and all manner of indulgence – from ‘Wuthering Heights’ to Bradford curry houses; from Manchester Media City nightlife to the posh Victorian Quarter Leeds.

And that's not all. As well as all that diligent working on the conference, we now have a working ISCHP website: <http://ischp.net/>, and, our very own Facebook page:

<http://www.facebook.com/ISCHPsychology> .

We do hope you will be able to come and join in.

We are setting up a bursary scheme for postgraduate students, organising affordable accommodation and doing our best to make it as accessible as possible. We promise you will be made really welcome. I do hope I'll see you there.

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IF YOU'RE INTERESTED IN WRITING A PIECE FOR *CONNECTED* WE WOULD LOVE TO HEAR FROM YOU. PLEASE SPEAK TO EITHER ADAM OR TRIA USING THE CONTACT DETAILS OPPOSITE

AN INTERVIEW WITH DAMIEN RIGGS – SENIOR LECTURER AT FLINDERS UNIVERSITY, AUSTRALIA

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

I had originally trained as a chef but soon found the hours unbearable and the people not much better. A friend suggested that I was good at listening and should do psychology, so I did! Unfortunately my undergraduate degree felt like it had nothing to do with listening and everything to do with cognitive approaches to neuropsychology, which left me very disillusioned. Thankfully I also studied Women's Studies and Sociology, and planned to do an honours in the former. Again unfortunately, it eventuated that this was not possible so I ended up doing an honours and then a PhD in psychology - sometimes the path of least resistance is easiest. Fortunately I was able to study with some great critical thinkers, such as Dr Jane Selby and Prof Martha Augoustinos, and both my honours and PhD projects focused on the critical psychology of racism. Since then I have come full circle, and now in addition to teaching in Social Work I also practice as a family and relationships counsellors and am now back to study again as part of my training to become a psychoanalyst.

How has your research developed over the years?

I think the biggest development in my research has been a shift from mainly undertaking theoretical analyses and discursive analyses of texts, to now also undertaking quantitative studies and other qualitative studies that are somewhat more realist in their nature. I think my journey into psychology was one where I was first indoctrinated into a particular method and then had to unlearn that, which meant I think I went right to the other end of the scale in terms of being anti-empirical research. Now, again I think I have come full circle and I enjoy not just empirical research, but also aspects of the knowledge claims that can be made from quantitative research. The research I do is still on 'critical' topics (e.g., the experiences of refugee and migrant students in Australia; the experiences of known sperm donors), but I have come to realise that there are a myriad of ways to answer any question and that sometimes we need to be strategic in the research methods we employ.



"The research I do is still on 'critical' topics [...] but I have come to realise that there are a myriad of ways to answer any question and that sometimes we need to be strategic in the research methods we employ."

How do you see your future critical developments?

A big part of me is yearning for some free time when I can actually return to theorising and just thinking rather than having to then connect that to data (of course as I write this I realise the repetitions in my narrative - thankfully psychoanalysis is all about the repetitions so this is heartening, rather than concerning per se!) In addition to wanting more time to theorise (about gender, sexuality and race specifically), I would also like to continue my pathway towards really connecting my research findings to practical outcomes.

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

At the moment I am working on a new project on foster care, and am trying to wrap up work on the educational experiences of lesbian mothers. Findings from the foster care project are a way off but the findings from the lesbian mothers study are just starting to be written up now. I also have a pipe dream of putting together a collection of thoughts on psychoanalysis and sexuality at some stage, though that would require me having some more spare time! Of my own work that is already out to read, I really enjoyed writing *'What about the Children! Masculinities, Sexualities and Hegemony'* (Cambridge Scholars Press, 2010, as it allowed me the opportunity to bring together quite a diverse set of projects and ideas to say something in the one place about children and parents and the possessive investments that the latter often have in the former. I put the book together over a very hot Australian summer at the end of 2009, and whilst I still do wish I had spent more of that summer holidaying with my children, I was very pleased with how it came together.

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

Despite my more recent issues with Michelle Crossley in terms of her account of gay men and barebacking published in the BJSP, I would still always recommend her text *'Rethinking Health Psychology'*. More recently, I have been really taken by the work of those in social anthropology who are seeking to offer a critical take on health issues. For example, Charis Thomson's excellent text, *'Making Parents'* & Megan Warin's new book *'Abject Relations: Everyday Worlds of Anorexia'*.

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CALL FOR PAPERS - 2013 CONFERENCE OF THE INTERNATIONAL SOCIETY OF CRITICAL HEALTH PSYCHOLOGY

We are excited to remind you that our 8th Biennial Conference will be held in Bradford, United Kingdom, from July 22nd-24th 2013! The ISCHP conference provides a vibrant opportunity for health psychologists and scholars from related disciplines to explore ongoing and emerging issues in critical theory and practice in relation to health and health care. Attendance is therefore welcomed from scholars in any discipline with a critical orientation to the field of health. The conference also particularly welcomes and encourages students and emerging researchers.

We include presentations on any topic or theme that takes a critical stance on any aspect of health or health care. At the same time, we have broadly organised the 2013 conference around four key themes:

- Health in places and times of austerity
- The impact of critical health psychology
- Shifting boundaries and health
- Community action and health

We look forward to keynote presentations by Professor Catherine Campbell (London School of Economics), Professor Dan Goodley (University of Sheffield) and Dr Katherine Runswick Cole (Manchester Metropolitan University).

CONFERENCE SUBMISSIONS

Submissions are invited in a variety of formats:

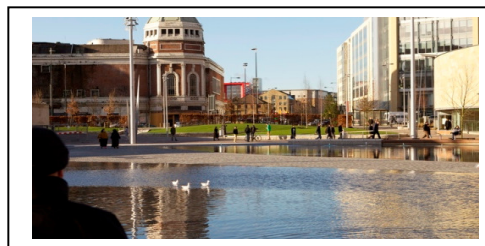
Individual presentations: presentations scheduled for 15 mins, plus 5 mins questions

Symposia: A set of papers linked by a common theme. For presentations of 15 mins, plus 5 mins for questions and an additional 10 mins for general discussion

Pecha Kucha: Verbal presentations made using 20 slides containing only an image, presented for 20 seconds each, giving a total talking time of 6 minutes 40 seconds

Five minute challenge: Verbal presentations made using a maximum of five slides, which should contain only images, with presentations limited to five minutes in total

Posters: Static presentation of textual or graphical information. Maximum of 1.1m high and 1m wide



Bradford is located in picturesque Yorkshire and is home to many popular tourist destinations, including the National Media Museum and the nearby village of Haworth, site of the Bronte Parsonage museum. Bradford is also famous in the UK for its curry restaurants and international cuisine. The city is only a short train ride from Leeds, which has a thriving shopping centre and a range of theatres, cinemas and galleries.

The organising committee for the 8th Biennial Conference of ISCHP is made up of a consortium Universities in the North of England as well as members of the Executive Committee of the ISCHP. The consortium includes:

- The University of Bradford
- The University of Huddersfield
- Leeds Metropolitan University
- Manchester Metropolitan University

The deadline for submissions to the conference is Friday 8th March 2013 Contact ISCHP2013@bradford.ac.uk

[HTTP://WWW.BRADFORD.AC.UK/SSIS/ISCHP/](http://www.bradford.ac.uk/ssis/ischp/)