

CONNECTED

The Newsletter For The International Society of Critical Health Psychology

Vol. 2 Issue 1—March 2014

Editorial



Glen Jankowski

Welcome to the February 2014 edition of Connected. This issue brings a new look for the newsletter, along with new editors. We would like to thank the previous editors of Connected, Adam Bourne and Tria Moore, for all their hard work—they kindly passed us the baton at the ISCHP conference in summer 2013, and we feel like we have big shoes to fill!



Jess Lowndes

This issue focuses on the ISCHP 2013 conference, taking our research to the streets, and some recent good news from the ISCHP mailing list.

Remember, this is your newsletter—please do feel free to contact us and submit pieces!

Glen Jankowski, Leeds Metropolitan University, UK
Jessica Lowndes, Leeds Metropolitan University, UK



Rhodes University— Home of the ISCHP Conference 2015

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Thoughts from ISCHP 2013



Devina Lister

As an ISCHP conference newbie I ventured toward Bradford University one summer morning in June with some trepidation. Some of the delegates in attendance had inspired my decision to become a critical health psychologist, and the opportunity to hear them speak was very exciting.

Over the three days my expectations were surpassed. Not only did the more “well known” ISCHP jewels in our crown deliver great talks, all presentations were of exceptional quality. It was refreshing to be part of something where the atmosphere was “buzzing” throughout. During the plentiful breaks and social activities there were ample opportunities to network and get to know others that had come along.

In my opinion, what was particularly striking about the conference was how delegates were welcomed into the ISCHP fold whose interests fell across the health/illness research spectrum. Alongside the range of topics discussed during the presentations, this illustrated well the highly interdisciplinary nature of critical health psychology. I met a number of people from non-academic backgrounds, as well as researchers at different stages of their careers. My experience of the conference was one of breaking down barriers to open up new and exciting conversations about important cultural and political health issues.

The talks I attended whet my appetite to learn more about research areas I learned about during the conference. For example, the first seminar session I attended included a fascinating talk by Christina Lee. She discussed the “taboo” topic of labioplasty, which was just one of the many examples of ISCHP research that pushed the boundaries of health research. The novel multimodal qualitative analyses applied in the project (a criti-

cal discourse analysis in this case), was another exciting methodology showcased at the conference.

If only it were possible to attend all the talks. Alongside myself other delegates tweeted about the presentations they attended, which gave a little taster of each. In spite of the packed schedule it was still possible to learn more about others’ research whether during the breaks or liaising post-conference.

My only regret was being unable to attend the evening activities. Those able to go along told me that Monday’s “Cancer Stories” was deserving of high praise, and at the Tuesday evening do much fun was had by all.

As a member of the local conference organising team, I knew a fantastic programme had been prepared and it did not disappoint. I feel very lucky to have had the opportunity to attend the ISCHP bi-annual event so early into my research career, and it was an honour to play a small part in its delivery. I hope to go along in the future and wish the next committee the best of luck with organising another ISCHP conference extravaganza.

Devina Lister
PhD Student, Manchester Metropolitan
University

Thoughts from ISCHP 2013

I thoroughly enjoyed my attendance at the ISCHP in summer 2013; the conference had a very open and friendly atmosphere, and the weather was glorious. There was some curiosity as to my attendance, given my background in behavioural neuropsychopharmacology, but nevertheless, it was a fantastic opportunity to catch up with friends, new and old and attend a really varied programme of informative talks and symposia.

Currently much of quantitative health psychology is assumption-packed, and value-laden, particularly in the realms of health – but I don't need to tell you that! "Can quantitative psychology ever be critical?" is a question I have been asked to consider. The answer is – in principle - I don't see why not – at the very least it can become *more* critical.

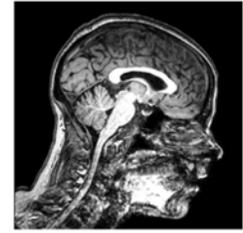
Criticality (of traditional psychology, but also in the form of reflexive analysis, or similar) is thoroughly embedded within qualitative research methods training in a way that is typically absent in quantitative research methods training. In part, this is owing to the separation of teaching 'the critical bits' (often delivered through historical/perspectives/context based modules) from the 'practical bits', delivered through quantitative research methods. Quantitative research methods teaching at year one and year two almost never critiques the broader context and structures from which the research emerges – mainly because this broader critique, by convention, would have no place within the resulting laboratory report. Whether or not such conventions remain in place, quantitative research methods training ought to be situated more clearly within a critically reflective framework. Simple methodological choices, such as avoiding terms such dysfunction and impairment, especially when all that is meant is 'different to a particular comparison group'

can also help.

On the other hand, it would be a mistake to assume that quantitative researchers are wholly uncritical and/or unenlightened. One of the things that I found interesting at the conference was the demonising (by a number of different presenters) of quantitative researchers, biological psychologists and psychiatrists. It seemed ironic that these 'out-groups' were caricatured in such a taken-for-granted and dehumanising way at a conference that I thought would be occupying the moral high-ground in this regard! Still, I was interested rather than offended - (incidentally, I have never experienced comparable caricaturing of qualitative researchers at the conferences I usually attend) – and this observation of disciplinary division brings me nicely to my final, but slightly more serious point.

One speech which appeared to capture the imagination of the conference audience came from Dr Sarah Seymour-Smith, who called for researchers in the field to cease their methodological squabbling and to commit to rigour and to unity at a time where the field may be threatened by, for example, unexpectedly low grading of some qualitative work in the context of REF. Critical health psychology is therefore already considering the effect of divisions within itself. However, it might also be useful for us all to consider whether the divisions between critical health psychology and other disciplines are helpful - greater interdisciplinary understanding and collective commitment to, and recognition of rigour, whether that be qualitative or quantitative, should surely benefit us all.

Rachel Horsley



Rachel Horsley
(This is a genuine picture!)

Announcement: New Book Series

We would like to announce a new book series, Critical Approaches to Health. We will act as editors for the series which will be published by Routledge and aims to present critical, inter-disciplinary books around psychological, social and cultural issues related to health. Each volume in the series will provide a critical approach to a particular issue or important topic, and have interest and relevance for students and practitioners across the social sciences. The series will be a standard Routledge series, fitting amongst their other series with critical perspectives, including Critical Studies in Health and Society (<http://www.routledge.com/books/series/CSHS/>), Critical Approaches to Law (<http://www.routledge.com/books/series/CAV10/>) and Concepts for Critical Psychology (<http://www.psypress.com/series/critical-psychology/forthcoming/>).

After discussions with the ISCHP Executive Committee, it has been agreed that the series will be published in association with ISCHP and each book and associated publicity will include the statement "The Critical Approaches to Health series is published in association with the International Society for Critical Health Psychology." The association with the series will benefit the Society by being an activity that meets the Society's aims, and by having the Society associated with an important series of critical health texts (many of which we hope will be authored by Society members) published by an internationally recognised publisher. The advantage to Routledge is that the books could be advertised around the Society, and the series will gain prestige from its association with ISCHP. In actuality, Routledge, not us, suggested the association. At the suggestion of the Executive Committee, Routledge have also agreed that ISCHP members will be able to purchase copies of books in the series at a 20% dis-

count. These arrangements have now been finalised between ISCHP and Routledge.

We think this is an exciting development for the Society, and we think it fits well with the Society's aims and objectives, as well as providing some great opportunities for Society members.

As series editors, we are keen to hear from ISCHP members with any suggestions you may have for books within the series. Over the next 4 years our goal is to produce 3-4 books per year. We welcome ideas for topics that could be pursued, along with suggestions for authors who might be persuaded to write them (note that edited texts do not fit within the series brief). Equally, we welcome ideas for a specific book that you might personally author. The series specification requires books to be authored by no more than two people. In accordance with ISCHP principles, we particularly value suggestions where an experienced researcher/author would work with an emerging researcher to provide mentoring and career development opportunities. Feel free to send us any suggestions you have, either now or in the future.

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Softening The Fuck Up

Taking to the Streets

Several years ago now, I was fortunate enough to have been tweeting about my research at the right time to get in touch with my fellow co-founders of Spur Projects. Engaging in research in norms of masculinity and mental health (as with many pursuits of Critical Health Psychology) can be challenging at times – particularly when solutions to our problems seem at once obvious and unachievable. Spur was a good fit for my own values – both Spur and I believe that we can create change, that there is no such thing as a typical male, that men have the capacity to take control of their mental health and seek help when needed, and that society needs to change to break down barriers to mental health help-seeking. Engaging with Spur gave me the ability to take my research to the streets and to empower myself to do something about the problems I had long been critiquing.

Our first campaign brand, Soften the Fck Up, has continued to raise awareness of issues of men's mental health for more than 2 years. Our message is purposefully provocative, and we release 2 video campaigns under the Soften the Fck Up label each year. We want to encourage people to listen when their friends or contacts bring up emotional conversations. Instead of responding with the stereotypical 'Harden the fuck up, Princess', we want people to soften the fuck up, listen to those in need, and respond constructively.

How Critical?

As critical health psychologists, a challenge that faces us when we take our research to the streets is whether we are being too critical, or not critical enough. A particular challenge with Soften the Fck Up is how to have an impact without reproducing stereotypical norms of masculinity. We try to be careful with this in each campaign, and I know I'm lucky to have found an organisation that has the same values.



In taking 'our' research out 'there' and doing something practical with it, I've come to understand that sometimes it's ok to take small critical steps. I do this in the hopes that these evolve to much larger steps with time and continued action. Having an external organisation that shares and supports your values is invaluable in helping you make these steps and bringing about change.

Next Steps

Spur has big plans for next year. We have recently taken some time to re-energise, re-invigorate, and re-strategise ourselves and our message. Keep an eye on our webpage (<http://softenthefuckup.com.au/>) for details.



Brett Scholz

Brett Scholz
Spur Projects, and University of Canberra, Australia

Taking It To The Streets



Michelle N. Lafrance

The time is ripe for Critical Health Psychology. The widespread critique that erupted in response to the release of the DSM5, public skepticism of Big pharma, and increasing resistance to the individualization and pathologization of health and illness experiences are just three examples of the degree to which CHP resonates with people. We have developed important ideas within the discipline, and I believe that the next step is to circulate them broadly. Here are two examples of how this is being done:

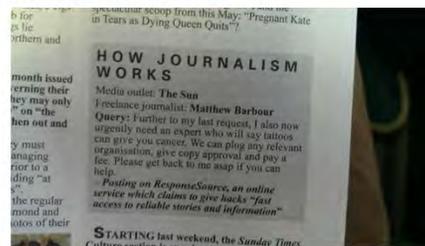
1. *Arts based activism – we need to make our work engaging.* For instance, Michael Murray's and Kerry Chamberlain's work has shown how theatre can be a welcoming and potent form of dissemination. The work of Carla Gunn, an environmental psychologist, and activist is similarly notable. Her award-winning novel *Amphibian* is about a 9 year old boy, Phineas, who clearly sees the environmental crisis as it exists. He is diagnosed with 'eco-anxiety' by his unsympathetic psychologist, but it is clear that it is the adults who are deluded. Woven through with sharp humor and tender sadness, this story gets under your skin in ways that research papers, lectures, and petitions cannot. As such, it is a powerful means of circulating critical and challenging ideas.



Hilarious email from Sun journalist asking for an "expert" who will say tattoos cause cancer. RT

@YourLocalGP:
pic.twitter.com/R0y4Junms9

Reply Retweet Favorite More



RETWEETS 527 FAVORITES 57
9:23 AM - 7 Oct 2013 Flag media

Tabloid journalist's call for an academic that will say tattoos give cancer...

2. *Critique through the media - we need to make our work accessible.* Leeat Granek has been doing exciting and very public work in the area of depathologizing grief. In the context in which the APA has eliminated the grief exclusion criterion from the diagnosis of depression in the DSM5, this is particularly important work that needs to be circulated broadly. She has published in the New York Times, is a regular contributor to the Huffington Post, and has posted an accessible informational video on Youtube. Carla Gunn's reach is also extended through her online presence. In her blog she explores how powerful corporations co-opt environmental discourse (e.g., 'fracking is green') and pay 'fracademics' to use their scientific credentials to promote their harmful practices.

Application isn't always easy. Home life aside, we also have to contend with publishing and teaching requirements. But it is important. A forum where we can share ideas and best practices would support our application work and move us closer to our shared goal of extending the influence of critical health psychology. I hope that the ISCHP newsletter, website, and conferences can serve such a purpose.

Michelle N. Lafrance
St. Thomas University, Canada

News: ISCHP Conference 2015

The Psychology Department of Rhodes University in conjunction with the Critical Studies in Sexualities and Reproduction research programme will host the 2015 ISCHP conference. The dates are set for **6 to 8 July**, so be sure to diarise these long in advance. There are a number of distinct advantages to attending the conference: the extension of the activities of ISCHP into Africa; the infusion of a multi-disciplinary focus into the conference; a pertinent location in which inequities in health (centering on multiple axes of differentiation, but most notably, of course, race) as well as innovative efforts to overcome these are on full display; a venue that boasts full amenities while being affordable; and a beautiful campus situated in a small town in the heart of one of the most scenic provinces in South Africa.

The conference will be held on the Rhodes University campus in Grahamstown, a small city located in the Eastern Cape province of South Africa. The city has colonial roots as it became a hub for the rural settlements of 1820 Settlers along the Eastern Frontier. This region of South Africa was also formerly known (during the apartheid era) as the Transkei/Ciskei, and still in post-liberation South Africa struggles with apartheid legacies. Rhodes University is a relatively small university of approximately 7000 students, most of whom live in residence accommodation. It has a proud research tradition and is marketing itself as an institution specializing in postgraduate research.

The conference will fall at the end of the National Arts Festival that is held in Grahamstown on an annual basis. This festival is the premium arts event in South Africa and comprises of drama, dance, physical theatre, comedy, opera, music, jazz, visual art exhibitions, film, student theatre, street theatre, lectures, craft fair, workshops, tours (of the city and surrounding historic places) and a children's arts festival (website: <http://www.nationalartsfestival.co.za/>). This means that delegates can choose to arrive a few days earlier and enjoy the festival prior to attending the conference. In addition, the dates fall within the university holiday and as such university accommodation will be available.

In addition to presentations in a range of exciting formats, and key note addresses by leading scholars, visits to local organisations and projects that have explicit health-related, community engagement activities will be organised. These could include the Raphael Centre, an important community initiative providing care and support to people affected by HIV and AIDS, the Upstart programme, a local youth development and empowerment project, Ubom! Eastern Cape Drama Company, a non-profit company that aims to develop, grow, and maintain a thriving arts environment that facilitates community upliftment, conscientisation and behavioural change, and the Isibindi project that responds holistically to the needs of children, youth and families who are vulnerable and at-risk.

The social programme will include a welcome cocktail and a gala dinner. Entertainment at these events will include entertainment from local arts or poetry groups.

Catriona Mcleod
ISCHP 2015 Conference Chair
Rhodes University, South Africa



Rhodes University



Grahamstown



National Arts Festival

“Changing the world, one government at a time”



Glen Jankowski

One criticism of mainstream psychology is its frequent failure to tackle health problems beyond individual-level intervention (Murray & Poland, 2006). This criticism extends to body image research with its over-reliance on survey-based methodologies and interventions that target individual’s attitudes, beliefs and perceptions of sociocultural appearance pressures (Gleeson & Frith, 2006). Acutely aware of the need to advocate for changes in the systems and social norms that prevent people from fostering positive body image, Philippa Diedrichs and Christina Lee have researched the marketability and health benefits of average-sized models in mass media advertising (Diedrichs & Lee, 2010, 2011). More recently, Philippa and colleagues at the Centre for Appearance Research have worked directly with British politicians and community-based organisations to inform policy recommendations targeted at industries (e.g., fashion, fitness and sport), retailers, and schools in an effort to foster environments that value diversity in appearance and are conducive to positive body image (All Party Parliamentary Group on Body Image, 2012).

Researching ecological approaches to health promotion, social policy and Government initiatives in particular, can also present a methodological dilemma for critical health psychologists who can often be dismissive of the value of quantitative research.

At ISCHP '13 Philippa presented a study which evaluated a brief school-based body image lesson ‘*MediaSmart*’ for 10-11 year old children. This lesson was developed by an organisation funded by the advertising industry and despite the fact that it had never been evaluated as effective in improving children’s body image, it was endorsed and promoted by the UK Government as a useful body confidence resource. Since its launch in 2011, the lesson has been downloaded for use by schools more than 30,000 times. Not only did this lack of evidence-base indicate a potential waste of resources and “a *missed opportunity*”, the programme may also have had iatrogenic effects on a vulnerable population. As Philippa noted: “*It’s not acceptable just for Government to look like and say they’re doing something.... the program actually has to work*”.

In their controlled quantitative evaluation of the *MediaSmart* body image lesson, Philippa and her colleagues found that not only did the intervention not improve children’s body image or their knowledge about the media, but 1 in 3 of the children reported that they felt uncomfortable during the lesson. So what to do with these results? Publish them? Sure. But also feed them back to the Government.

Perhaps unsurprisingly, the Government gave a ‘frosty reception’ to the research findings; shifting blame for the failure to the organisation that designed the programme, and then to the children in Bristol it was evaluated with by suggesting “*it must be something about the*



children in Bristol then”. Nonetheless, with tact, patience and perseverance the evaluation efforts did pay off and loath to admit a mistake, the Government now regard *MediaSmart* as a ‘historical document’ and will no longer be directing the public to it as a resource. The seed that only evidence-based programmes should be endorsed and disseminated has well been planted.



Quantitative researchers are often regarded disparagingly in the field as having “an unsophisticated understanding of the role of interpretation and the generation of knowledge” (Madill & Gough, 2008, p. 262). In light of studies like the *MediaSmart* evaluation, however, it is evident to me that quantitative research can be critical. Not only that, but with public bodies such as Governments often being more invested in, and familiar with, statistics and studies with large sample sizes, in some cases quantitative research may have more capacity to enact ecological change and create applications from their work, than qualitative research.

It seems apt to conclude this review then that it could be as simple as expanding our definition of paradigms that could allow us to bridge a potentially unnecessary and counter-productive divide between quantitative and qualitative researchers in psychology (Madill & Gough, 2008). If we reject a definition of paradigm as a methodologically-exclusive worldview but rather as a shared belief then any researcher whose goal is to “challenge oppression in its many forms and....participate in movements for social justice” (Murray & Poland, 2006, p. 383) should and can align with critical health psychologists. This will create a more united front to challenging social systems and health inequities.

Glen Jankowski
Leeds Metropolitan University, UK

A critical comment: tensions and unification in a common fight for 'rigour'



Sarah Seymour-Smith

At this year's International Critical Health Psychology Conference in Bradford I was part of a qualitative methods symposium, organised by Brendan Gough, where presenters of different qualitative approaches (Michael Larkin, Interpretative Phenomenological Analysis; Michael Murray, narrative psychology; Nigel King, template analysis; Sarah Seymour-Smith, discursive psychology) discussed how their chosen method was critical in the field of health psychology. Part of my presentation highlighted how talking at a symposium about methods in some ways sets up competition between us. Indeed, part of me wanted to demonstrate how a discursive approach was best! However, whilst I am clearly positioned as a discursive psychologist, I do not feel that we do ourselves justice, particularly in times of economic crisis, to set ourselves up as 'enemies' in our various qualitative camps. In this brief commentary my aim is to discuss how we, as qualitative researchers, could raise the profile of our discipline by attempting to bridge any tensions that exist between us and unify in a common goal of rigour.

There have always been tensions between qualitative approaches and often such critical comments about our work are necessary to move the field forward. However, numerous discussions with academics in other institutions have recently made me more cautious about how we publically address such tensions. Stories about qualitative researcher's work being rated lower than they anticipated by those in charge of REF submissions; of how administration of our courses is happening without consultation of our expertise; and the potential lowering of academic standards at both undergraduate and postgraduate levels to raise the profile of our institutions are all part of what I view as a downgrading of our research and teaching and something that should be resisted. But how might we best tackle these issues?

In Rachel Shaw's keynote speech at this year's British Psychological Society Conference for Qualitative Research Methods (in Huddersfield, UK), she argued that a focus on method was unhelpful and that the best way forward was to abandon a definitive association with method. Rachel argued in favour of a utilitarian approach that provides a clear way of integrating our work within health psychology research (both quantitative and qualitative) into evidence based health care. I wholeheartedly agree with her proposal that there is a need for different methods for different research questions and I am not against a mixed method approach in principal. I think it is important to recognise that no single approach can necessarily tackle all the answers to a particular problem. However, I do not necessarily believe that we always have to abandon our positions in order to have an impact in health psychology. I am also wary of qualitative research falling back into the position of being a precursor or 'add on' to the 'power' of quantitative research. An interdisciplinary approach can be useful in securing grant funding and having a big impact but we should all be free to pursue our own beliefs about the best way to conduct our research. For some that may involve a mixed method, for others that may mean a single approach. Whatever way forward we each individually choose I think that the key issue for qualitative research is that of rigour and it is here that a dialogue between qualitative researchers is useful.

As qualitative researchers and lecturers we can learn a lot from discussions about best practice regarding data collection, analysis, grant capture, research impact, teaching, and the politics of promotion. My research has benefited from colleagues comments on my work,

A critical comment: tensions and unification in a common fight for 'rigour'

from peer review feedback of submitted papers, and discussions at conferences with others from different epistemologies. My qualitative research methods teaching has likewise benefited from shared resources both within the field of discursive psychology and others from different positions. What is less helpful, and I include my own shortcomings on this front, is the quick dismissal of another approach without proper consideration of the individual merit of a particular piece of work from that perspective. We should make sure that our research stands up to scrutiny by applying rigour to every aspect of the research process, in whatever way that our approach deems important, but also with some recognition of critiques from other approaches. If we want to raise the profile of qualitative research we need to resist the downgrading of our work and one of the best ways to do this is to teach these skills to our students, particularly our PhD students who are our academic heritage.

Being a qualitative researcher reminds me of the politics of being a vegetarian. As a vegetarian I had to: continually explain why I was vegetarian to the meat eaters; constantly think about where I could eat out; and dodge the 'vegan police'. My personal choice of now including fish in my diet does not seem to have appeased either end of the 'foodie' spectrum, instead it seems to have just opened me up to more criticism. Although finding the right way forward in our own research is fairly personal as a collective, increasing the rigour of our work within a context of 'healthy' and useful critique, in my mind, is the best way forward.

Sarah Seymour-Smith

Community Based HIV Social Research



Adam Bourne

Community based research (CBR) means different things to different researchers in different contexts. It may depend upon the issue you're exploring, the cultural circumstances you find yourself within or the nature of the "community" you seek to work with. To me, and the colleagues I work with, CBR is an approach to research that ensures equal participation with community based organisations. It starts and ends with a focus on the needs of the community and the issues that are of greatest concern to them.

The Sigma Research group I'm a part of at London School of Hygiene and Tropical Medicine (LSHTM) works in partnership with local and international charities and community groups to combat HIV among those most at risk. Driven by the needs of our community partners, as well as the changing nature of the HIV epidemic, we've conducted a whole range of research which essentially seeks to better understand the intersection between biological, social, psychological, political and cultural forces that influence HIV prevention. The approach to research design is collaborative and the translation from an idea into a real live project means working in partnership with charities and community based organisations in the design, recruitment, analysis and dissemination of research. CBR also involves working with community partners in the development of evidence-based health interventions that draw on the findings of research and mesh with practitioner experience and expertise. This approach relies on the development and maintenance of meaningful and trusting relationships with community based organisations and advocates over a long period of time. It also means crossing traditional disciplinary boundaries to draw upon elements of psychology, sociology, anthropology, media and communications, public health and medicine.

"To me, and the colleagues I work with, CBR is an approach to research that ensures equal participation with community based organisations. It starts and ends with a focus on the needs of the community and the issues that are of greatest concern to them..."

- Adam Bourne



Being a community based researcher means constantly balancing the need to perform rigorous research against the need to be responsive to charitable partners and provide results and insight in a timely manner. It is not the only, or the perfect, approach to research and health intervention development. Like everything else in life, CBR is influenced by politics and practicalities, personalities and procedures. Spending considerable time working with charities to understand research and develop evidence based interventions does limit the amount of time available to conduct traditional academic analysis and writing. Publishing glossy reports, policy papers or plain-English briefing papers may help to empower community based organisations to effect change, but findings of community based social research are

Community Based HIV Social Research

only judged 'worthy' for the purposes of career development or government funding mechanisms if they are published in high impact factor, peer-reviewed journals: many of which are inaccessible to those communities we work with. I rarely have the space or capacity to conduct dense discourse analysis or to examine every element of HIV prevention activity according to the work of Foucault or Judith Butler. But, I do believe that CBR turns traditional approaches to health research on their head and empowers marginalised communities to affect change. And that to me is critical.

Adam Bourne

London School of Hygiene & Tropical Medicine (LSTHM), UK

What are the best ways of being critical in practice?

A review of Shona Crabb's Pecha Kucha presentation at ISCHP 2013

Shona Crabb knows what transdisciplinary research is. In her career, she's worked with many other organizations to alleviate the psychosocial problems associated with breast cancer, alcohol, depression and many other health issues. She also sits on a hospital ethics committee board that regularly receives research proposals. In her Pecha Kucha this year, Shona highlighted what this experience has taught her:

- To engage productively with organisations and clinicians. It is very important not to overly criticise their attempts to reduce suffering and promote quality of life. In the majority of the cases, these researcher's intentions are noble, even if their proposals aren't.
- To take action to create change, within existing structures. It is important to be satisfied with gradual improvements even if (sometimes) we don't manage to fully resolve problematic assumptions and implications.
- To treat participants and collaborators ethically and respectfully. Even if we see them as part of a structural problem.

Shona is aware of the many critical health psychologists that already successfully manage to do this. But she sees these challenges as continually relevant and critical if CHP is to progress. She wants critical health psychology to continue to strive beyond critique alone, to seek possibilities for change, to work with people and organisations constructively and ethically to make change happen. Ultimately, she notes, some change is better than none.

Glen Jankowski

Leeds Metropolitan University, UK

ISCHP Mailing List

To join the ISCHP mailing list , send a message to sympa@lists.massey.ac.nz with the following in either the subject or body of your email: SUBSCRIBE ISCHP

Call for Contributions

In order for this newsletter to be a success we really need submissions. We actively welcome news stories, opinion pieces, updates on current critical work, etc. Please send submissions to either Glen or Jessica (contact details opposite).

Get In Touch

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