

CONNECTED

The Newsletter For The International Society of Critical Health Psychology

Vol. 2 Issue 2—December 2014

Editorial



Glen Jankowski

Welcome to the December 2014 edition of Connected. This issue has a kind of ISCHP on tour feel, with several international conference reviews for you to enjoy.

We also asked you for your thoughts on the newsletter and critical health psychology with questions that opened with such gems as “If you were president of the UN for a day...”. We were absolutely thrilled that so many of you took the time to humour us and give your views, in spite of the potential problems with the questions. Thank you. A selection of the answers is included and the full responses can be seen if you click [here](#).



Jessica Drakett

Don't forget, ISCHP is now on Twitter under the name @CritHealthPsych so do connect with us on there. You can discuss aspects of the newsletter using the hashtag #ISCHPnews.

With warm wishes for the festive season—whatever you may be celebrating,

Jessica Drakett, Leeds Beckett University, UK
Glen Jankowski, Leeds Beckett University, UK



Cubicus Building at the University of Twente—See p. 18 & 19 for more...

In This Issue

- Results from the ISCHP newsletter survey
- International conference reviews
- Recommended journals
- ISCHP on Twitter

Your Say: What Does Critical Health Psychology Mean To You?

In our ISCHP member survey, we asked you to tell us what exactly critical health psychology means to you. Here's a selection of some of your answers...

Being open to alternatives and to change.

Questioning assumptions and implications of health psych research and interventions, especially with a focus on social justice and equity.

It means taking nothing for granted and challenging everything. Health psychology for me is in it's widest sense as concerns a qualitative critical engagement with issues around social, health and community work.

I cannot help but conjure up another dictionary definition when asked that question. What it means to me as a person is hope. Hope that psychology can stop focussing on individualistic, positivistic, Eurocentric research and find ways of educating future psychologists and health professionals in more inclusive ways. CHP is one of the few disciplines within psychology that acknowledges feminist and qualitative research as more than just a 'soft' option and in many ways makes me hopeful for the future of psychology as a discipline.

A thorough deconstruction of the premise of traditional psychology applied to health. A space to consider not just the psychological but also practice and the political.

Social change - another world is possible (not critique of health psychology, that has already been done, boring boring)

Your Say: What Does Critical Health Psychology Mean To You?

Health psychology that starts from the understanding that humans are always situated in a social and material world, a biographical trajectory and a set of current relationships, and that these influences actively constitute experience - rather than serving as a relatively inert context for it.

A psychology that questions the status quo. A psychology that reflects and questions itself and its own potential to influence change in the lives of people. A psychology that is not linear and understands the complexity of systems and their interactions.

Questioning assumptions, challenging 'what we know', exploring from a new/different angle, shifting our gaze/blame from the individual to look at society/culture.

Sanctuary from the mainstream—focus on inequalities and marginalisation—collaborative spirit.

Too hard - take me an hour!
Mainly, who benefits from our research and practice?

Many things. Being critical of accepted wisdom, of how 'best' to carry out research, of the theories and underlying assumptions we apply to human behaviour. Recognising diversity and the very many psycho-socio-cultural factors that influence our behaviours and beliefs. Challenging assumptions and stereotypes that can impact health behaviours etc.

On a wider level critical health psychology means taking a global and critical stance on health issues while addressing social, cultural and economic health inequalities. On a more day to day basis, it means, to continually understand and investigate how everyday individuals and groups practice 'health' in order to address the wider issues. Most importantly it means to me not to assume.

Missed the survey but want to tell us what critical health psychology means to you? Join us on Twitter and use the hashtag #ISCHPnews



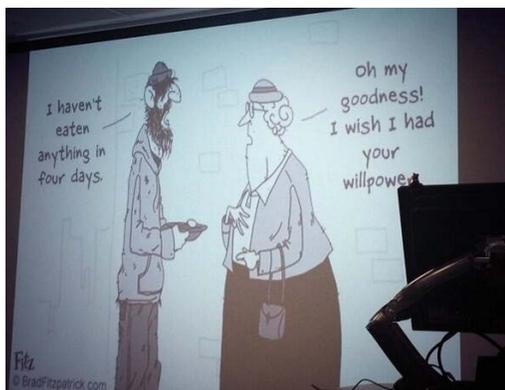
Glen Jankowski

Members of ISCHP will probably be familiar with the widespread obesity discourses that deem fat people as unhealthy burdens on struggling healthcare systems. However, many will not know about the Annual International Weight Stigma Conference (WSC), which will be in its 3rd year in 2015. In the conference's own words it: "brings together scholars and practitioners from diverse academic and professional disciplines to share knowledge and experience on the causes and consequences of weight stigma and what we can do about it". According to conference organiser Angela Meadows, it is this interdisciplinarity that is the conference's greatest strength. "We really do bring together people who would not normally find themselves sitting in the same room. According to previous attendees, this can lead to rare insights and interesting collaborations, And no bloodshed so far," she jokes.

The 2nd WSC took place at the University of Kent on the 24th June 2014. Its theme was 'stigma across the weight spectrum: Insights and intersections'. Speakers from sociology, psychology, nutrition, leisure and health sciences presented on the day. Presentation were diverse and included the role of Biggest Loser and other 'makeover' TV shows, medical professionals, mobile 'health' apps and online forums in the creation and maintenance of weight stigma.

One section of the conference was devoted to intersectionality. Speakers presented on how other forms of oppression such as sexism, racism and ableism intersected with weight stigma. In a particularly brilliant presentation titled: "Flying while fat: The cost to human dignity in the capitalist construction of space", Stacy Bias used critical disability theory to show how fat bodies are disadvantaged by the built environment around them.

The conference also had a strong applied theme. The conference was promoted to dozens of local healthcare providers beforehand and the conference even had a special section devoted to medical health practitioners. Dr Deb Burgard, one of the original founders of the Health At Every Size movement, led a session on best practice in the healthcare setting with higher weight patients. As she pointed out: "Working to eliminate weight stigma is not about finding a more diplomatic way to tell your patient that her body is wrong". Deb also closed the conference with her presentation titled: The war on obesity is making me sick. In it she argued for a new way to look at weight using the apt metaphor of dog breeds. Although a Chihuahua's ideal weight vastly differs to a Leonberger's, both dog breeds still belong to the same species. Why then, she argued, would it be so difficult to believe the same might be true for humans?



Slide from Jo Reader's presentation on weight stigma in therapy

This is my 2nd time to this conference, I've presented a poster and I helped out a bit with the promotion and finding a sponsor of the 2nd. But I don't think that makes me biased. It's unpaid and I do it because it's critical, applied and affordable. It's one of the best conferences I've been too. So if you can, go.

The next conference will be in Reykjavik, Iceland in summer/fall 2015, but the final date will be set in the new year. For more details and to receive updates, see the website here: <http://stigmaconference.com/> or contact the organizers: stigmaconf@gmail.com or on Twitter at [@stigmaconf](https://twitter.com/stigmaconf).

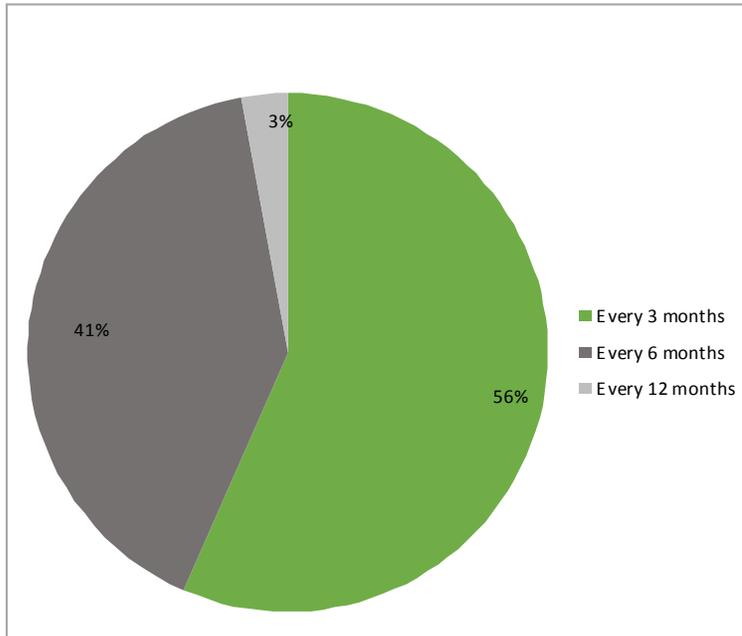
Weight Stigma Conference 2015
University of Nottingham, UK

Sign up for updates: stigmaconference.com

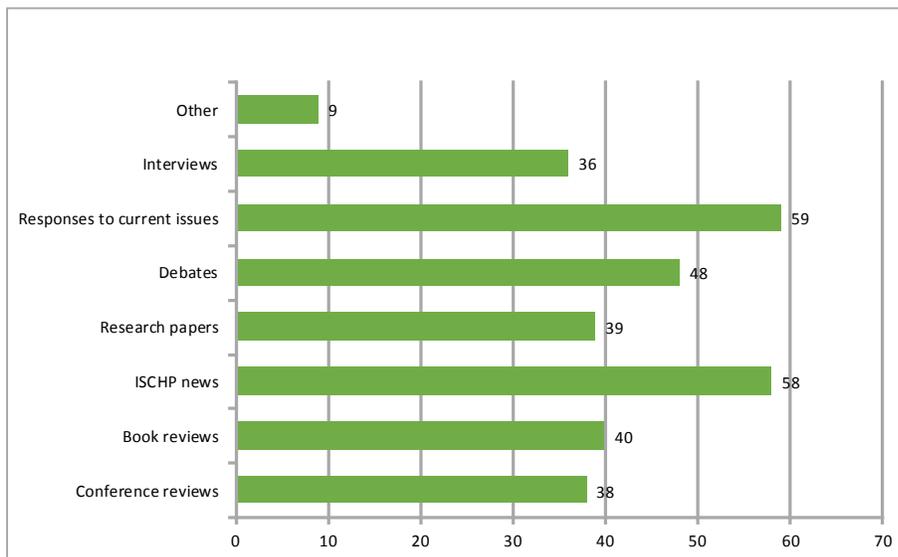
Glen Jankowski

Your Say: What YOU Want From The ISCHP Newsletter

How often would you like new issues of the newsletter to be published?



What kind of content would you like to see more of in the newsletter?



Thank you everyone for answering these questions—we will use the responses to help us develop your ISCHP newsletter and explore new directions for the content and publication. Remember, we actively welcome submissions so if you feel you can contribute, do get in touch with Glen or Jessica.



Clifford van Ommen



Kerry Chamberlain



Antonia Lyons

For a country with as small a population as Aotearoa/New Zealand, it has an impressive array of psychologists invested in sociological understandings of the experiences and difficulties of persons, particularly in ways that highlight power relations and the constraining effects of Psychology itself. We are, of course, referring here to that loose collective known, with some controversy, as critical psychology. Given such a presence, it would only be a matter of time before a group of such folks would gather, as around forty did recently in Auckland, to discuss and debate a variety of relevant topics, as well as to network with like-minded colleagues from around the country. More than this, it was also hoped that the Critical Psychology Hui hosted by the Massey University's Centre for Psychology, would provide a jumping off point for regular, larger and more ambitious gatherings around Aotearoa/New Zealand (and perhaps beyond).

Comprised of a healthy and stimulating mix of students and academics from a variety of universities from around the country (and yonder), the format used during these two days aimed to break away from typical presentation-heavy structures and instead adopt an arrangement that would allow as many voices as possible to enter into discussion: The Hui was thus comprised of a series of broad critical topics that were discussed in open sessions led off with provocative five-minute presentations from several commentators. In this manner six broad topics were tackled covering poverty, bodies and embodiment, (including affect, sexuality, disability), health, the intersectionality between gender, ethnicity, class, and age, (neo)colonialism (including migrants, culture, and indigeneity), and activism. Another addition, aimed to encourage debate by way of ruffling some feathers, was the inclusion of an *agent provocateur* whose ambit was to comment during discussions so as to identify and unsettle assumptions active during debates. Not an easy mantle to wear, the task was nobly undertaken by David Fryer, who flew in especially from Australia to take on this role. The format appears to have lived up to its promise with debate being lively and engaging and spontaneous comments being very positive.

Of course, the categorisation of topics used to organise the event are somewhat artificial, as discussions would rapidly link these topics together in the complex weave of socio-political life. As way of example; during the Health panel, Antonia Lyons moved beyond typical health content and spoke to the tensions of becoming a more public academic and the risks of dealing with the media. This points to varying levels of discussion that were present during the two days; at times touching on the abstract complexities of epistemology whilst at other moments, as in Neville Robertson's comments on activism, offering concrete advice on how to engage productively and respectfully with others. In other words, the Hui successfully managed to not get lost in intellectual debates but rather to stay grounded in the often grim social realities that face the people of Aotearoa, whether in, for example, the form of poverty, sexual violence, racism, and neoliberal sleights of hand. Finally, the contributions of the numerous students that attended were not only substantial but provided a good indication that the future is in good critical hands that aim to change the world and not merely describe or replicate it.

Clifford van Ommen, Kerry Chamberlain and Antonia Lyons



This year's annual The Australian Sociological Association (TASA) conference was held at the University of South Australia in Adelaide in November. There were a couple of hundred people in attendance, including a handful of us ISCHP members. Although the conference was mostly made up of sociologists, I got the sense that any researchers or practitioners in health or other social sciences were welcome. Like a typical ISCHP conference, people were friendly and approachable. The TASA membership has roughly 40% post-graduate student membership, making it accessible for people starting out in research. It is also made up of many different interest groups including Health, Critical Disability Studies, Risk, and other areas of interest to ISCHP members. Some of the highlights included engaging and challenging key note addresses by Sylvia Walby (Lancaster University) and David Inglis (University of Exeter). For example, Sylvia discussed the worldwide economic crisis, particularly in terms of its gendered nature and even raised questions regarding to what extent meanings attached to the GFC are socially constructed. A few ISCHP members presented at the conference, including Danielle Ferndale (University of Queensland), Shona Crabb (University of Adelaide), Ally Gibson (University of Queensland), and Damien Riggs (Flinders University). Their talks ranged from social constructions of deafness, public accounts of smoking in pregnancy, constructions of breast cancer in Western society, and transgender young people and sexuality education. The Health interest group then enjoyed a separate day after the conference, which was organised

around the theme 'The value of health: The refiguring of health and health care under neoliberalism', by Emma Kirby (University of Queensland) and Caragh Brosnan (University of Newcastle, Australia). This included a very interesting key note address by Prof Fran Baum (Flinders University), who, amongst other presenters, discussed the neoliberal policies affecting health and health care in Australia and globally, especially in the context of austerity policies. By the end of the conference, I left feeling intellectually stimulated and pleased to see that critical research is being conducted in the social sciences beyond the membership of ISCHP. I would definitely recommend this conference for post-graduate students or early career researchers in the Australasian region.



Alexandra Gibson

Alexandra Gibson

Alexandra was awarded her PhD on December 1st 2014, titled *'Take Ownership of your Condition': Social Constructions of Breast Cancer within Neoliberal, Western Society*—congratulations Ally! Your supervisor is "inordinately proud" of you!

As Ally hasn't graduated yet, your newsletter editors have painstakingly and authentically replicated what Ally graduating might look like.

Picture description: *In the background is the University of Queensland, along with the lush green fields in which most of Australia is situated in. Typically of Australia, clouds gather as the weather is decidedly downcast. Proud supervisor, Christina Lee, looks on as Ally graduates.*





Andrea LaMarre

This is a bit of an untraditional conference review. As I reflect on the International Conference on Eating Disorders in New York City in March 2014, I am also exploring the experience of being a critical health psychology graduate student in a field dominated by biomedical perspectives. To foreground my experience: this conference is a yearly affair, attended by upwards of 1300 eating disorder professionals with specialties ranging from psychiatrist to dietician to therapist. This past year, the theme was “Coming of Age in a Global Field,” and the program addressed eating disorders from both clinical and research angles. Perhaps most interestingly, the conference brings together a set of professionals who run the gamut of perspectives on eating disorders, including their causes, correlates, courses of treatment, and outcomes.

I believe that one of the best ways to make change is to be critical in traditionally uncritical spaces. As a fledgling researcher, this is a path of considerable resistance. I come up against the dilemma of navigating the charted institutional path toward becoming an academic, including the imperatives to publish and secure funding, while also using models and frameworks that urge resistance to the status quo. I try to acknowledge, in my work, the many grey areas that exist within and between dominant and subjugated framings of eating disorders. Particularly in a field that has such a rich history of study from mainstream and feminist perspectives, I am seeking to engage both those who are inherently critical of individualizing perspectives on health and wellness and those who use more traditional approaches in their work. I found that at this particular conference, I was having trouble “shutting the critical off,” as it were. While critical perspectives were not completely absent from the proceedings, they undoubtedly fell to lower billing.

The conference did engage with the disparities in attendees’ perspectives, for example by encouraging healthy debate around one of the hot topics in the field, family-based therapy. In a lively “think tank” session, Drs. Strober and LeGrange explored the problematics of establishing an evidence-base for eating

disorder treatment as eating disorders in the face of their complexity and the need to address individual clients’ needs and circumstances.

Though the work to straddle multiple worlds within eating disorder research and practice and engage diverse perspectives was admirable, I struggled with the conference’s focus on obesity epidemic discourse. I assume that this was intended to bridge gaps between obesity and eating disorder studies. However, when obesity is conceptualized as an “oncoming tsunami,” when BMI is used as the primary marker of wellness or infirmity, and when little attention is paid to our capitalist sociocultural context that simultaneously peddles excess and control, how far can we really go in fostering environments that are genuinely body positive? Further, positioning eating disorders and obesity as diametrically opposed presumes that body size is necessarily tied up in body management health behaviours, and that one’s body size signals type of eating distress.

The internal tension that this focus created for me is illustrative of a broader question about the utility of conferences and of being a critical person at a conference. I do not question conference attendees’ passion and empathy. However, the hesitancy to “get political” about eating disorders and to meaningfully challenge the status quo may be keeping the field at somewhat of a standstill. How can we challenge each other in conference environments to question the assumptions we all make in our work, learning from the significant differences of opinion in the room? How do we take the “rah rah” messaging that can surface at conferences and mobilize this into innovation in research and practice worlds? I am far from the first to interject a critical perspective into the eating disorder field... how do I ensure that I am not the last?

Andrea LaMarre

ISCHP on Twitter

We're absolutely thrilled to announce that ISCHP can now be found on Twitter under the name @CritHealthPsych or using the link <http://twitter.com/CritHealthPsych>

We're planning on hosting regular "Tweet Chats" with the first one planned for early 2015.

When we sent out the survey earlier this year, we asked if you would like to share your Twitter handles so we could grow our critical health psychology Twitter community. Here's a list of lovely ISCHP members to connect with on Twitter—we're a friendly bunch, so do come and say hello!

@alexahepburn	@wflackjr
@JessicaDrakett	@Boojum777
@88arimu	@ginnybraun
@deafresearchau	@brett_scholz
@thewrittenro	@DrSharronH
@Treaasa_corbett	@brit_wig
@dradamjowett	@andrealala89
@TheCowThatSkis	@TracyMorison
@threeprisoners	@AbigailLocke
@divo_setchell	@Clinicalpoetics
@CorinneSquire	@MMU_DLister

Twitter Tips

A Tweet is limited to 140 characters—use them wisely! Use a URL shortener such as <https://goo.gl/> for pasting links.

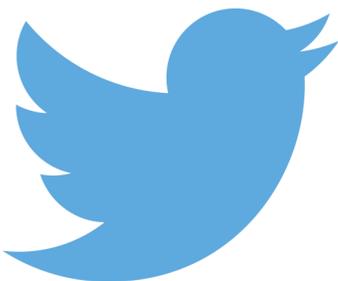
Going over 140 characters? Put 1/3, 2/3, 3/3 on the end of your Tweets to show that they are linked.

Use a relevant hashtag or two (e.g. #HealthPsych) to make your Tweets easy to find.

Tweeting at somebody, but want everyone who follows you to see it? Pop a . or other words before their username (e.g. "Hey @CritHealthPsych..." or ".@CritHealthPsych check this out...")

Want to say something to someone in private? Use the Direct Message feature. You must both be following each other for this to work.

As with anything online, use a unique and secure password, and beware malicious links in Tweets or Direct Messages. The last thing you want is for your Twitter account to be promoting ridiculous weight loss pills to all and sundry!



Want to chat about the newsletter? Use the hashtag #ISCHPnews and let us know what you think!

Your Say: Issues Critical Health Psychology Should Be Looking At

Next up in our exploration of the ISCHP survey responses, we asked what are the big issues critical health psychology should be looking at?

Poverty, violence, climate change, and capitalism.

Climate Justice
Reproductive Justice
Social inequities

Housing. Public transport.
Inequality : Race, gender, sexual orientation.
Access or lack there of to life necessities i.e. clean water

Social inequality, social change, tackling health inequalities, smashing capitalism .

Neoliberalism and the corporate nature of our organisations.

There are so many! The implications of newer health technologies (e.g., genetic testing); equity related to gender, sexuality and ethnicity; the social-based nature of so many health outcomes (social determinants of health) ...

The "anti-obesity" epidemic. Eating disorders. A critical eye to the integration of technology into psychological service provision

The relationship between climate change and health problems, e.g., leptospirosis and floods, as well as the relationship between global mobility and the return of various infectious diseases (or the spread of those for which we might not be prepared, e.g., ebola).

Mainstream health psychology's complicity with power. In a UK context I think critical health psychologists need should be outspoken critics of the current Government's dismantling of the NHS. I think the rise of "positive psychology" and individualistic interventions such as "mindfulness" and social marketing approaches to health promotion are drawing attention away from more systemic causes of poor health (social inequality, poverty, poor housing, working conditions, environmental pollution, powerful corporations' influence over policy etc.) Health psychologists are mercenarily capitalising on governments individualistic agendas or at least being complicit with them.

The ageing population and how its health needs and experiences are understood. Challenging the increasing marketisation of health services and highlighting the implications for those who work in them and those who are served by them.



Jessica Drakett

If you are looking for a strong, critical, feminist conference then look no further than the annual Psychology of Women Section conference (POWS). Held at the majestic Cumberland Lodge in Windsor, the POWS conference offers a rich and varied programme of papers, keynotes, workshops and social activities that leave delegates both inspired and refreshed.

The 2014 conference themes included:

- Women and Power
- Feminism and Humour
- Doing Feminism
- Bodies and Embodiment



Cumberland Lodge, Windsor
Home of the BPS POWS Conference

Though my area of research doesn't fall under the umbrella of "health", I did find myself at several health related papers over the three days. I found Ishba Rehman's paper conceptualising gender as disability in rural Pakistan fascinating, using some very powerful and difficult examples from her data in places. Equally interesting was a paper on media constructions of Chronic Fatigue Syndrome/ME from Rebecca Murray, exploring scepticism and constructions of the "hysterical woman".

I personally found the Writing The F-Word workshop particularly helpful – not only has it been designed to encourage students and early career types to take their first steps into publishing their feminist work, but it is also facilitated by editors from the *Feminism & Psychology* and *POWS-R* journals. This session provided valuable insights into the publishing process, in a welcoming and non-threatening environment.



Your newsletter editors, having an incredible time on the way to POWS 2014

One of the most unusual workshop sessions came in the shape of Paula Singleton's Craftivism workshop. Craftivism (a mashup of crafts and activism) encourages people to channel their creative energies into social and political causes. After a successful workshop in 2013, many were thrilled to see the Craftivism session returning in 2014. Fashion dolls and fabric and glitter and miniature placards transformed into disruptive pieces of artwork, designed to provoke conversations around rape culture, disability, consumerism and appearance politics. Don't believe me? I'd recommend you check out the Tumblr at <http://superheroicdolls.tumblr.com/> for pictures from Paula's workshops.

Like ISCHP conferences, the POWS conferences are warm, welcoming and very receptive to critical work in psychology. This was my second time attending and first time presenting, and I'm glad that I got my feet wet in such a friendly environment. I would really recommend this conference to student and early career researchers in particular, but anyone with a critical feminist leaning will have a wonderful time at POWS.

POWS 2015 will run between 8 – 10 July, at Cumberland Lodge, Windsor. For more information check out POWS on Twitter @POWS_BPS or see the POWS website <http://www.bps.org.uk/networks-and-communities/member-microsite/psychology-women-section> and blog <http://powsbps.wordpress.com/>

Jessica Drakett

Are there any journals you would like to recommend to ISCHP members?

Arts & Health

Critical Public Health

Culture, Health & Sexuality

Feminism and Psychology

Health

Journal of Critical Psychology, Counselling and Psychotherapy (Special Issue: Australia December 2014)

Journal of Health Psychology

Psicologia e Sociedade (Brazilian—in Portuguese)

Qualitative Health Research

Qualitative Research in Psychology

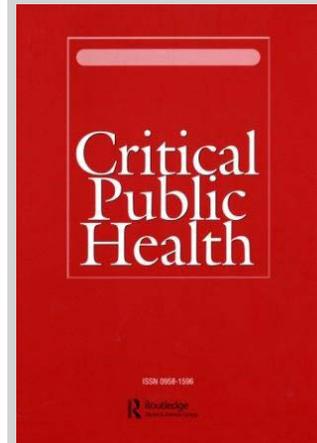
Risk & Society

Social Psychology

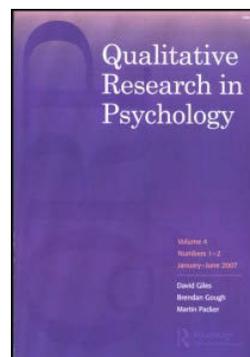
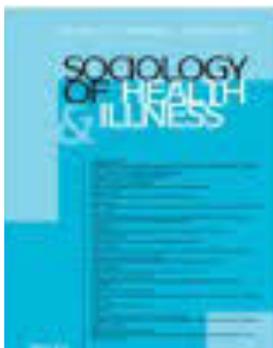
Social Science and Medicine

Sociology of Health and Illness

Women's Reproductive Health



**PSICOLOGIA
& SOCIEDADE**



Your Say: Recommended Conferences

Are there any conferences you would like to recommend to ISCHP members?

BPS Qualitative Methods in Psychology Conference September 2015 (details to be confirmed)

British Psychological Society - Division of Health Psychology Annual Conference

British Society of Gerontology Conference 2015

British Sociological Association Ageing, Body, Society group hold a conference every now and again. Is smaller then the BSA one and friendly.

BSA Medical Sociology Annual Conference

Conference of the Association for Women in Psychology, San Francisco, March 2015

Conference of the Society for Menstrual Cycle Research, Boston, June 2015

European Health Psychology Conference

International Congress of Psychology 2016 - Yokohama

International Society for Theoretical Psychology Biennial Conference

More integrative medicine conferences, as psychosocial health is so important in chronic illness, and integrative medicine increasingly recognises this.

Prefigurative Conference at LSE in April 2015, organised by Flora Cornish

Psychology of Women Section Conference (POWS) - 8 - 10 July 2015, Cumberland Lodge, Windsor

The ISCHP conference!





Health, Healthcare and Social Justice

9th Biennial ISCHP Conference

12—15 July 2015

Rhodes University, Grahamstown, South Africa

Members of the ISCHP are brought together by a shared interest in exploring ongoing and emerging issues in critical research, critical theory and critical practice in relation to health and health care. As well as a growing body of critical health psychologists, the conferences attract a wide range of presenters, including: health service providers, users and activists and students and scholars in a diversity of disciplines that take a critical orientation to health, illness and healthcare.

This shared interest in critical approaches to healthcare is exemplified in the theme of the 9th Biennial Conference, 'Health, Health Care and Social Justice'. This theme is an opportunity to further debate on the conditions that shape people's experiences of health and illness and the sort of care they receive. It allows us to analyse cross-cutting and localised issues that underpin the health and social inequities that continue in a range of forms across contexts, and to examine theories, actions, and interventions that can assist in overcoming these inequities.

We work hard to make ISCHP conferences collaborative and welcoming, offering inspirational and high-quality presentations, including from many of the most respected critical health scholars from around the world and from a range of disciplines. However, the conference programme goes well beyond the usual to include a diversity of presentation formats and a great social programme. ISCHP is especially committed to encouraging creativity and debate, and to supporting students, teachers and researchers starting out in this field.

The ISCHP invites conference abstract submissions for the 9th Biennial Conference on any topic or theme that takes a critical stance on any aspect of health, health care and social justice. At the same time, we will broadly organise the conference around four key subthemes:

- Health systems, histories, and politics
- Critical health education, interventions and treatment
- Critical theory and methods in health research
- Health and health care in social and communicative contexts

Call for abstracts is now open!

Visit the conference website at <http://www.ischp2015.co.za/>

Your Say: If you were president of the UN for a day...

A big thanks to everyone who humoured us and answered this question, in spite of the potential problems with it...

So ISCHP'ers, if you were president of the UN for a day, what health issue would you tackle?

In a day?!

I would propose to eradicate the biggest single cause of human illness on the planet: capitalism (cf Stuckler & Basu, Wilkinson & Pickett)

Housing, in every country. Ensuring that everyone has access to warm, dry housing in some way shape or form. Especially in places like Africa, India and South America but it is a global issue

Social and economic inequalities to access to health services. Sustainable development and health issues . Better understanding on behaviours and meanings based on concrete practices concerning non transmissible diseases (diabetes, obesity, cancer)

I wouldn't tackle a single health issue in isolation because this atomisation of health is probably not all that helpful. Many threats to our health are social in origin so I would probably look at what the world community could do to combat the social and economic causes of ill health, prioritising those countries who are least able to help their own populations (i.e. the developing world)

It would depend on the day! Currently, the Ebola outbreak could use a critical perspective.

HIV

Would need a few days to think about that one!

I'd tackle the role of the workplace in influencing health for the better and the worse.

Acceptance of mental health and recognition how important mental wellbeing is for general health.

Clean water.

Your Say: If you were president of the UN for a day...

Violence against women and girls worldwide and finding ways to help empower people living in 'developing' and war-torn countries.

FGM

Global health inequalities (just a small issue!)

Food poverty.

Depression.

The UN is part of the problem being either ineffective (e.g. peacekeepers not being able to protect citizens from genocide, UN schools and camps being bombed, not taken seriously, or just plain irresponsible and unethical (e.g. peacekeepers that were involved in trafficking women during the Bosnian War, cholera epidemic in Haiti that was traced back to UN camp). If I were UN president for the day I would clean up the UN.

Poverty as it causes a myriad of health problems, and this is around the whole world. We should be asking why 1/3 kids in the UK are in poverty.

The influence of pharmaceutical companies over individual doctors, medical practices, and governments. This would be in stiff competition with finding a way for regions to produce their own organic, cost-effective produce (reducing carbon footprints, increasing nutritional potential, minimising monopolistic tendencies of particular regions, etc.).

If I was UN president for the day I would make it so that everyone recognised that it's not the health issues that need tackling, but the broader ill societies that drive health issues in the first place. also I'd make a social psychologist a mandatory member of all decision making forms to ensure that someone could critically evaluate the level of 'group think' that is the UN's current failure.

What do you think about these responses? Talk to us on Twitter and use the hashtag #ISCHPnews



Anneke Sools

The *Storylab* is the Dutch Research Centre of narrative psychology, health care and technology. The *Storylab* was founded in 2011 by Gerben Westerhof, Ernst Bohlmeijer and Anneke Sools as part of the department of Psychology, Health and Technology at Twente University. We develop theories, research methodology, and interventions in three main areas:

- Narrative care and narrative psychology;
- The narrative assessment of psychosocial-technical systems;
- Technology for narrative analysis.

Although the name *Storylab* alludes to a physical space for experimental research, it is a virtual space for (mainly qualitative) research. The name aims to provoke discussions of what can be considered 'science', and indicates that employing narrative methodology and studying storytelling/writing practices are legitimate scientific activities.



*Cubicus Building at the University of Twente
(home of the faculty that houses the Storylab)*

Impact on health care policy and practice

The *Storylab* collaborates with local and national health care organizations to study and improve health care practices. Recently, we carried out a national study about patient perspectives on the quality of hospital care, that was funded by the Rathenau Institute (Dutch research institute in the area of Science and Technology). Recommendations based on this study were presented to the Dutch parliament as part of recent debates about Dutch health care reforms, and a formal response was given by the Dutch Minister of Health Care.

Summer School Narrative Analysis

This summer the *Storylab* organized a Summer school about Narrative Analysis for students and researchers at postgraduate level. A group of ten engaged researchers from a variety of disciplinary backgrounds participated, including developmental studies, criminology, pedagogy, and clinical psychology. Lectures that introduce narrative analysis and narrative psychology were combined with presentations about 'classic' forms of narrative analysis as well as hands-on analysis of student's own data. Finally, students made their own plans of analy-

The Storylab Research Centre at Twente University

sis based on the literature and discussions. Part of the social programme was a visit to the House of Stories in Enschede, where stories about experiences with the firework disaster (that took place in 2000 and destroyed a whole neighborhood in the city of Enschede) are collected, exhibited and shared.

Narrative psychology now has a unique place in the psychology curriculum of Twente University

The university of Twente is the only place in the Netherlands where narrative psychology has been a substantial part of the psychology undergraduate curriculum for some years now. Starting this semester, narrative psychology will also become an integral part of a new module on Mental Health. This not only enables more students to be introduced to a critical approach to mental health, but also puts narrative psychology on equal footing with psychopathological approaches to clinical practice. The narrative approach builds on the recently published, award-winning book by Cromby and colleagues (Psychology, Mental Health and Distress) who proposed an experiential approach to mental health and distress to complement a clinical perspective that is focused on disorders. In addition to an experiential approach to distress, the module offers a complementary positive psychology perspective which focuses on well-being, resilience, and strength. Based on this approach, mental health is not only defined as the absence of complaints, disorders, and distress, but also in terms of the presence of strengths, possibilities, and opportunities for growth.

For more info about the *Storylab*, upcoming events or recent publications please contact Anneke at a.m.sools@utwente.nl



Rathenau Instituut

omvallen
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de
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*Strong stories from the hospital:
Patient narrative report*

Anneke Sools

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