

ISCHP

International Society of
Critical Health Psychology



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ABSTRACTS

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

Hosted by the Critical Studies in Sexualities and Reproduction
research programme and the Psychology Department



RHODES UNIVERSITY

Where leaders learn

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**KEYNOTE
SPEAKERS**

MICHELLE FINE

GARTH STEVENS

LESLIE SWARTZ

MICHELLE FINE

City University of New York



Michelle Fine is a Distinguished Professor of Social Psychology, Women's Studies and Urban Education at the Graduate Center, CUNY. Her work addresses theoretical questions of social injustice that sit at the intersection of public policy and social research, particularly with respect to youth in schools and criminal justice. Fine's work integrates critical psychological theory with feminist and post-colonial theory, participatory designs, qualitative and quantitative methods and strong commitments to research for social justice. Fine's research is considered highly influential. Over the past decade, Fine's scholarship has been recognized nationally and internationally with awards, fellowships and prestigious invited lectures. She is the founding faculty member of the Public Science

Project. The Public Science Project designs and implements theoretically informed and historically enriched research with movements for educational justice and policy reform. The most influential report to be published by Public Science Project is *Changing Minds*, a participatory action research project conducted with women in and out of prison, studying the impact of college in prison on women, their children, the prison environment and post release outcomes. Fine is also a much sought after expert witness in gender and race discrimination education cases where her research and testimony has been influential in obtaining influential court victories.

Toward an epistemology of precarity: Critical theory and participatory methods in times of widening inequality gaps

Borrowing from Ralph Ellison's, 'Living in Music', this essay analyzes and theorizes how racially and economically marginalized young people survive neoliberal blues and cultivate prec(ar)ious knowledge in schools and communities routinely disrupted by austerity, policy and 'reform'. Drawing on narratives of and maps drawn by students and educators attending/working in 'high poverty'/low resource secondary schools, gathered as evidence in a collective lawsuit about trauma, structural violence and educational injustice, we want to explore an epistemology of precarity, theorizing the wounds, knowledge and desire produced in conditions of structural disinvestment, high disruption and the predictability of unpredictability. Diving into the neuroscience and developmental literatures on stability and relationships as significant mediators of environmental stress, we contrast this scholarship with corporate reform strategies called 'Disruptive Innovation', masked as educational progress. We end with epistemological considerations of precarity as a source of racialized and classed knowledge.

"The epistemology of ignorance is an examination of the complex phenomena of ignorance... tracing what is not known ...it has the potential to reveal the role of power in the construction of what is known and provide a lens for the political values at work in our knowledge practices" (Shannon and Tuana, *Racism and the Epistemology of Ignorance*, 1).

We find the writings on epistemology of ignorance to be a powerful resource, as we try to articulate an epistemology of precarity, to excavate the knowledges by which young people confront and resist the neoliberal assault on public institutions, particularly their schools. For just as ignorance is produced, so too is prec(ar)ious knowledge. As Marilyn Frye (1983) has argued, "ignorance is not... a simple lack, absence of emptiness and it is not a passive state... the determined ignorance most white Americans have ...is a complex result of many acts and negligence's" (p. 118).

Rather than only lamenting the adverse consequences of economic and relational precarity, of which there are many – severed relationships, lack of trust, unsure footing, anxiety, no sense of continuity between effort and outcome - we take a cue from Ralph Ellison (2002) who, in 'Living with Music', asks readers to dive between the notes, behind the registers, to see how jazz and the blues are produced. We seek to slide analytically between the shifting sands of communities and lives destabilized by gentrification, mass incarceration, school closings, immigrant detention, disruptive educational innovation and aggressive policing in particular, to understand and introduce the knowledge and desire conceived in precarity.

We are writing alongside and in solidarity with young people of color, poverty and sometimes shifting national ties, whose lives sway in the breeze of 'neoliberal blues'. Perched at a slant, ever aware they could fall, their lines of vision sharpen as subjectivities intersect through the fissures of class, race, immigration, disability and/or sexuality. With great variation, they view the world from wild and creative angles, echoing a line from Emily Dickinson, "Tell the truth, but tell it slant." Designing lives steeped in material marginalization, they attend schools, live in communities and commit to relationships that can be disrupted in the wink of a realtor's eye or the activation of a police or ICE surveillance camera (see also, Green, 2014; Sanchez, 2014).

Precarity keeps them light on their feet, ready to go; or flattened. Swimming frantically in subaltern waters, with no assurance of safe harbor, they carry in their bodies much that policy makers, journalists, educators and researchers do not know, have not acknowledged, refuse to see, hear or fold into policy making. Precarity is an assault to mind, body and community; and it is a cauldron of critical consciousness seasoned with desire. In this essay we listen carefully to both registers: but first we elaborate the adverse consequences of precarity, lest we romanticize the conditions with which marginalized youth must contend.

GARTH STEVENS

Department of Psychology, School of Human and Community Development, University of the Witwatersrand, Johannesburg, South Africa



Garth Stevens is a Professor and clinical psychologist in the Department of Psychology, School of Human and Community Development, at the University of the Witwatersrand in South Africa. His research interests include foci on race, racism and related social asymmetries; racism and knowledge production; critical psychology, ideology, power and discourse; violence and its prevention; historical/collective trauma and memory; applied psychoanalytic theorising of contemporary social issues; and masculinity, gender and violence. He has published widely in these areas, both nationally and internationally, including a co-editorship of *A 'race' against time: Psychology and challenges to deracialisation in South Africa* (UNISA Press, 2006) and *Race, memory and the apartheid archive: Towards a*

transformative psychosocial praxis (Palgrave Macmillan, 2013). He is the co-lead researcher on the Apartheid Archive Project, which is an international research initiative that aims to examine the nature of the experiences of racism of South Africans under the old apartheid order and their continuing effects on individual and group functioning in contemporary South Africa. To this end, he continues to collaborate with colleagues at several national and international universities (e.g. University of Fort Hare; University of the Western Cape; Duquesne University; Victoria University; etc.). At present, he also serves as the Assistant Dean for Research in the Faculty of Humanities at the University of the Witwatersrand, and holds a B3 rating from the National Research Foundation.

The vexing nature of violence: Some co-ordinates for reconsidering the 'violence-health nexus' in a decolonial moment

The past three decades have witnessed an increasing consideration of the psychosocial phenomenon of violence as a global health concern. Whilst this is evident in the growing body of literature in areas such as public health, health sociology and health psychology, a number of limitations to understanding direct violence have emerged from within these health-related approaches (not the least of which is that violence itself is often not the object of inquiry). In this paper, I examine some of the key challenges associated with viewing violence purely through the lens of a health antecedent or outcome. In the current historical period that South Africa finds itself, the national dialogues on transformation present decolonizing potentialities that are ironically also accompanied by forms of xenophobic violence that appear inimical to such a decolonial moment. The paper argues for a reflexive stance in relation to theorizing violence, and suggests that the decolonial moment offers us possibilities to engage with multiple archives of knowledge that can enrich the critical study of violence theoretically, and potentially at the level of interventions as well. The paper selectively highlights several important considerations: (1) a critique of the ontological assumptions embedded within hegemonic approaches to violence at present; (2) advocating against interventionism as an epistemological framing that may foreclose our theorizing of violence; (3) a proposition to reconsider orders of morality that are in circulation around and within enactments of violence, and the attendant consequences of a socio-cultural focus on the currencies associated with such moral economies; (4) using the current xenophobic violence as an exemplar and focusing methodologically on the *in situ* violent act itself, considering how it reflects a performed set of enactments that encompass intersectional and embodied aspects of class, race, gender, history, citizenship, etc., that link direct and structural violence; and (5) what the implications for researchers and practitioners may be when holding such an alternative analysis.

LESLIE SWARTZ

University of Stellenbosch

Leslie Swartz is a Distinguished Professor of Psychology at Stellenbosch University. He is a clinical psychologist and he obtained his PhD from University of Cape Town in 1990. Throughout his career he has been interested in critical issues in health and mental health, and much of his current work focuses on disability issues and questions of human rights, participation, capacity building and access to health care. He is founding editor-in-chief of the *African Journal of Disability* and is an associate editor of *Transcultural Psychiatry* and of *International Journal of Disability, Development and Education*. He has published widely on critical issues in health and disability with an emphasis on work in sub-Saharan Africa. He is interested in the use of a range of media to communicate critical issues in health and disability to a wide audience, and among his recent books is *Able Bodied: Scenes from a curious life* (Zebra Press, 2010), in which he used the format of memoir and creative nonfiction to explore disability issues in an accessible way.

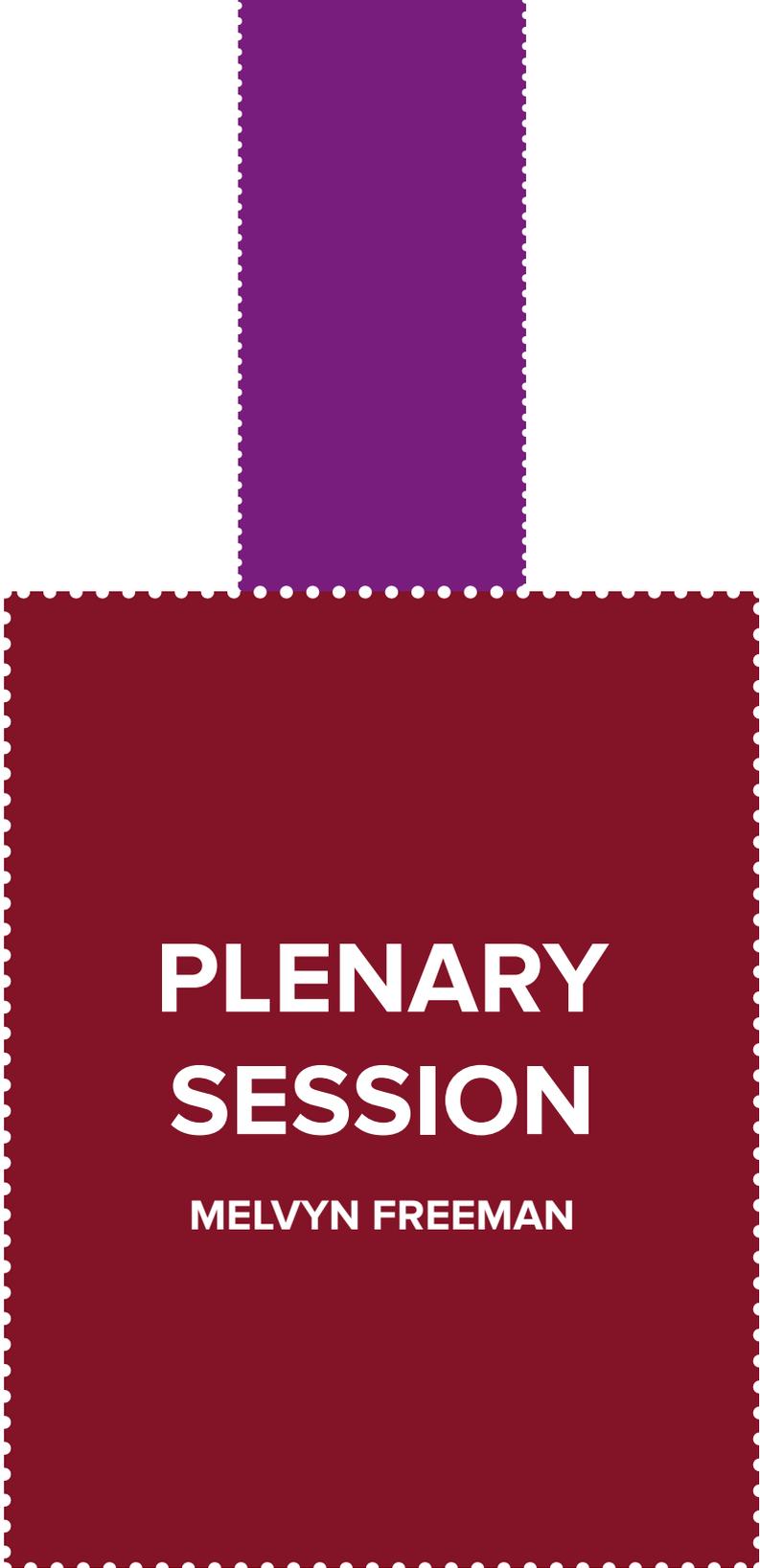


Care, health and bodies out of place

Critical health psychology is centrally concerned with questions of what kinds of bodies, and what bodily practices, are constructed as 'normal' and 'healthy'. It is also interested in ways in which interventions can be conducted to improve health, and with informal everyday practices which are thought to be health-promoting or deleterious to health. All of these questions link to issues of social exclusion and distributive justice, and in general it is fair to say that poorer health outcomes are associated with poorer living conditions.

Against this background, it seems obvious to ask how people who are socially excluded think about and maintain their health, and to explore ways in which environments can be enabling or disabling. Less obvious is the related question of how people who are privileged may depend on the (often invisible) labour of others to develop and maintain their health.

Using examples of my work primarily in the area of disability studies, and from my own experiences with health and illness, I suggest that questions of care and care ethics may provide a link for understanding social geographies of health, across a number of divides. Especially in situations of vast inequality such as South Africa, it may be helpful to bring a focus on care issues and processes to a global understanding of health, illness and disability.



PLENARY SESSION

MELVYN FREEMAN

MELVYN FREEMAN

National Department of Health



Melvyn Freeman is Chief Director for Non-communicable Diseases at the South African National Department of Health. He has been involved in public health policy and legislation for over 30 years as researcher, developer and implementer. He holds a position of visiting adjunct professor at the University of the Witwatersrand. He is a clinical psychologist by training.

Legal capacity and the convention on the rights of persons with disabilities: Are we going where we need to be?

The 'Convention on the Rights of Persons with Disabilities' directly confronts decades of abuse and paternalism towards persons with disabilities (including mental disabilities). This internationally binding convention has been adopted and ratified by numerous countries to ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity. Following the ratification of the Convention, committees, strongly incorporating users, were established to give interpretation to clauses that were open to different textual reading(s). One such comment deals with the issue of 'legal capacity' of persons with mental disabilities (Article 12), in the context of what it means to be 'human'. Ruling that legal capacity is fundamental to all persons, albeit that this may be through supported decision making in certain cases, the committee has asserted that countries should abolish all forms of substituted decision-making or guardianship, involuntary admission and treatment under any circumstances or for any length of time, and diversion from the prison system based on mental incapacity. This is indeed a radical departure from current practices in almost all countries and by combating existing paternalism this change should surely be supported by progressive persons/organizations/governments wanting the abolition of all forms of discrimination? This talk will however, take the position that the radicalism taken by the 'Committee on the Rights of Persons with Disabilities' has not only neglected empirical evidence but taken scant note of the human rights implications of their recommendations. While changes are certainly needed in countries to ensure human rights and dignity for persons with mental disabilities the pendulum has swung to a point where very serious abuses will occur if countries do indeed implement the Committee's recommendations.



THEME 1

**Health systems,
histories, and politics**

**INDIVIDUAL ABSTRACTS:
AUTHORS A-Z**

SYMPOSIUMS: ORGANISERS A-Z

POSTERS: AUTHORS A-Z

INDIVIDUAL PAPERS

I76: The lived experience of patients admitted to a South African hospital following a medically serious act of decelerate self-harm: Implications for patient care and suicide prevention

Bantjes, Jason

Psychology Department, Stellenbosch University

Individuals who self-harm are at increased risk of future acts of fatal and non-fatal self-harm. Interventions targeted at patients who self-harm thus have the potential to reduce the morbidity and mortality associated with suicidal behaviour. We investigated the lived experiences of patients admitted to a general hospital in South Africa following an act of self-harm. Our aim was to document patients' experiences as part of a larger study to identify possible hospital-based suicide prevention interventions. In-depth semi-structured interviews were conducted with 70 patients. Data were analysed using Interpretive Phenomenological Analysis. While participants generally describe having a positive experience they also reported aspects of their admission which they found difficult, unhelpful and un-therapeutic. It would seem that for some self-harm patients a hospital admission is unhelpful and may ironically lead to increased risk of suicide. The findings have implications for patient care and suicide prevention.

I72: People centred health systems and the moral landscape of childbearing in Malawi

de Kok, Bregje

Institute for International Health and Development

This paper presents recent research which examines loss in childbearing in Malawi (miscarriages, perinatal deaths and maternal mortality) as a lens to understand health system functioning. In low income countries, maternal and perinatal mortality reflects poor health system functioning, to be improved in part through accountability mechanisms. Understanding how implementation of such mechanisms plays out requires examination of existing, organic accountability relationships and mechanisms. Thematic and discourse analysis of interviews and observations illuminates how providers and community members assign accountability and blame for loss, pregnancy complications and 'inappropriate' behaviours (e.g. inadequate pushing). Various social actors hold especially women accountable, through financial, verbal and behavioural mechanisms. This may affect women's wellbeing and satisfaction with care. Providers' 'bureaucratic' accountability for numeric targets (deaths averted) rather than quality care may underpin disrespectful care. Building 'people centred' health systems requires acknowledgement that providers and clients are embedded in power relationships and local moral landscapes.

I38: Bringing social justice back in: A critical examination of the consequences of neglecting redress and redistribution in health care reform in South Africa since 1994

Eagar, Daygan

Rural Health Advocacy Project, Centre for Rural Health, Wits University

Historical and structural inequities along intersecting lines of race, gender, and geographic location continue to mark South Africa's socioeconomic landscape, undermining constitutional commitments towards equity, redress, redistribution and ultimately the realisation of fundamental human rights. This paper examines social justice from the perspective of the realisation of the right to health care in South Africa. Analysing both quantitative (budget and health systems indicators) and qualitative data (legislation, policy and government/

independent reports) from publically available sources, this paper explores how legislative, policy, and budgetary decisions since 1994 have actually sustained apartheid era structural inequities. Extending beyond an analysis of the public/private divide, attention is given to explaining persistent structural inequities between urban and rural contexts within the public system itself. The paper concludes that social justice can only be achieved when redress and redistributive justice become explicit legislative, policy, and budgetary priorities.

I42: Troubling the troubled identities of victims and perpetrators in approaches to social justice

Edlmann, Theresa

Post-doctoral Fellow, History Department, UNISA

Research Associate, History Department, Rhodes University

The terms “victim” and “perpetrator” have become an integral part of human rights-based language about systemic, political, sexual and interpersonal violence. This paper will argue that the terms “victim” and “perpetrator” reflect social constructs whose meaning and impact have shifted and changed over time, but that these evolutions have seldom been adequately interrogated or understood. In developing this argument, the paper will provide a brief historical outline of the emergence and use of these terms in social justice work since the mid-twentieth century, and explore the extent to which they comprise what narrative inquiry would call “discursive resources” which are often “troubled”. The paper will highlight the need for greater critical reflection about the psychological, social and political discourses of identity that constellation around terms such as “victim” and “perpetrator”. It will also reflect on the conceptual underpinnings of contemporary mechanisms to address violence that these constructs and discourses give rise to.

I31: “Be a dad, don’t be mum’s assistant”: A critical perspective of fathering discourses

¹Locke, Abigail; ²Scholz, Brett; ³Fick, Sue

¹University of Huddersfield

²Spur Projects

³University of Canberra

Research suggests children’s health and wellbeing are positively influenced by stronger father engagement. Numerous social and policy contexts impact upon fathers’ engagement. We critique popular discourses around fathering, including predominant models of fathers’ engagement that focus on direct and indirect care. Using data from two discrete research studies (the first conducted with fathers predominantly resident in the UK who have taken on a primary caregiving role for their children, and the second with fathers of young children living in Australia) we explore how particular discourses of fathering influence ways of engaging with children. We suggest that dominant discourses of fathering restrict the ways in which fathers engage with their children. Given the changing policy landscape on fathering engagement, and the suggested impact on family health and wellbeing, a more critical reading of key discourses is needed.

I56: Shameful, lonely bodies: Living with visual impairment within higher education

Lourens, Heidi

Stellenbosch University

Until recently the medical model has been the predominant way of thinking about disability, framing disability as a “tragic” problem that rests on biological deficits. By contrast, the social model emphasises the socio-political reality of disability as an experience of social exclusion and stigma. Phenomenology, in its portrayal

of the body as object and subject, can expose oppressive societal structures, while simultaneously capturing experience. Using a critical phenomenological approach, I explored the lived experiences of visually impaired students at two South African universities.

Students worked hard to manage their environments. They had to learn new routes, manage the way they were perceived by nondisabled persons, and self-advocate to get academic accommodations. Their stories told of shameful, lonely, invisible and tired bodies.

This exclusion is an issue for higher education and should be of particular concern to those who question the unmarked dominance of normative bodies in contexts which present themselves as supportive of diversity.

I40: Knowledge production about voluntary childlessness as a family form: A systematic review of trends

Lynch, Ingrid

Human Sciences Research Council; Rhodes University

There has been a steady increase in research concerned with non-traditional reproductive decision-making, including research investigating voluntarily childlessness. Existing reviews of this body of scholarship focus on dominant themes over time including: the demographic incidence of voluntary childlessness, different pathways to voluntary childlessness, motivations for being childfree, physical and mental health consequences of being childfree and stigmatisation of childfree individuals and responses to stigma. We extend previous systematic literature reviews to attend to sociohistorical and geopolitical aspects of knowledge production about voluntary childlessness. Our dataset comprised 195 peer-reviewed articles that were coded and analysed to explore inter alia the main topic under investigation, country context, sample characteristics and methodology. We discuss the findings in relation to the socio-historical contexts of knowledge production, highlighting implications for current understandings of families, reproductive decision-making and reproductive justice.

I50: The intersection of culture and gender in constructions of *ukuzila*' (spousal mourning) among AmaXhosa in the Eastern Cape

¹Ngqangweni, Hlonelwa; ²Macleod Catriona

¹*University of Fort Hare*

²*Rhodes University*

Mourning is a universal and culturally specific practice following the death of a significant other. The Xhosa equivalent of the mourning process is *ukuzila*. Very little has been written on the subject of *ukuzila* in spite of the detrimental effects of the practice on the widows' health and safety, as well as the discriminatory nature of the practice. This paper presents the findings of a discourse analytic qualitative study conducted among isiXhosa speaking men and women in South Africa. The study revealed *ukuzila* as a practice put in place to show respect to the deceased. However, the showing of respect revealed a historically gendered cultural practice, imbued with power relations and centred on 'visibility'. In light of this finding, the authors propose further research which includes exploring people's willingness to change to a non-gendered practice of *ukuzila*, and alternate expressions of *ukuzila* that suit women rather than 'culture' and society.

I63: Precocious little monsters and the birth of puberty science: Tracing early puberty as a health matter

Pinto, Pedro; Macleod, Catriona

Critical Studies in Sexualities and Reproduction research programme, Rhodes University

Over the last two decades, early puberty has been increasingly portrayed in scientific and popular arenas as an alarming health issue. Changes in pubertal timing are frequently accorded a range of medical and moral dangers, suggesting individual degeneracy and social crisis. In our presentation – the first output of a Foucauldian genealogical investigation on pubertal knowledge in medical journals – we show that today's problematisations of early puberty are rooted in the figure of the child monster, as produced in early nineteenth century medical discourse. Drawing on doctors' clinical encounters with the pubescent body as represented in medical journals during that period, we argue that puberty, understood as a scientific construct, has been 'praecox' since the beginning. From this genealogical viewpoint, we explore the ways in which our present 'pubertal complex' talks to an old medical dilemma: the confusion of maturity and immaturity within the young body.

I32: Lived, living and to be lived experiences: Exploring how transgender people account and understand their identities.

Ramphele, Lesego; Semanya, Boshadi

UNISA

Conceptions of sexed bodies and gender identity are continuously taking up new and different forms, exposing the complexity of sexual and gendered life. This trend-shift poses a direct challenge to hetero cis-gendered narratives and inscribes new meanings that serve to undo restrictive normative conceptualizations and binary categorization practices of sexuality and gender identity. Despite this discursive turn, prevailing representations of the lived realities of how transgender people think and account for their gender identities still rests within the dominant hetero cis-gendered and binary discourses. This paper explores how the notion of 'being trapped in the wrong body' etched in medical discourses implicates healthcare access and undermines the capacity of transgender people to persevere in a livable life. Utilizing Foucauldian discourse analysis, transgender persons' accounts of their experiences of medical care access in public facilities and the subject positions made available within the discourses that operate in these accounts are explored.

I28: Home and away: Wandering wits and the disavowal of trauma in the treatment of the colonial insane

Swartz, Sally

University of Cape Town

This paper addresses the history of care for the mentally ill in settler colonies. It describes movement in and out of two kinds of homes, familial homes and nursing 'homes' – colonial lunatic asylums. Asylums, and the various institutions that regulated movement of the insane in and out of them, were home to a particular kind of suffering and violence. In this contested landscape of Britain recollected, for the British ruling class, as a nostalgic model for 'home', and with the challenge of domesticating a space imagined as both empty – a wilderness – and populated by 'foreign' native bodies, the many acts involved in classifying the insane had a significant role to play. The second part of the paper suggests that the ways in which insane bodies

were treated offers an opportunity to think about the ways in which insanity in a settler colony metabolized the relationship between a wish to maintain rule-bound order and the unconsciously disruptive effects of disavowal of trauma, violence and dislocation.

I37: Health psychology, or psychology for health? Historical perspectives on South African psychologists' engagement with 'health'

Yen, Jeffery

University of Guelph, Canada

This paper outlines some historical developments in South African psychologists' engagements with the problem of "health". Alongside movements to formalize and professionalize a U.S style "health psychology" in the 1990s, there arose a parallel, eclectic, and more or less critical psychology that contested the meaning and determinants of health, transgressed disciplinary boundaries and opposed the responsabilization of illness implicit in much health psychological theorizing and neoliberal discourse. This disciplinary bifurcation characterized South African work well into the post-apartheid era.

Through a preliminary analysis of oral history interviews, published literature, and archival material, this paper outlines some of the historical-political roots of key trends in psychologists' work on health in South Africa. It raises questions about the future trajectories of psychological research on health after twenty years of democracy, and argues that there currently is no "health psychology" in South Africa, and that the discipline is the better for it.

SYMPOSIUMS

Round-table discussion: Four short position papers followed by general questions / discussion

C1: Writing the histories of health psychology in different countries, cultures and contexts

Organiser: Chamberlain, Kerry

Massey University, New Zealand

A brief overview of work in progress to document the histories of health psychology (and behavioural medicine) in seven different countries, as they emerged in response to academic and funding developments, health crises such as the HIV/AIDS pandemic, and a shift of some psychologists away from "mental health" to "health" starting in the 1960's. In this roundtable focusing on 3 regions, Ian Lubek considers the developments in North America from the 1960's onwards, with roots in social psychology for health psychology and in clinical psychology for behavioural medicine, and considers how these developments have limited possibilities for the emergence of a critical health psychology on that continent. Jeffery Yen tackles the development of health psychology in South Africa in relation to community psychology, the apartheid system, and social context, and how this has fostered a critical approach to health psychology. Kerry Chamberlain and Christine Stephens trace the development of health psychology in New Zealand, comparing two lines of research and degree programs, and trace the influences that have fostered the development of a critical health psychology in that country. Comments by Cliff van Ommen and Derek Painter focus on similarities and differences of developments in

New Zealand and South Africa, with differing social contexts and histories of colonialism. James Liu comments on transnational comparisons and critically contrasts these “health psychologies” each from a unique cultural, socio-historical background.

Position paper 1: North American roots of health psychology and behavioural medicine

Lubek, Ian

University of Guelph, Canada

In the 1960's, as the US government began de-emphasizing and de-institutionalizing “mental health”, the Surgeon General began defining, and supported with funding, a number of health areas requiring new research and practices: alcohol overuse, tobacco, drugs and obesity. Many social psychologists applied their knowledge to these areas in the 1970's and 1980's. At the same time, clinical psychology presented new health issues such as sexual dysfunction, as well as addictions, etc., leading to a new sub-discipline of behavioural medicine. We examine activities in the Psychology Department of the State University of New York at Stony Brook, one center of development of both “branches” of health research for psychologists. We also consider the possibilities and potentialities for future developments of a critical health psychology in North America.

Position paper 2: Community and critical psychologists' responses to health issues in South Africa

Yen, Jeffery

University of Guelph, Canada

This presentation traces the emergence of a critical “health psychology” among South African psychologists in the 1980's and 1990's, outlining some of the key issues, themes and problems that characterized their work, as they responded to the massive health disparities resulting from apartheid health and social policy. It will discuss the ways in which this context necessitated a reconsideration of the meaning of “health” for psychologists, and a politicized pragmatism in their methods.

Position paper 3: A critical look at the development of health psychology in New Zealand

Chamberlain, Kerry; Stephens, Christine; Lyons, Antonia

Massey University, New Zealand

This paper will discuss the development of health psychology in New Zealand, the serendipitous nature of its initial development, through to the contemporary parallel developments of a mainstream clinical health psychology programme and a critical health programme at different institutions. This commentary will include discussion of key players, professional pressures, the influence of institutions and organisations, and regional relationships. Some discussion of potential futures will be offered, with an emphasis on directions for critical health psychology and critical research on health.

Position paper 4: A joint commentary on transcultural and (post-colonial) systemic differences concerning health psychology

¹Van Ommen, Clifford; ²Painter, Desmond; ¹Liu, James

¹Massey University, New Zealand

²Stellenbosch University, South Africa;

Rather than a fourth paper, a joint commentary will be offered to help tie together the papers dealing with North-America, South Africa and New Zealand. This first commentary will offer a broader, contoured analysis of the history of health psychology in the southern hemisphere, stressing the broader socio-

political context of the development of the discipline in these two multi-cultural and formerly colonized societies, New Zealand and South Africa. This will be contrasted with the developments in North America, and consideration given to the processes that facilitate and diminish the flourishing of critical forms of health psychology. The second commentary will consider trans-cultural differences and provide a critical look at the three “places” of health psychology described in this workshop, and how branches of psychology, including health psychology, function in multi-cultural societies.

POSTER SUBMISSIONS

P5: The influence of the socio-cultural context on the content of delusions: A case study from Fort England Hospital, 1890-1907

du Plessis, Rory

University of Pretoria

Andrew Scull compellingly argues that the casebooks from psychiatric institutions constitute one of the most voluminous arrays of manuscript material available to a researcher. This study is based on the casebooks from the Fort England Hospital, formerly known as the Grahamstown Lunatic Asylum, during the Medical Superintendence of Dr. T.D. Greenlees, 1890-1907. The study is delimited to analysing the delusions recorded in the casebooks. For Sally Swartz “delusions amplify social, political, economic and religious concerns and desires”. The study pursues Swartz’s suggestion by exploring how the socio-cultural context shaped and/or influenced the content of the delusions expressed by the hospital’s patients. A specific focus of the study will be analysing the delusions to ascertain if there is a discernible pattern and/or theme based on the ethnicity, race, class and gender of the patients.

P12: Can a country go smoke-free? Exploring the views of smokers and ex-smokers with rheumatoid arthritis

¹Treharne, Gareth ; ²Gath, Megan; ³Stebbing, Simon; ²Aimer, Pip; ⁴Kirby, Sandra; ²Stamp, Lisa K

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Recent years have seen smoking increasingly restricted in public places internationally, but is it conceivable for a country to go smoke-free? We interviewed 39 people with rheumatoid arthritis (29 smokers and 10 who had recently quit) about Aotearoa/New Zealand’s smoke-free 2025 goal. The data were subjected to inductive thematic analysis focusing on latent structure of talk. Smokers and ex-smokers were conditionally positive about banning smoking. A neoliberal discourse of people’s right to “choose” to smoke was the main condition that was emphasised and compared to the impact of alcohol. Participants noted that banning smoking would support quitting, but suggested many smokers would become more “determined” to smoke and speculated about an underground market run by organised crime. Participant’s argued that a ban is unlikely to go ahead because of tax generated by cigarettes sales, but were optimistic that smoking would not be as culturally engrained for future generations.

THEME 2

**Critical health education,
interventions and
treatment**

**INDIVIDUAL ABSTRACTS: AUTHORS
A-Z**

SYMPOSIUMS: ORGANISERS A-Z

POSTERS: AUTHORS A-Z

INDIVIDUAL PAPERS

I41: Psychology, health behaviour change and critique in the Global South

Barnes, Brendon

University of Johannesburg

Background: Critics have raised several concerns about health behaviour change programs in the Global South. However, there has been very little (critical) reflection about behaviour change critiques and, in particular, what ‘psychology’ has come to mean within these critiques. The aim of this paper was threefold: to describe existing critiques of behaviour change, to reflect on how ‘psychology’ has been written into these critiques, and to determine what this might mean for more critical forms of health psychology.

Methods: A review of the published English language critical behaviour change literature from 1990-2015 was conducted.

Findings: The paper presents four types of dominant critiques, argues that critiques tend be ‘psychologized’ and overlook important post-colonial theoretical resources related to, among others, the ‘discursive turn’, feminism and class. It is hoped that this paper will stimulate further debate about the place of critique within the health behaviour change discourse in the Global South.

I15: Have some faith in community: Improving access to mental health services for black African and Caribbean communities through faith based partnerships in South London

¹Burgess, Rochelle Anne; ²Ali, Haider; ³Gull, Malik

¹*London Metropolitan University*

²*Open University*

³*Wandsworth Community Empowerment Network*

Addressing ethnic disparities in access to mental health treatment is gaining increasing attention within the UK. Patients of Black African and Caribbean origin are over-represented within inpatient hospital settings, more likely to be admitted to treatment through emergency services and experience stigma and racism within treatment encounters. Cultural competency and community-based care have been championed as routes to overcoming critical barriers facing the uptake of services among marginalised groups. This paper reports on findings from the evaluation of a partnership driven by such frameworks in South London, UK. State driven mental health services, local government and local church groups collaborated to facilitate the delivery and translation of mental health supports to marginalised members of black communities. Findings highlight the importance of co-production of knowledge and capitalising on local strengths of church leaders to programme success. Implications for the expansion of faith based partnerships for mental health services are discussed.

I34: An analysis of South African narratives of “community” and “community engagement” using Fraser’s “politics of need”: Implications for health and social service professions

Carolissen, Ronelle

University of Stellenbosch

This paper draws on a feminist citizenship framework, using Nancy Fraser’s notion of a “politics of need” to

explore narratives of community in higher education. I argue that dominant notions of “community” and “the community” perpetuate hegemonic constructions of who constitutes the community, where the community is located and who belongs and does not belong to “the community”. Community engagement generally assumes that a well-meaning institution engages with communities outside of the university to provide services such as research and intervention. Yet community is seldom constructed as work within the university and, at times, curricula including community issues are stigmatised. Communities are typically constructed as poor, black and existing outside the university. This view constructs others outside the university as having needs and those within the institution as not having needs. Hegemonic narratives of community may produce stereotypical subjectivities, knowledges and practices among students in social service professions and provide little opportunity for non-dualistic nuanced narratives to emerge.

I89: Changing young people’s sexual behaviour in Tanzania: Power and resistance at a knowledge encounter

Coultas, Clare; Campbell, Catherine (Supervisor)

London School of Economics and Political Science

Education has always been a core component of HIV prevention and sexual behaviour change strategies aimed at young people. Over the years, greater understandings of the social and relational barriers to health have driven an expansion from the provision of knowledge about HIV transmission, to also teaching about life skills, communication, gender, coercion, substance abuse and (micro)economics (UNESCO, 2014). But is this enough? Drawing data from vignettes in 13 focus groups with urban-poor youth and university students in Tanzania, and taking a critical approach to Moscovici’s theory of social representations I explore how power at the level of knowledge construction can work to limit the agency that these youth in their different subjective positions perceive as having in their sexual lives. Moments of resistance are also identified and discussion centres on how rigid perceptions of youth sexualities, be they in a positive or a negative framing, might be operationalised and transformed.

I52: Survival stories of trauma: The subjective implications for reparation

Donoso, Gina

Ghent University

This paper questions how psychosocial interventions in the form of reparation processes can provide some recognition and acknowledgment to victims and societies in post-conflict scenarios in an effective and culturally sensitive way.

The main hypothesis is that when Law is symbolically transgressed, for instance through impunity after the perpetration of human rights violations, victims’ expectations of recognition and social validation are quashed. The paper aims at investigating critically to what extent and how psychosocial interventions unfolds social recognition for victims and whether this is connected with recovery from political trauma.

As the methodological aspect, this participatory study is based on the analyzed data collected from seven focus groups of victims/survivors from political violence and eighteen interviews with psychotherapists in Ecuador. Based on the empirical findings, the study will provide grounded recovery and reparatory measures and aims to corroborate how research processes with an ethical focus on the subject may become not only an academic tool but a positive reparatory intervention for people.

I7: “More of the same...”: Narrative continuity amongst women suffering from chronic pain at Groote Schuur Hospital; understanding the experience of pain in lower and middle income countries

Frenkel, Louise

University of Cape Town

In this presentation I compare the models of explanation of chronic pain in high income countries, and middle and low-income countries, using Bury’s notion of ‘biographical disruption’. Looking at pain sufferers’ stories about their pain, I argue that in high income countries, pain is seen more as a circumscribed medical condition which effects the individual, and potentially disrupts a person’s biographical line. However, in the context in which I work, at Groote Schuur Hospital, pain is more often seen (by the sufferer) as much more integral to their lives, as often an expression of a difficult life. In the context of poverty, and often multiple chronic illnesses, pain is perceived as just ‘more of the same’. This raises interesting questions about the understanding of pain in our context, and about appropriate interventions.

I71: Impact of stress and burnout interventions on educators in high-risk secondary schools

Johnson, Sharon

Stellenbosch University

A focus on teachers in the context of high-risk schools on the Cape Flats, Western Cape, led to three different interventions for stress and burnout being presented to one group of teachers (n=43 in total) in three secondary schools, with a control group of 20. Interventions were grounded in trauma release exercises, transpersonal psychology and transactional analysis as primarily physical, emotional and cognitive approaches. In a mixed-methods study, quantitative data comprised statistical analysis of stress, personal, work and learner-induced burnout and wellbeing at the pre and post intervention stages. An analysis of the text coding of the educators’ intervention responses followed, as well as bottom-up thematic analysis of focus group interviews. Educators benefitted from physiological, affective and cognitive approaches to dealing with threat and trauma, with statistically significant differences in stress and burnout between and within groups

I91: Siyahluma: A critical health education intervention

Kelland, Lindsay; Paphitis, Sharli

Allan Gray Centre for Leadership Ethics and Community Engagement Division, Rhodes University

Recent social science research points to various menstruation-related challenges facing women in the global South - most notably for our purposes here, young school-going girls in the global South report a lack of access to (1) reliable and hygienic menstrual products with which to manage their menstruation, as well as (2) the information they need to understand the process of menstruation, how to manage menstruation and how to perceive and treat their menstruating bodies given that menstruation is surrounded by a culture of taboo and silence - menstruation is seen as dirty, impure, contaminating and, importantly, as something to be concealed from others and not spoken about, particularly in relation to male others. This lack of access to information, or in many cases, provision of false, misleading or stigmatised information has a severe negative impact on the management of menstruation for both young girls and women in the global South.

In response to these challenges, a project has been set up in Grahamstown which brings staff and students at Rhodes University and local NGOs together in an attempt to holistically deal with the menstruation-related challenges facing women, and especially school-going girls, in the Eastern Cape. This project - 'Siyahluma' (we are growing) - adopts a multi-faceted approach to assuaging these challenges, addressing both the reported lack of access to menstrual products and the reported lack of access to adequate and non-stigmatised information about menstruation.

In this paper we focus on an exploration of the second primary goal of the Siyahluma project: to undermine the culture of silence and taboo surrounding menstruation in the global South through the implementation of an educational intervention program which aims to open up spaces where dialogue about menstruation is encouraged. We also provide an account of the process of co-creation followed in the development of the educational intervention currently running in schools in Grahamstown between university staff and students and NGO workers. We focus on elucidating the objectives of this critical health education intervention, highlighting some of the pragmatic steps we have taken in our partnerships to undermine the menstruation-related challenges facing women and school-going girls in the global South.

I70: Health literacy in a young adult offender population

Mehay, Anita

Royal Holloway, University of London

Modern healthcare requires more participation of the individual than ever before. Health literacy describes the degree to which individuals have the capacity to obtain, process and understand health and be 'fully engaged' in health. People in prison, particularly young adults, experience poorer health when compared with the general population. Targeting prisoners can benefit the wider community through returning prisoners with better health. However, as institutions of disempowerment and deprivation, prisons are the 'antitheses' to promoting health and increasing engagement. This paper will provide a critical perspective of health literacy which goes beyond a narrow individualistic concept. Through a mixed method approach, empirical data from a large prison will be presented with a critical exploration of the role of a medicalised health service and the prison structure and power inequalities. The subsequent development of a community action approach to promoting health literacy in this population will also be presented.

I18: Exploring the emancipatory potential of nursing practice in relation to sexuality: A systematic literature review of nursing research 2009-2014

Nhamo-Murire, Mercy; Macleod, Catriona

Critical Studies in Sexualities and Reproduction research programme, Rhodes University

Nurses play an important role in disseminating health information and in the provision of counselling concerning sexuality healthcare settings. There is some evidence, however, that nurses do not always consider issues relating to sexualities in their general practice, and when they do, may feel some discomfort in addressing sexuality. In this paper we report on a systematic review of research on nursing practice in relation to sexualities that appeared in nursing journals in the Web of Science database from 2009-2014. Thirty nine articles, which were published in English and reported on nursing practice in relation to sexualities, were thematically analysed. We focus on what research has been done and how this research may be used in the development of emancipatory nursing practice in relation to sexualities. Despite increasing attention being paid to social justice issues in nursing, the implications of this for nursing practice needs further exploration.

I84: Accommodation and job assignment for impaired workers

Pearson, Jessie

Human Kinetics and Ergonomics, Rhodes University

Some compensation systems do not encourage permanently restricted workers disabled due to work-related injuries, to return to work. However, appropriate job placement of impaired workers has been shown to result in feelings of independence, usefulness and responsibility, as well as financial security. Physically impaired employees in many workplaces have experienced job discrimination because colleagues and supervisors assume that their work performance will be affected by physical limitations resulting from their disability. This theoretical paper discusses the possibilities of assigning workers to appropriate jobs based on their specific capabilities and limitations. The option of providing certain job accommodations in the form of workplace restructuring is also discussed.

An ergonomics approach to designing industrial workstations attempts to achieve a balance between worker capabilities and task requirements to optimize worker productivity, as well as provide physical and mental well-being, job satisfaction and safety. For impaired workers, additional considerations need to be given to their functional limitations and altered physical capabilities. In some cases, modifications or alterations may need to be made to existing workplaces to accommodate these capabilities.

This paper investigates the possibility of evaluating specific worker limitations and capabilities through a thorough functional analysis, and matching these to task demands determined through a thorough job analysis at the workplace, to achieve the best possible productivity and worker well-being.

I53: The importance of Banting research and why withholding it costs us lives

Remsing, Sandra; Viljoen, Janet; Christie, Candice

Rhodes University

Increased attention is being paid to the low-carbohydrate, high-fat diet, (LCHF) or 'Banting diet', as an effective method of managing insulin resistance and type II diabetes. Randomised controlled trials have shown benefit, and anecdotes support the need for further investigation. Considering the prevalence and severity of type II diabetes, effective non-pharmaceutical treatment options, such as LCHF, are crucial. However, current guidelines do not include the LCHF lifestyle, and in fact this option is generally opposed by the medical profession. Given the evidence, ignoring an alternative treatment must be considered an injustice to patients. This paper will present the opposing theories for the lifestyle treatment of type II diabetes, in particular, and critically argue that medical and scientific opposition to research into and application of an alternative treatment for insulin resistant individuals may be harmful rather than helpful.

I22: Interventions to reduce weight stigma in healthcare: An update and critical discussion.

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¹School of Psychology, Faculty of Health and Behavioural Sciences, UQ, Brisbane

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Over the past decade there has been increasing attention to and acknowledgement of the widespread nature

of weight stigma. Healthcare has received particular attention as a site of weight stigma. Research increasingly focuses on approaches to reduce this form of stigma and there have been an impressive number of intervention studies reported in the last five years since a systematic review by Danielsdottir et al (2010) found a 'dearth' of literature in the area. I provide an overview of these intervention studies and more recent studies, with a particular focus on intervening in weight stigma in healthcare environments. I take a critical look at why such interventions are often unsuccessful, and discuss the importance and possibilities of addressing both context and complexity when addressing weight stigma. I critically reflect on an intervention that we are currently undertaking in a healthcare context and reflexively explore relevant design and implementation issues.

I43: The influence of receiving an HIV test result on the traumatic stress symptom profiles of rape survivors

Strydom, Yolandi

Nelson Mandela Metropolitan University (Port Elizabeth)

Research indicates that most trauma survivors are able to overcome their traumatic experiences. However, rape survivors often face a secondary trauma in receiving an HIV test result. Not all rape survivors have knowledge of their HIV status. They thus, potentially, have two traumatic events to deal with. Some rape survivors may experience an increase in traumatic stress symptoms after receiving the diagnosis, as this would constitute an additional traumatic experience, which may be experienced as a physical and emotional threat. The study aims to explore and describe the influence of receiving an HIV test result on the traumatic stress symptom profiles of rape survivors, and whether there is a difference between the symptom profiles of rape survivors who receive an HIV positive versus an HIV negative test result.

I78: Developmental work research as health intervention research

¹van der Riet, Mary; ¹Sofika, Dumisa; ²Akhurst, Jacqueline; ³Daniels, Harry

¹University of KwaZulu-Natal, South Africa

²York St John University, United Kingdom

³Oxford University, United Kingdom

The paper reflects on the utility of developmental work research (DWR) in rural health research interventions. Residents of a rural area of the Eastern Cape, South Africa, have demonstrated an investment in relationships and risky sexual activity at the expense of risk prevention and health protection. A series of DWR-styled workshops were used to engage with participants' understandings of current practices and contradictions in relationships, sex and risk. Five sessions of three hours each were conducted over a period of eight months with two groups (10 male and female youth between 18 and 30 years of age, and 10 men and women over 30 years of age). We reflect on the potential and limitations of expansive learning in the DWR process to open up possibilities for developing new forms of social behaviour and work as a health research intervention in rural contexts.

I51: Restricted physical activity research in older women: Does this represent additional risk to health?

Viljoen, Janet E ; Christie, Candice

Department of Human Kinetics and Ergonomics, Rhodes University

Post-menopausal women are at great risk of developing cardiovascular disease due to the loss of endogenous estrogen at menopause. This risk can be mediated via medication, but this route is costly and carries the risk

of side effects which can reduce quality of life experience. The benefit of a lifestyle management approach to such risk, particularly via physical activity, is the emotional wellbeing that accompanies the physical health improvement. Research has not focused on women post-menses in this regard, and the existing science has preferred investigations of low intensity, aerobic type exercise. Our research engaged women, post-menses, in a high frequency, high intensity resistance training programme for 12 weeks in a supervised setting. Apart from clinical health benefits, the participants reported feeling empowered by the intervention. This paper will argue that the predominating research focus has tended to reduce choices for women, and thus restrict independence, individuality and self-confidence.

I26: The burdens of womanhood: A group of South African adolescent girls' experiences of menarche and menstruation

van Wyk, Sherine; Swartz, Leslie

Psychology Department, Stellenbosch University

This paper draws on a qualitative study exploring adolescent girls' experiences of girlhood. Sixty one girls, aged 12 – 14 years, from three low-income, peri-urban communities in the Western Cape participated in focus group discussions. In a thematic analysis of the data, menarche, as a salient marker in the process of becoming a woman, was one of the dominant themes in this study. The findings suggest the girls held various menstrual myths and taboos, experienced menarche/menstruation ambivalently and as something shameful that must be concealed. Participants reported that they were ill-prepared for the experiential aspects of menstruation, but were rather alerted to the dangers and risks associated with menstruation. The findings also suggest that a lack of preparation and guidance prior to and post menstruation, could put girls at risk for disconnection from their bodies.

I27: Condoms in pockets and HIV-free certificates: Mother-daughter communication about sex and risk in a time of AIDS epidemic in South Africa

Wilbraham, Lindy

Psychology Department, Rhodes University

Responsive to the perceived high risks of sexual coercion, unwanted pregnancy and HIV-infection of girls in particular, several South African sexual health promotion campaigns have used media targeting parents (mothers in particular) to instruct them on how sex should be talked about with young people to 'risk-proof' them. Such an instrumentalist public health discourse posits this intergenerational communication as an 'ongoing discussion' of events, feelings, issues and risk-safe practices around heterosexual sex negotiation. A Foucauldian view finds these conversational imperatives pitched against much-talked-about resistances to talking about sex; and the saturation with risk of ambivalent mothers and silent daughters. Mother-daughter communication about sex and sexualities – as an uneasy western ideal of attachment parenting – has tangled roots in psychoanalytic theory and feminisms where sex as the core of modern subjectivity is normalized, capacities for intimacy are trained, and affiliative sexuality is modelled in ways that balance the rights and responsibilities of sexual agency/citizenship. This paper begins with two narrative fragments from a sexual health campaign that addressed mothers and daughters, and recounts how these 'stories' produced derisive laughter when introduced into group discussions with young/older women. The paper follows two lines of exploration. Firstly, is western idealized fabrication of inter-subjectivity between mothers and daughters desirable and feasible in post-apartheid conditions of epidemic in South Africa? And secondly, what if the narratives of lives and experiences we offer by way of health education materials provoke uncertainties, gaps and interrogations about sex, mothering and communication, instead of offering homilies and solutions?

I88: Exploring patterns of Facebook usage, social capital, loneliness and well-being among a diverse South African student sample

Young, Charles; Strelitz, Larry

Rhodes University

There has been much debate over whether the use of social network sites isolate people and truncate their relationships or alternatively, provide beneficial connections with others. This debate has been framed by a growing international literature which explores the triadic relationship between the intensity of use of Facebook to the maintenance of social capital and in turn the relationship between social capital and wellbeing and loneliness. A random list of 1168 Rhodes University students was drawn from the total student body and invited to participate in an online survey. In total, 491 students completed the survey (42% response rate). Hierarchical regression analyses demonstrate that intensity of Facebook usage adds a very small contribution to social capital, is very weakly associated with loneliness, and is not associated with wellbeing. Results contrast with international studies that fail to recognise the extent to which race and class cleavages impact on access to and use of social media.

SYMPOSIUMS

A: Four paper presentations followed by questions / discussion

B: Three paper presentations followed by input from a discussant, questions and discussion

B5: Well-intentioned may not be enough: Rethinking responses to gender-based violence

Organiser: Barker, Kim

Critical Studies in Sexualities and Reproduction research programme, Rhodes University

Gendered violence is a global public health problem with profound negative effects on the physical, emotional and economic well-being of individuals, families and communities. While both the problem and its effects remain largely hidden, there is an urgent need for interventions which will decrease the incidence of such violence and alleviate the suffering that it causes. However, our well-intentioned responses operate within the same discursive milieu which gave rise to the violence and may inadvertently draw on and reproduce constructions of 'victims', 'perpetrators' and 'violence' which complicate and hamper our efforts. The papers in this symposium critically consider aspects of three diverse forms of response to gender-based violence, namely: anti-rape poster campaigns, an annual silent protest against sexual violence and the counselling of women who have experienced Intimate Partner Violence (IPV) during pregnancy.

Paper 1: Counsellors' constructions of intimate partner violence (IPV) during pregnancy and their interventions with women suffering such IPV

Fleischack, Annie; Macleod, Catriona; Böhmke, Werner

Critical Studies in Sexualities and Reproduction research programme, Rhodes University

South African research reveals a high prevalence of intimate partner violence (IPV) yet little research exists regarding IPV during pregnancy. In this paper we present data collected through narrative interviews with eight counsellors from two NGOs working with women experiencing IPV during pregnancy. Using

a narrative-discursive analytical lens, attention was given to the construction of subject positions and power relations between the men and women in the counsellors' narratives. Men were largely positioned as subscribing to violent patriarchal behaviour whilst women were mostly positioned as nurturing, and as victims. The counsellors saw IPV during pregnancy as occurring for a variety of reasons, including conflicts around abortion, and male partners finding the women physically unattractive. It was noted that IPV during pregnancy is managed by women in complex ways. Counsellors' emphasis on individual counselling and leaving the IPV relationship suggests that women are ultimately responsible for their own wellbeing and success.

Paper 2: Just saying “No” is not enough: A Foucauldian Discourse Analysis of anti-rape poster campaigns

Böhmke, Werner; Bennie, Rachel; Minnie, Chantel; Moore, Sarah-Ann; Pilusa, Mikaylah; Pollock, James

Rhodes University

Sexual violence is a serious social concern, especially in South Africa. Explanations for high levels of sexual violence often point to normative cultural expectations regarding gendered behaviour. Consequently, attempts to address sexual violence frequently take the form of public health initiatives aimed at increasing awareness of the problem, encouraging reporting and, much more recently, addressing the social attitudes believed to be held by perpetrators of this violence. A common format for such initiatives is anti-rape poster campaigns. This paper argues, through applying Foucauldian discourse analysis to a series of posters, that very often the messages conveyed by these initiatives are addressed at the prohibition of behaviours associated with sexual violence. The analysis shows that this strategy may not be sufficient, and instead argues that alternative strategies - aimed at inviting audiences to take up an ethical position - may be more effective at producing change.

Paper 3: ‘Victim’ or ‘survivor’? : Language, identity and ethics revisited

Barker, Kim; Macleod, Catriona

Critical Studies in Sexualities and Reproduction research programme, Rhodes University

Initially in feminist circles, and subsequently in more common usage, the term ‘survivor’ came to signify those who have been (sexually) violated and live on, and even thrive. The passivity implied by the term ‘victim’ therefore gave way to the more agentic connotations of ‘survivor’. However, neither term adequately captures the complexity and fluidity of subject positions taken up by and ascribed to women who have been subjected to sexual violence. The selection of an inadequate word is not neutral: each identifier calls forth particular identity constructions which have real effects. Reducing women’s experiences to one pole of this simple binary can diminish and totalise those experiences. In this paper we re-consider the use of these terms with reference to research conducted with protestors participating in an annual anti-rape protest held at Rhodes University, Grahamstown, South Africa. We focus on the perspectives of women who are ‘survivors’ of sexual violence.

Discussant: Collins, Anthony

School of Media, Language and Communication: Durban University of Technology

A7: Critical reflections on school-based sexuality education in South African contexts

Organiser: Shefer, Tamara

University of the Western Cape

Sexuality education as part of a life orientation (LO) programme in South African schools has been viewed as an important vehicle for challenging social problems, including the high rate of HIV/AIDS, gender-based violence and unwanted pregnancy, and to promote safer, equitable and non-violent sexual practices. A growing body of research has begun interrogating the LO sexuality education programme in terms of the extent to which it is adequately directed towards challenging normative gender and sexual practices, and its impact on the broader goals of gender justice and transformation. Recent studies conducted on school-based sexuality education in South Africa have begun unpacking a range of problematic discourses: the dominance of a guiding metaphor of danger and disease in LO and sexuality education manuals (Macleod, 2009); educators using a transmission mode of teaching to the exclusion of participation and experiential modes of learning (Rooth, 2005); educators understanding sexuality education as being chiefly about the provision of information concerning, and prevention of, HIV/AIDS and their preference for abstinence only education taught through a series of moral injunctions (Francis, 2011); the avoidance of discussions of sexual diversity, and the endorsement of compulsory heterosexuality when same-sex relationships are mentioned (Francis, 2012). This panel builds on this research by presenting findings from studies that apply an intersectional gendered analysis to current practices of sexuality education, with particular focus on the narratives of young people, teachers and other school authorities and materials and resources used in classrooms.

Paper 1: Young people's use of 'peer pressure/normalization' as discursive resources to justify gendered youth sexualities: Implications for Life Orientation sexuality education programmes

Jearey-Graham, Nicola; Macleod, Catriona

Critical Studies in Sexualities and Reproduction research programme, Rhodes University

'Peer pressure' has been associated in the scientific literature with a range of risky sexual behaviors, thereby undermining safe sex messages delivered in Life Orientation (LO) classes. LO texts warn against peer pressure. Taking a discursive psychology perspective, we show how young people, in contrast, use the discourses of 'peer pressure to have sex' and 'peer normalization of sex' to *justify* youth sexual activity. Using data from focus group discussions about youth sexualities with students at a Further Education and Training College in South Africa, we show how participants outlined a need for young people to be socially recognizable through engaging in, and being able to talk about sex, and how they implicated peer norms in governing individual sexual behavior. Both discourses pointed to a gendering of sexual norms. The deployment of these discourses by young people themselves has implications for Life Orientation programmes. Nuanced engagement with 'peer group' narratives is indicated.

Paper 2: What do LGBT youth say they need from the teaching of gender and sexuality diversity in Life Orientation?

Francis, Dennis

University of the Free State

Schools are places where young people and their teachers do a great deal of work on the construction of their identities in a whole range of ways, notably, around issues of sexuality which is intimately connected with struggles around gender. In most South African schools, the cultural positioning of homosexuality as deviant and immoral separates LGBT people from heterosexuals, making homosexuals invisible

when it comes to the sexuality education curriculum (DePalma & Francis, 2014). For youth who identify as LGBT, this means they usually grow up without teaching and learning with regard to their sexual orientation (Bhana, 2012). The resulting message is that homosexuality is something to be hidden and kept separate from teaching, learning. The effect of this invisibility of homosexuality on gay and lesbian youth means that they become isolated, further marginalised and vulnerable to prejudice and attack. My paper explores how sexual and gender diversity is taught within the Life Orientation (LO) curriculum and LGBT youth in secondary school environments and asks the following questions: how do young people who identify as LGBT experience the teaching of gender and sexual diversity; how do they feel that questions of gender and sexual diversity are dealt with in the curriculum; do they find the content useful and what is it that LGBT youth say they need from the teaching of gender and sexuality diversity?

Paper 3: ‘Charmer boys’ and ‘cream girls’: Children’s construction of the (hetero)sexual self through football and implications for Life Orientation sexuality education

Mayeza, Emmanuel

Rhodes University

Due to the adult-centric ‘common-sense’ view of primary school children as non-sexual, research on schooling, gender and sexuality in South Africa rarely addresses primary schools. In contrast, this paper explores how nine-to-ten year-old children in a working-class, township primary school near Durban (hetero)sexualise their gendered identities through football. By illuminating the different ways in which the young children in the study construct themselves as both gendered and sexual beings in their everyday playground and sometimes ‘underground’ cultures at the school, the paper calls into question the ‘common-sense’ discourse of childhood which (re)produces primary schools as sexually-free contexts. Findings raise pertinent implications that call for the (re)conceptualisation of children; from being seen simply through the discourse of sexual innocence to being conceptualised as people who are capable of expressing sexual agency. This, in turn, calls for the development of new ways of working with the young children in Life Orientation sexuality and HIV/AIDS education which are empathetic and sympathetic to the children’s own constructions of themselves as both gendered and sexual beings.

Paper 4: Sexuality education and the regulation of young female sexualities in South African contexts

Ngabaza, Sisa; Shefer, Tamara

University of the Western Cape

Young women’s sexuality is a contested terrain in contemporary South Africa. A growing body of work in the context of HIV and gender-based violence illustrates young women’s challenges in negotiating safe and equitable sex. Yet, young women’s sexuality is also stigmatized in school and community contexts, as emerges in research on teenage pregnancy and parenting in schools. Research with young women who parent at school has shown that a key component of the moralistic response to women’s sexuality hinges on the way in which childhood, adolescence and adulthood are popularly understood, together with dominant notions of masculinity and femininity within heteronormative and middle class notions of family. Such discourses are also salient in the responses and understandings of sexuality education in Life Orientation, particularly the way in which young women are represented. This paper draws from qualitative research conducted with teachers, school authorities and young people on their experiences and perceptions of sexuality education in the Life Orientation programme at schools in the Western and Eastern Cape. Key findings reiterate the dominance of discourses of ‘danger’ and ‘damage’ that

deny young women's sexual desire and practices, yet expect their responsibility, within a framework of protection, regulation and discipline.

Discussant: Baxen, Jean

University of the Witwatersrand

B3: Young men's constructions of the Human Papillomavirus (HPV) Vaccine from an international perspective

Organisers: ¹Treharne, Gareth; ²Brunton, Carol Gray; ³Todorova, Irina

¹*University of Otago*

²*Edinburgh Napier University*

³*Northeastern University*

The Human Papillomavirus Vaccine (HPV) is a vaccine introduced internationally in order to protect against common strands of the sexually transmitted HPV virus which are responsible for over 70% of cervical cancer cases as well as other cancers in men and women. Two vaccine are licensed for use. Many countries target pre-adolescent females prior to sexual debut in vaccination campaigns. The HPV vaccine has also been shown to be effective against some male cancers and genital warts. Yet from a public health perspective most countries have adopted a single-gender vaccine policy rather than targeting both genders in vaccination campaigns. There are a few notable exceptions including North America and Australia. The current symposium explores the exclusion/inclusion of boys/young men from the HPV vaccine from an international perspective. We bring together three papers from three different contexts including Australasia; Europe and North America – New Zealand; Scotland and Spain and the United States - to explore young men's constructions of the HPV vaccine within context. The symposium papers and discussion will provide critical debates for health psychology on notions of national vaccine implementation policies; gendered access to public health interventions and social justice; and insights around young men's roles and responsibilities around sexual health.

Paper 1: Young men's views on the programme to vaccinate young women against Human Papillomavirus (HPV) in Aotearoa/New Zealand: Valuing health and constructing who is at risk

Treharne, Gareth; Morales, Adrienne; Monteith, Amanda; Bambury, Amy-Rose; Hinten, Ashley E; Anderson, Catrona; Chan, Joanna H Y; Graham, Katie; Linney, Kelsi; van der Ploeg, Naomi; Sultan, Nurul Y; Goh, Rachel; Knight, Rachel; Cavanagh, Saara

Aotearoa/New Zealand's HPV programme vaccination has been running since 2008 but only provides subsidised coverage for girls and young women. The aim of this study was to investigate understandings of HPV among young men whose female peers had been offered the HPV vaccination. Six focus groups were run with 26 men aged 18-23 years from a range of Pacific, Asian and European backgrounds. The men had many uncertainties about HPV and only a quarter of them were willing to receive the HPV vaccination. During the focus groups, the full cost of the vaccination shocked participants and was used as an anchor for discussions about the value of long-term health. Even when participants learnt that men could experience HPV-related cancers they drew on the gendered vaccination programme to frame women as responsible for preventing HPV. Participants raised implications for health education that could aid resistance to these constructions.

Paper 2: 'I didn't think men were affected': Scottish and Spanish men's constructions of risks, responsibilities and knowledge in relation to the HPV vaccine

Brunton, Carol Gray; Carnegie, Elaine; Gullone, Angela; Pow, Janette; Petrova, Dafina; Garcia-Retamero, Rocio

European vaccine policy predominantly targets preadolescent girls prior to sexual debut in HPV vaccine campaigns. Boys and young men are currently excluded in such single-gendered vaccine policies. The aim of the current cross-cultural study was to explore young men's (aged 18-26 years) constructions of the HPV vaccine in Scotland and Spain where single-gendered vaccine policies are adopted. Qualitative focus group methodology was employed to explore young men's constructions of the HPV vaccine using participatory methods. Three focus groups were conducted in Spain and five in Scotland with a total of 36 young men. Findings indicated a central discourse around young men's construction of the HPV vaccine as largely a problem for women. We discuss how men negotiated their own risks and responsibilities in response to the HPV vaccine and some of the social and psychological implications for single-gendered vaccine policies.

Paper 3: Young men's constructions of the HPV vaccine from the United States: 'It's optional but not crucial to health'

Todorova, Irina; Carnegie, Elaine; Brunton, Carol Gray

Since 2011 the United States has licensed the HPV vaccine for use amongst boys and young men. The vaccine is provided through personal health insurance. The aim of this study was to provide understandings of young men's (18-26 years) constructions of the HPV vaccine from a context where the HPV vaccine has been recently provided. Fifteen young men took part in six focus group discussions to explore their opinions of this vaccine and the data was analysed discursively. A central discursive theme centred on vaccine ambivalence for the HPV vaccine. Such ambivalence rested on the value of the vaccine for young men's personal health and wider benefits related to social relationships and responsibilities. We discuss the complexities of this vaccine within a US context for the young men participants.

Discussant: de Kok, Bregje

Queen Margaret University, Edinburgh

POSTER PRESENTATIONS

P1: Clinical psychologists' perceived barriers to the provision of psychological services for people with first-episode Schizophrenia in urban public health care settings

¹Barnwell, Garret Christopher, Sack, V; Strümpher, J.

¹Nelson Mandela Metropolitan University, Eastern Cape, South Africa

This study explored and described the perception of clinical psychologists regarding the barriers to the provision of psychological services in urban public health settings for people with first-episode schizophrenia. The qualitative research study utilised an explorative, descriptive interpretive research design. Purposive sampling was utilised to gain access to clinical psychologists, who had at least two years of public health experience working with people recently diagnosed with schizophrenia. In depth interviews were conducted with 11 participants from the Nelson Mandela Bay Metropolitan in Eastern Cape until data saturation had occurred. A computer-assisted qualitative thematic analysis of the collected data was conducted using NVIVO

software. The findings have been categorised according to three broad domains: contextual barriers; health care system-related barriers; and first-episode schizophrenia syndrome-related barriers. Several specific sub-themes were identified for each of these main domains allowing for recommendations and suggestions to be provided for attending to and overcoming these perceived barriers.

P14: Maternal subjectivity in mothering a child with a disability: a psychoanalytic perspective

Harvey, Clare

Psychology Department, University of Witwatersrand

The deficit assumptions in the literature on disability in general, and on mothers' experiences of raising a disabled child, will be presented. Specificities of this maternal subjectivity include mothers' engagement in unconscious defence mechanisms, including part-object relating, minimisation, denial, as well as engaging in compensatory and reparative impulses in order to manage the intense emotions of this mothering experience. Mothers of disabled children are forced to tolerate their own preconceived notions and uncomfortable feelings of disability that they have introjected from society's deficit view of disability. Once women have a baby that belongs to the 'outgroup' of society they have to tolerate society's projections of the disavowed aspects of disability. Mothers are left with intense feelings of shame and guilt. They also experience loss for their fantasised ideal object, the non-disabled baby. This is a vastly under-researched area and there is a need for further engagement with the maternal subjectivities of mothers with children with a disability.

THEME 3

**Critical theory and
methods in health
research**

**INDIVIDUAL ABSTRACTS: AUTHORS
A-Z**

SYMPOSIUMS: ORGANISERS A-Z

POSTERS: AUTHORS A-Z

INDIVIDUAL PAPERS

I30: Specialist workforce development through mentoring: Comparing collaborative programme evaluation using action research and realist evaluation

Akhurst, Jacqueline; Lawson, Sally

Rhodes University and York St John University

This Workforce Innovations Programme (WIP) was for healthcare practitioners working in north east England. The innovative mentoring-focused WIP aimed to increase capacity and capability, and to improve services and outcomes for people living with long term neurological conditions. Mentors were matched with practitioners outside of their specialisms and focused on community and partnership working as alternatives to dominant modes of practice.

This paper will highlight key outcomes and contextual challenges. It will explore collaborative action research for practitioner development, evidencing the participants' learning. A medium term realist evaluation then provides data about the value of the WIP; and illustrates ways the programme worked for practitioners and people who used services, to support the drive for improved outcomes. It will compare and contrast the contributions of both forms of programme evaluation, and critique some of the discourses of workforce improvement initiatives.

I11: Health as social citizenship: Rethinking health research and social research in South African contexts

Boonzaier, Floretta; Squire, Corinne

University of Cape Town, South Africa, and University of East London, UK

In this paper, we argue that work in South African health and social welfare contexts can help us reconceptualise health research as broader in its objects, analyses and understanding than is generally assumed. We suggest first, using the example of HIV, that health research is increasingly about more than 'just' health – grounded in, for instance, gender and inequalities; and second, using the example of gender-based-violence, that socioeconomic disempowerment is itself a 'health' issue, written into the lived conditions of bodies and minds. More broadly, we argue that African health issues are, as the Ebola emergency demonstrates, shaped by marketised discourses of deficit and incapacity, and inequalities of resources and power. As an alternative, the South African constitutional guarantees of health service provision and gender equity, and the people first 'Batho Pele' principle, offer routes towards health research, policy and practice that move beyond resource-based or capability-based accounts, towards social citizenship

I94: Ethical considerations for research involving cultural communities

Katide, Gaogalalelwe; Semanya, Boshadi

UNISA

University based research is accepted as authentic and an adequate way of creating knowledge. Oftentimes western values are at the foundation of these research undertakings, and as a result they are rooted in colonial and relational power structures. Research in indigenous communities urges the researcher to critically consider ethical issues as they extend beyond issues related to information consent and confidentiality. They are culturally determined and are geared toward giving ethics a human face. This is especially true in studies oriented towards exploring phenomena that involves cultural issues and are spatially localised in traditional

cultural settings.

This paper will explore the culturally determined ethical codes paying particular attention to challenging the conventional notion of ethics in order to allow the cultural construction of knowledge. To gain entry into women's initiation schools required following cultural protocols peculiar to Batswana traditional leadership as well as reflecting on issues of intellectual property.

I67: Gay men and fatherhood in South Africa: A discursive study

Morison, Tracy; Lynch, Ingrid; Reddy, Vasu

Human Sciences Research Council / Rhodes University

There is little South African research on gender and sexual minorities' reproductive decision-making and, to date, no published work explicitly focused on gay men. Motivated by the virtual absence of gay men in research, as well as their marginalisation more generally, we undertook a qualitative investigation of gay men's thoughts, feelings and perspectives of fatherhood, fatherhood decisions, and experiences of pathways to parenthood. Framed by a reproductive justice perspective, the aim of the study was not only to generate new knowledge, but also to inform policy, services, and advocacy. In this paper we present some of the findings from our discursive analysis of participants' accounts of their own experiences of the pathway to parenthood or remaining 'childfree'. We locate our analysis within the broader South African context and show how the entanglement of various social identity markers - particularly gender, race, and class - come to bear on participants' experiences.

I33: All about the abs: Discourse of health in the negotiation of masculine body-image.

Plüg, Simóne

School of Journalism and Media Studies, Rhodes University

This paper explores contemporary South African masculinities and how aspects of consumer culture interweave the self and body-image where "the prime purpose of the maintenance of the inner body becomes the enhancement of the appearance of the outer body" (Featherstone, 1991, p. 171). It details a study of young men in Durban, using a qualitative research design and a social constructionist theoretical framework to explore the discourses participants use when discussing their own and other male bodies. It highlights the ways in which consumerism, the media, and other social dynamics promote and silence different discourses around what constitutes a desirable man in 21st century South Africa. The paper presents a detailed exploration of the 'healthy body' discourse, discussing how it shaped men's engagement in self-sculpting practices and provided a means by which the participants came to understand and manage their gendered identities.

I36: Using autoethnography to explore the experience of kidney disease

Richards, Rose

Stellenbosch University

Due in part to medical science's improving ability to treat chronic conditions, many people are today living with conditions that would previously have shortened their lives considerably. My doctoral research was an autoethnographic study of 40 years of my own experience of chronic kidney disease. I undertook this because looking at more than one person's experiences would not have allowed me the type of depth I sought in a long-term study. I also wanted to explore from an alternate angle the problematics of representation in research about lived experience. I had intended my project as an educational tool for practitioners working with people with kidney disease. I had not expected that my research would change my own perception of my

experiences as much as it did. My paper assesses my use of autoethnography as an option in research about chronic illness.

I66: The production of the recoverable subject in eating disorder treatment regimes

Rinaldi, Jen; LaMarre, Andrea; Rice, Carla

University of Ontario Institute of Technology, University of Guelph College of Social and Applied Human Sciences

We critically engage with biopedagogies related to eating disorder treatment in order to problematize what it means to recover from eating disorders. We critique the cultural narrative of recovery for requiring that those seeking to recover attain a certain body shape and size (narrowly constrained within the confines of “too fat” and “too thin”), and coding healthy bodies in gendered and heteronormative ways. Within these confines, marginalized bodies are left in the interstice between eating disordered and recovered. We explore how youth may feel a strong pull to manage themselves in a way that promises to deliver an “ideal recovered body” and yet are denied the status of ‘recovered’ by those unable to reconcile their bodies with the cultural imaginary around recovery. Using a body-becoming pedagogical approach to develop critical theory on eating disorder recovery, we hope to open up new avenues for healing, imagining self, and re-conceiving healthy embodiment.

I82: “Are you saying she’s mentally ill then?”: Diagnostic negotiations in a neurology clinic

Robson, Catherine

Formerly, The University of York, United Kingdom

Based on film-recordings of eight clinical consultations (from a sample of 50) in a specialist clinic in England, we explore the communication between neurologists and women with seizure disorders of uncertain etiology, often labeled psychogenic non-epileptic seizures (PNES). Using methods inspired by Conversation Analysis and Rhetorical Discourse Analysis, we ask: how do neurologists explain the name, the cause and the treatment options to these patients, how do patients and their companions respond to these explanations, and what makes these interactions so difficult?

We found that the neurologists presented the diagnosis and its cause – inappropriate stress management – through objective language that conveyed a high degree of certainty. Patient-parties found it hard to believe that these physical symptoms had a psychological origin. Companions often acted as advocates for the patients in these negotiations. The polarized debate between psychogenic and somatic understandings of the seizures that emerged illuminates how the Cartesian dualism between body and mind complicates clinical encounters – a dualism doctors explicitly reject, but presumably accept.

I79: The production of sexual risk: Everyday sexual practices in a rural Eastern Cape setting

Sofika, Dumisa

University of KwaZulu-Natal; South Africa

This presentation outlines some of the conceptual thinking involved in a thesis I am writing on sexual risk management amongst young people. The thesis draws on a variety of Foucauldian concepts to explore how young people manage, negotiate and make sense of sexual risk in their lives. The thesis makes use of concepts such as ‘technologies of the self’ by which young people guide their conduct in a context of risk. The paper also explores governance to explore the different conceptualizations, and therefore responses to sexual risk

that young people and public health authorities have. This exploration is used to critique health interventions that have taken young people as their subjects but have poorly understood how young people respond to and negotiate sexual risk.

I77: Managing risk: The limits and possibilities of the practice of safe sex

¹van der Riet, Mary; ¹Sofika, Dumisa; ²Akhurst, Jacqueline; ³Daniels, Harry

¹University of KwaZulu-Natal, South Africa

²York St John University, United Kingdom

³Oxford University, United Kingdom

The paper takes as its focus the trade-off made by youth in a rural context in South Africa between sexual health safety and relationship investment. It uses data from a broader study which sought to understand young people's responses to HIV and AIDS. This paper focusses on how risk was managed within sexual interactions with the aim of exploring potential maneuvering in response to safer sex. Qualitative interviews with men and women between 15 and 33 years of age used a shaping tool to generate data about the limits to the safe sex practices of young people in the research context. A discursive analysis of the instances of risk and the challenges that arise with adopting safer strategies of sex and safer relationships, revealed possible alternative subject positions and the possibilities for safer sex.

SYMPOSIUMS

B: Three paper presentations followed by input from a discussant, questions and discussion

B4: Coming to life: Methodological challenges of researching birth and maternal health in South Africa

Organiser: Chadwick, Rachelle

Gender Studies, School of African & Gender Studies, Anthropology & Linguistics, University of Cape Town

This symposium reflects on some of the methodological challenges that emerged when doing critical qualitative research on birth and maternal health care in South Africa. The first paper explores the methodological, ethical and practical problems and possibilities of adopting a relational approach to birth research, which utilised both couple and individual interviews and perspectives. The second paper examines the ethical and personal challenges of researching state violence in public-sector maternal healthcare settings in South Africa. This paper looks at the multiple constraints on the research, in terms of ethical clearances, gate-keepers and the researchers' own personal positioning's. The final paper focusses on the methodological challenges of trying to 'do' intersectionality in qualitative research on birth. Gendered continuities and discontinuities are shown to emerge across race and class lines in women's stories. The paper also reflects on the analytic challenges of trying to trace intersectional subjectivities in critical qualitative research more broadly.

Paper 1: Doing jointness: A relational approach to couple narratives of homebirth

Daniels, Nicole

Sociology, University of Cape Town

This paper offers an account of the ethical, methodological and practical consequences of adopting a

dyadic approach in a Masters project on homebirth in South Africa. Thirty, longitudinal interviews with men, women and couples, generated narratives of decision making and narratives of couple experiences' of homebirth. Dyadic meanings of shared experiences were strengthened by a 'common reflective space' that generated insights into both the research and the researched. Additional knowledge on the doing of jointness in couples' everyday lives is a unique contribution to the literature. An analysis which foregrounded relationality allowed experiences to be rectified, remembered and re-adjusted in light of new, emerging information. Overall, a dyadic approach offered a nuanced picture of negotiation and interaction that proved insightful for investigating the doing and undoing of jointness. The challenges of balancing multiple perspectives are discussed in the context of the 'common reflective space' created by such interviews.

Paper 2: The making of benign research: The politics of studying reproductive health injustice

Rucell, Jessica

Political Studies & International Relations, University of Leeds; Sociology, University of Cape Town

This paper examines the process of researching state violence in maternal health services in South Africa. Its insights are based on a three-year inquiry using qualitative methods (discourse analysis, participant observation, focus groups and interviewing) studying the governance and social dimensions of maternal health. The fieldwork comprised over 100 observation hours and 70 interviews exploring the daily management and delivery of maternal health services at seven public hospitals. Firstly, it problematizes the approach with which ethics is to be considered by highlighting the implications ethical clearances have on research concerning healthcare and state violence. The paper explores the complexity of the research project's relation to the locus of state power and the gate keepers who grant access, information, and who can provide further data to substantiate information. Additionally, it considers how the lack of transparency in health systems contributes further to constraining an inquiry's ability to support accountability. Secondly, it examines the consequences for methodology when researching across social and material boundaries. Namely, when Primary Investigators are foreign to the research object: 'health system', and are socially positioned as antagonistic to participants' social positions. It interrogates the methodological challenges such context puts on the researchers' ability to understand and 'represent' knowledge. It concludes that research into preventing state harm may require different ethical considerations and approaches to ethical clearance.

Paper 3: 'Doing' intersectionality in qualitative research: Examples from birth narratives

Chadwick, Rachelle

Gender Studies, School of African & Gender Studies, Anthropology & Linguistics, University of Cape Town

This paper thinks through some of methodological challenges of trying to 'do' intersectionality in a study of 61 South African women's childbirth narratives. Participants included 35 low-income black women and 26 middle-class, predominantly white women. While intersectionality has been described as a theoretical 'buzzword', there is a lack of engagement with what it means – practically, methodologically and analytically – to examine the intersections between social inequalities (race, gender, class) in qualitative research. This paper attempts to 'do' intersectionality by exploring the ways class, race, gender and medical authority worked as overdetermining and intertwining sets of power relations in black, white, middle-class and poor women's birth narratives. Gendered continuities and discontinuities emerged across race and class lines. The paper traces these continuities and discontinuities and shows

that childbirth is a site of complex and intersecting embodied inequalities in South Africa. It also reflects on the methodological and analytic challenges of trying to trace intersectional subjectivities in qualitative research more broadly.

Discussant: Macleod, Catriona

Critical Studies in Sexuality and Reproduction research programme, Rhodes University

B7: Sculpted bodies: A critical analysis of contemporary body management discourses

Organiser: Marshall, Kayla

Massey University

Through a critical and feminist lens, we discuss ways in which bodies symbolically reproduce culture and gender with a particular focus on muscled bodies. The first paper involves an overarching examination of how both female and male bodybuilders represent themselves on Instagram, and identifies cultural and gendered themes related to self-control, fat, muscle, sexual desirability and body (dis)satisfaction. The second paper focuses on online representations of female weight lifters and how they defy traditional expectations of what it means to be a “good woman” through their display of feminine strength, but “strong is sexy” for women only to the extent that it renders them sexually desirable as objects of the male gaze. The third paper discusses male cultural embodiment and the commodification of men’s bodies, notably through an examination of men’s perceptions of steroid-induced, hyper-muscular “hench guys” as grounded in late consumer capitalism and neoliberal notions of individual responsibility.

Paper 1: Bodybuilding: Embodiment and identity construction on Instagram

Marshall, Kayla

Massey University

Instagram is a popular online social networking site with over 150 million users where people share photos and videos with captions, which can be commented on by other users. Given the current resurgence in the popularity of bodybuilding in Western society, there is a large and growing fitness culture on Instagram in which users regularly display and discuss their bodies instantaneously, often on a daily basis, as they aim to lose weight, gain muscle, and improve or maintain overall health and fitness. This paper involves a critical and post-feminist analysis of the bodybuilding culture on Instagram and identifies the ways in which bodybuilders construct online identities through the representation of personal food, nutritional, and exercise practices. These practices are anchored within broader societal factors that influence how and why bodybuilders aim to change, maintain, and control their bodies in particular ways. The paper’s main considerations are virtual embodiment and materiality, as well as gendered and cultural issues related to self-control, conformity, resistance, sexual desirability and bodily (dis)satisfaction that are associated with various bodily ideals.

Paper 2: Re-thinking fat: From bio-to body becoming pedagogies

Rice, Carla

University of Guelph

This paper engages with recent critical research on the obesity epidemic to think through the bioethics of obesity prevention and consider alternative responses to fat bodies. To develop such an approach, it offers a feminist “body becoming” theory of fat that interweaves constructivist and new materialist theories with embodied and aesthetic perspectives to imagine other possibilities for what fat bodies

can be and become. My paper begins by sketching mainstream mechanistic models of obesity and the history of feminist body theory before proposing an alternative body becoming theory of fat. Drawing from my earlier study examining the narratives of 25 adult women who recount becoming the “fat girl” in a Canadian context, I outline how big kids become fat kids in social, relational, and physical spaces, which I argue are productive of “overweight”. In light of dire warnings about today’s obesity epidemic, I turn to consider the implications of these findings for feminist-informed health promotion policy and practice. Thinking beyond conventional biopedagogical interventions that send moralizing messages about what bodies should be, I theorize a “becoming” bioethics and pedagogy that moves away from enforcing norms toward more creative ways of expanding possibilities for what bodies could become. Since in our bean counting, boundary-setting world, this kind of imagining is considered the work of the artist and not within the purview of the social scientist, I turn in the final section of my paper to the arts and to aesthetic theory for insight and inspiration in this project. I discuss representations that, rather than focusing on persuading people to act/think differently, focus on embodying and materializing change among individuals/groups so as to challenge social scripts about body, ability, and normality.

Paper 3: Hench guys, meatheads and gym culture: The neoliberal accounts of young British men’s embodiment

Jankowski, Glen

Leeds Beckett University

Drawing on a focus-group style intervention with 40 young British university men, this presentation presents an analysis of men’s accounts of their and other’s embodiment within late consumer capitalism. The purpose of the intervention was to critique men’s appearance-related pressures using a series of discussion prompts, role plays and written tasks. In general, participants minimized the existence of pressures relating to their own embodiment, though gym culture formed a dominant topic of discussion. Gyms were seen as an inevitable and essential part of participants’ lives and key sites in which their bodies were evaluated against prevailing hegemonic ideals of masculinity. Participants complained of the toxic levels of competition, body surveillance and corporate influence that pervaded the gyms and this was notably attributed to the presence of “hench guys”. Hench guys were described as having steroid induced, hypomuscular bodies that were both impractical, unhealthy and comical as a result of an excessive investment in appearance. This was acknowledged as having costs to hench guys’ identities, social circle and work/academic life but was also considered toxic and burdening to participants and other men. Using a critical feminist lens, this paper argues that participants’ accounts of gym culture and hench guys reflect a struggle in navigating a widespread consumer culture that increasingly commodifies male bodies against a pervasive neoliberalism that situates problems firmly at the feet of individuals.

Discussant: Rice, Carla

University of Guelph

B1: Traversing ethical imperatives in academic and ethnographic settings: Stories from the field

Organiser: Marx, Jacqueline

Critical Studies in Sexualities and Reproduction research programme, Psychology Department, Rhodes University

Drawing on our experiences of conducting ethnographic research on a range of social issues – from an anti-

rape protest to teenaged pregnant and mothering women, to cross-dressing and drag performances – we illustrate a number of complex ethical issues. We argue that differing ethical imperatives are at the heart of these issues. The assumptions made in academic settings where our research ethics protocols were reviewed and approved were incompatible with the realities we encountered in the field. Consequently, in innumerable ways we were called to re-evaluate what it meant to be doing ethical research. We often experienced this as a dilemma in which we had to choose between doing good (being ethically responsive to the people we were researching) and doing good research (sticking to the approved protocols). In the discussion we consider approaches to research ethics that are responsive to the complexities of the field.

Paper 1: Reconsidering research ethics in ethnographic research: Bearing witness to ‘irreparable harm’

Barker, Kim; Macleod, Catriona

Critical Studies in Sexualities and Reproduction research programme, Psychology Department, Rhodes University

Research with persons who have experienced trauma requires careful consideration. In preparing the ethics protocol for an ethnographic study of an anti-rape protest, we thought carefully about how the first author would manage ethical decisions in accordance with the University ethics code. However, this process did not prepare us for the dynamic and reciprocal positioning the first author encountered in the field. Nor was she prepared for her sense of the ethical duty of response when entrusted with the narratives of women who had suffered ‘irredeemable harm’. Drawing on the philosophy of Emmanuel Levinas, and examples from the research, we show how ethical decision-making in ethnographic research is always relational and dialogical; extending beyond our direct interactions with participants to the ways in which we approach our ‘data’. We argue that ethics cannot be reduced to a cognitive-rational process and propose ways to acknowledge and draw on the ‘affective’ and ‘transcendent’ in our ethical decision-making.

Paper 2: Negotiating access to the problematised subject

Bomela, Yolisa; Feltham-King, Tracey; Macleod, Catriona

Critical Studies in Sexualities and Reproduction research programme, Psychology Department, Rhodes University

Our ethnography at public antenatal and postnatal clinics involved collecting data from a variety of sources constituting the reproductive healthcare nexus, including interviews with teenaged pregnant and mothering women. We discuss the complexities of trying to propose these interviews to the University ethics committee and difficulties in gaining access to the state healthcare facilities. We also consider a recurring disjuncture in our negotiations for access. The teenaged subject we imagined and anticipated in our research proposal contradicted the already problematized subject the gatekeepers assumed we were going to meet. Further, while our intention was to focus on the myriad aspects of the context which contributed to the construction of the reproductive teenaged subject, the enduring assumption was that our focus should and would be on the individual teenaged pregnant or mothering woman. We discuss balancing these contradictory assumptions and strategies to avoid re-inscribing the taken-for-granted existing institutional hierarchical power relations.

Paper 3: The politics of erasure: Thinking critically about anonymity and confidentiality

Marx, Jacqueline; Macleod, Catriona

Anonymity and confidentiality are prominent features in research ethics codes. In this paper we critically examine the ethical imperative to change or eradicate research participant's names and the distinctive, individually identifying characteristics of their lives. Drawing on examples from a research ethics application for a project involving women who had extricated themselves from relationships in which they had experienced intimate partner violence, and an ethnographic case study of cross-dressing and drag, consideration is given to the multiple ways in which anonymity and confidentiality can be put to work, both promoting and undermining what it means to do ethical research. We argue that the requirement for anonymity and confidentiality cannot be assessed without taking into account historicity and the socio-political contexts in which a study and its participants are located. The paper concludes with some consideration of the implications of a situated ethics approach for institutional review board protocols.

Discussant: Mnyaka, Phindezwa and Macleod, Catriona

Rhodes University

POSTER PRESENTATIONS

P4: Jamaican women's constructions of health and beauty

Barned, Claudia

University of Guelph

Scientific and popular media articles in the West commonly make explicit links between weight and health. More specifically, slimness tends to be conflated with good health and fatness with ill health. These assumptions often form the basis of contemporary standards of beauty. Interestingly, emerging scholarship suggests that in Jamaica, fatness in women is both widely accepted and culturally valued. Using a feminist poststructuralist perspective we examine how urban Jamaican women take up, negotiate and resist Western discourses around health and beauty. Our analysis draws on the ways women talk about their bodies and the bodies of others, in the context of a number of in-depth interviews. A thematic analysis was first conducted, followed by a feminist poststructuralist discourse analysis to further understand how the participants construct themselves as subjects within various discourses surrounding health, beauty, and the body. Among other findings, our study revealed that women from the city areas of Jamaica fluctuate in their use of the dominant obesity discourse concerning added weight and ill-health and subversive cultural discourses on weight and beauty when discussing 'healthy' bodies.

P11: Both/and or either/or: Research experiences versus ethics and methodology for the clinician-researcher

¹Hay-Smith, Jean; ¹Brown, Mely; ²Anderson, Lynley; ³Treharne Gareth

¹Rehabilitation Teaching and Research Unit, Department of Medicine, University of Otago, Wellington, New Zealand.

²Bioethics Centre, University of Otago, Dunedin, New Zealand.

³Department of Psychology, University of Otago, Dunedin, New Zealand.

Clinician-researchers commonly conduct research with patient-participants and the clinical/research boundary

can blur, provoking dual role conundrums. We developed a typology of conundrums to enable critical consideration of ethical and methodological implications. Systematic searching of five databases yielded 7478 records including 32 empirical reports of dual role, which we coded using thematic analysis. Two linked overarching themes, 'Resource and Relationship', encapsulated clinician-researcher dual role. In research, clinician-researchers act as a clinical resource for patient-participants, and shared clinical ground sets up a relationship mirroring that of clinician and patient. For example, a characteristic invitation to act as resource is addressing clinical queries while a typical issue in relationship is differentiating research and therapy. Clinicians' engrained orientation to patients' needs often conflicts with research ethics and methodological demands. Rather than describing artificial separation of clinical and research roles in research protocols and ethics applications clinician-researchers need to grapple with the unavoidability of dual role.

P8: Through the lens of marginalised women in Cape Town: Photovoice, empowerment and community-based change

Kessi, Shose

University of Cape Town, South Africa

Women selling sex on the streets of South Africa experience multiple forms of material, symbolic, and institutionalized oppression. These constraints often account for women's entry and entrapment in the sex trade. In South Africa, women's involvement in the sex trade also occurs in a context of high levels of physical and sexual violence. Through photovoice methodology, we explore the experiences of nine women on their journeys toward exiting the sex trade. The methodology involved the collection of photographs, written stories and focus group discussions, analysed thematically. Key themes that emerged from our analysis focused on the social and structural environments women are located in; networks of support needed in communities; and patterns of violence, stigma and resilience in women's experiences. These findings highlight the potential for participatory action research methods to contribute to empowerment amongst marginalised and stigmatised groups, a vital concern for improved health outcomes and overall wellbeing



THEME 4

**Health and health
care in social and
communicative contexts**

**INDIVIDUAL ABSTRACTS: AUTHORS
A-Z**

SYMPOSIUMS: ORGANISERS A-Z

POSTERS: AUTHORS A-Z

INDIVIDUAL PAPERS

I3: “You feel really guilty”: An interpretative phenomenological analysis of prioritizing quantity over nurturing in nursing

¹Arevshatian, Lilith; ²Shantz, Amanda; ³Alfes, Kerstin

¹Kingston Business School, London, United Kingdom.

²IESEG School of Management, Lille, France.

³University of Tilburg, Netherlands

Although the narrative of nursing is one of caring and nurturing, the need for significant cost savings in the National Health Service (NHS) has emphasized quantity and speedy patient turnaround. Interpretative Phenomenological Analysis (IPA) was conducted on a purposive sample of six nurses in London. Participants shared that they experienced a conflict between wanting to give nurturing care and their managers’ emphasis on getting more “empty beds” for waiting patients. Participants had to prioritize speed and quantity which came at the expense of the more humane side of nursing e.g., emotional interaction with patients and their loved ones. In view of these findings, we discuss how conflicting expectations may interact in healthcare institutions and how these nurses navigated the complexity of working with contradictory imposed and self-imposed aims.

I4: The refuting of call centres by healthcare staff

Arevshatian, Lilith

Kingston Business School, London, United Kingdom

Although call centres are becoming more commonplace within healthcare institutions, research shows that healthcare employees working in these settings refute its mass production ethos (e.g., Mueller et al., 2008; Wahlberg et al., 2003). Interpretative Phenomenological Analysis (IPA) was used on a purposive sample of nine healthcare ‘customer service’ workers who explained that their job was misunderstood. Participants argued that healthcare was about *banging fist against heart* and showed displeasure at their job titles e.g., ‘telephone advice worker’ while the tasks they performed were closer to social work e.g., grief counselling, suicide, etc. However, their managers did not comprehend the level of emotional involvement that workers had with patients and perceived the role as “only” customer service. In view of these findings, it is questionable whether mass production models are appropriate for healthcare institutions as this sort of speedy and homogenous delivery does not comfortably sit within the “logic” of human services (van den Broek, 2003, p.3).

I86: “I want to kill myself!” : Identity documents and mental health in the South African Daily Sun tabloid.

Boshoff, Priscilla

School of Journalism and Media Studies, Rhodes University

An Identity Document (ID) is needed by South Africans to study, apply for a pension or get married. However, Home Affairs, the state department responsible for issuing them, is poorly managed. The popular Daily Sun tabloid newspaper mediates for its five million working class readers the frustration caused by this incompetency in its “Horror Affairs” column. Readers tell their stories about (not) getting their IDs, stories often of suicide, depression and “giving up” on life. Using a Lacanian frame, and through a close reading of “Horror Affairs” texts, I argue that this tabloid plays a therapeutic role for its socially marginalised readers by mediating the “invisibility” engendered by the modernising state and its administrative technologies. Given the concern

about high rates of mental health illness in South Africa, the research also demonstrates how popular culture forms can alert health care practitioners to issues which may otherwise go unnoticed.

I12: Medical practitioners and conscientious objection to the provision of termination of pregnancy services

Chiwandire, Desire; Vincent, Louise

Department of Political and International Studies, Rhodes University

The 1996 Choice on Termination of Pregnancy Act decriminalized abortion in South Africa and the South African Medicines Control Council in 2000 approved the dispensing of emergency contraceptive methods by pharmacists to women without a doctor's prescription. This legislation has been hailed as among the most progressive in the world with respect to women's reproductive justice. However, the realization of these rights in practice has not always met expectations, in part due to medical practitioners' ethical objections to termination of pregnancy and the provision of related services. The aim of this study was to interpret the varying ways in which medical practitioners frame termination of pregnancy services, their own professional identities and that of their patients/clients.

A Sample of 58 doctors and 59 pharmacists were drawn from all nine provinces of South Africa. Data were collected using an anonymous confidential internet-based self-administered questionnaire. Participants were randomly recruited from online listings of South African doctors and pharmacists practicing in both private and public sectors. Data were analysed using theoretically derived qualitative content analysis.

Participants drew on eight frames to justify their willingness or unwillingness to provide termination-of-pregnancy related services. We categorise these as the foetal life frame, the women's rights frame, the balancing frame, the social justice frame, the do no harm frame, the legal and professional obligation frame, the consequences frame and the moral absolutist frame.

Health professionals' willingness or unwillingness to provide termination of pregnancy related services is highly dependent on how they frame or understand termination of pregnancy, and how they understand their own professional identities and those of their patients/clients.

I29: Learning to rape, learning to think: Challenging gender-based violence at a South African university

Collins, Anthony

Durban University of Technology

This paper reframes the problem of gender-based violence (GBV) in tertiary education, moving away from a security model towards a preventative public health model that identifies GBV as a simultaneously normalised and contested activity that emerges in specific social contexts. Through an analysis of experiences of intimate partner violence, homophobic harassment, and sexual assault at a South African university, it reveals shortcomings in both the way these problems are conceptualised and in the institutional responses that are offered. In addition to the existing security and counselling services, it proposes interventions to challenge the normalisation of gender-based violence and the systems of social inequality in which it occurs. Viewing GBV as aggravated forms of everyday social interaction rather than psychopathological aberrations or failures of security, it outlines preventative social and educational interventions that challenge the underlying norms which create the risks of violence within gendered social life.

173: Therapeutic citizenship in action: Management of adherence to ART in the clinical encounter

de Kok, Bregje

Institute for International Health and Development

Anti-retroviral Therapy (ART) can save lives, if high adherence is achieved. We conducted a Critical Interpretative Synthesis of 67 peer-reviewed papers, published post 1997, on the management of ART adherence in clinical encounters in high income settings. Patient-centered communication and provider-client relationships, empowerment and joint decision-making can enhance adherence. However, ART adherence discussions appear often superficial, directive and focused on compliance rather than clients' choices. Patient-centredness jars with constructions of ART clients as 'therapeutic citizens' with rights (e.g., access to treatment) and responsibilities (adherence) (Nguyen, 2004) and ART adherence as pro-social behaviour which good citizens engage in. Furthermore, patient-centred approaches seeking to 'empower' clients to address adherence barriers further clients' 'responsibilisation'. We propose the use of conversation analysis and discursive psychology to examine how providers and clients achieve patient centredness and joint decision making, or not, and how they negotiate and enact therapeutic citizenship, rights and responsibilities and moral identities.

145: Media framing of recent LGBT rights debates: The contrasting cases of South Africa, Uganda and the USA

Dugmore, Harry

Rhodes University

This paper compares key moments in the debates about LGBT rights, and the media coverage related to these key moments, in South Africa, Uganda and the USA. No country permitted same-sex marriage by the turn of millennium in 2000. Today, 15 countries do, as do two-thirds of states in the USA. By contrast, in some African countries, legislative regimes and social attitudes are shifting retrogressively, with the introduction of punitive laws against both 'homosexual acts' and the 'promotion' of same-sex relationships. While the drivers of progressive shifts in liberal democracies - such as LGBT activism, the impact of AIDS, and changes in the stances of professional health organisations - have also been at least partially present in many African countries, it is puzzling why these factors have not prevented an increase in repression in many African countries. As this paper outlines, the new laws have had immediate and dire impacts on the health of LGBT communities in the affected countries.

185: Exploring the factors leading to non-adherence to ARVs among patients at Victoria Hospital in Alice, Eastern Cape

Kheswa, J G

University of Fort Hare

The aims of this study were to determine how the health of people living with HIV/AIDS is affected by socio-economic factors and to suggest preventative strategies to improve the psychological well-being of people living with HIV/AIDS. In a qualitative study conducted at Victoria Hospital (Alice, Eastern Cape), 23 Xhosa-speaking participants (men and women) between the ages of 18 and 60 were interviewed. The following themes were identified: inaccessibility of resources, inconsiderate employers, alcohol abuse and multiple sexual partners. Based on these findings, the study recommended a collaborative approach as there is no single model of best practice that will appropriately and effectively improve the health of PLWHA.

I58: Health-seeking practices and medical decision-making processes of women living in the Mangaung township (Bloemfontein, South Africa)

Mbelekani, Naomi Yvonne

University of Antwerp

In this study I examined how African women in the resource poor areas of Bloemfontein (South Africa) decide on and negotiate a cure for an ailment. Because of South African's history and the persistence of racial and economic disparities, African people's health is often compromised, resulting in a lower life expectancy. In trying to understand issues related to health and the use of medication, I situate my research within a broad interpretive framework (qualitative design: narrative study of life). In addition, this approach enables me to understand subjective experiences of health and illnesses, cultural and structural influences on health-seeking practices and negotiations with medication and health care providers. To set the backdrop, I review some literature on illness, medicine and health care facilities in South Africa. As health-seeking practices take place within the family, it is important to examine decision-making processes and assess what constitutes a family. In this qualitative study six women shared their experiences with me. Factors promoting health-seeking practices have collective, dynamic and interactive elements that are also influenced by historic and socioeconomic elements. The research participants drew on indigenous and Western medicine concurrently or resorted to self-healing through the use of home remedies.

I69: Disclosure of Disability: Do I? Don't I?

McKinney, Emma

Stellenbosch University

This paper examines the employment experiences of 72 people with disabilities in South Africa. It focuses on participants' experiences relating to disclosure of disability in the workplace. It made use of an exploratory case study research design. Semi-structured interviews were conducted with participants who were currently employed. Results showed that participants' disclosure decisions were influenced by both internal and external factors. Some selected not to disclose that they had a disability while the timing of those who did disclose differed significantly. The majority of participants experienced barriers relating to disclosure as well as confidentiality of this information. Findings revealed that despite proactive legislation protecting the rights of people with disabilities, many participants still experience discrimination surrounding disability disclosure by employers and those responsible for recruitment. This may be due to negative attitudes towards disability, stigma and stereotyping, a lack of understanding and education, as well as weak implementation of policy.

I35: Abortion rhetorics: Failed Womanhood performance in a rural community

Reabetswe, Molobela Lien

UNISA

The legalization of abortion in South Africa has led to the removal of abortion restrictions at the macro-structural level. However, cultural and religious constraints at individual and community levels continue to exist as barriers to women's access to safe abortion. These constraints may contribute towards unsafe abortions, which may put women's lives at risk. Drawing from critical feminist theory and Foucault's notion of power, this paper interrogates the intersections of the body, power, and distribution of knowledge in society. Data were collected through individual interviews and focus group conversations with women aged 25-35 in rural Bushbuckridge. These were analyzed using Parker's discourse analysis approach. The paper will offer preliminary findings that point to how safe abortion practices continue to be a challenge within many communities due to persistent

unequal power relations within families and the control of women's sexuality. I shall highlight how these may be contributors towards unsafe abortions.

I61: Healthy behavior means healthy lives: Is cancer an exception?

Munatswa, Elvis

School of Human and Community Development, WITS University

In recent health research, there is evidence that following healthy lifestyles reduces diseases, or speeds up recovery when diseased. For instance, it has been suggested that up to 50% of mortality from the leading causes of death is due to behavior: tobacco consumption accounts for 30% of all cancer deaths, alcohol 3%, diet 35% and reproductive and sexual health 7%. That being said, the debacle exists insofar as cancer is concerned. Mortality from cancer is very high, averaging between 55-75% of all diagnosed cancers. What's surprising about these statistics is that, it affects almost everyone and the survival rates for unhealthy and or healthy individuals remains uncertain. Questions that arise from such establishments point to the fact that healthy behaviors may only be contributory to health seeking practices and not necessarily determinants of treatment outcomes. To provide context to this paper, the focus will thus be on healthy individuals who have been subject to cancer, failing to recover despite being overly healthy individuals as presented in the media. The data will be collected through an analysis of media articles on sportsmen that died of cancer despite being healthy. From analyzing the reports on these sportsmen, the paper will present therefore that despite healthy lifestyles, cancer is an exception and therefore there shouldn't always be pressure to lead overly healthy lifestyles. In conclusion the paper seeks to suggest looking at health as a holistic approach and not only on enhancing healthy behavior and health seeking practices when diseased.

I87: HIV pandemic: what has changed?

¹ ²Owuor, J; ¹Heyman, Bob; ¹Locke, Abigail; ¹Clifton, Andrew

¹ *University of Huddersfield, Huddersfield, United Kingdom*

¹ *Global Health Research (IHCAR), Karolinska Institutet, Sweden (Affiliate)*

This paper is based on the management of communication about HIV-positive status; the findings of a qualitative inquiry into what it means for UK-based immigrant men from East Africa to live with diagnosed HIV. Black Africans (less than 1% of the UK population) are the single most affected heterosexual group by HIV in the UK. Although advances in HIV treatment have transformed the disease into a manageable chronic condition, HIV-infected Black Africans in the UK are prone to HIV-related morbidity because they often test very late for the disease, with AIDS defining illnesses.

Data were collected using in-depth interviews with 5 sero-concordant couples, 6 HIV-positive men, 5 workers from HIV service-provider agencies and a sero-discordant couple, in which the man was HIV negative. Data analyses were based on grounded theory's cyclic three-stage process; open coding, axial coding and selective coding. Results indicate that successful HIV treatment has not eliminated HIV-stigma, hence the widespread concealment of HIV-positive status. Only four of the eighteen participants were 'open' about their condition, the rest selectively concealed their disease from their social networks.

Communication about HIV positive status is a complex psychosocial process involving constant risks-benefits analysis.

I1: Living with endometriosis: What do patients need?

Roomaney, Rizwana; Kagee, Ashraf

Department of Psychology, Stellenbosch University

Endometriosis is a chronic gynaecological illness characterized by chronic pelvic pain, painful periods, compromised fertility and painful sexual intercourse. We conducted interviews with 25 patients with endometriosis to understand how the disease influenced their health-related quality of life. Patients spoke mainly about their experiences with the healthcare system and their need for information about endometriosis. Patients described their communication with healthcare professionals, (dis)satisfaction with medical care they received, including restricted access to analgesics. Participants also described the empowering nature of diagnosis, not having sufficient knowledge about endometriosis prior to diagnosis, conducting research into the condition, and the fact that the obscurity of endometriosis acted as a barrier to disclosing the disease to others. This study illustrates that the current model of patient-doctor interaction does not provide adequate information and support for women with endometriosis and that further efforts need to be made to empower women with this condition.

I44: The prevalence and symptomatology of major depression among people seeking HIV testing

Saal, W L; Bantjes, J; De Villiers, L; Sefatsa, M; Kagee, A

Stellenbosch University

Throughout history, the gaze of psychiatry and psychology have yielded insights into the human condition that go beyond ordinary observation. While structured clinical interviews and other diagnostic instruments provide a unique angle into the people's psychological functioning, they may also constrain insights and limit complexity of understanding psychopathology. Despite this, the diagnosis of common mental disorders as well as elevated distress among HIV test seekers can have a negative impact on quality of life, family functioning, adherence to ART, and case management. The purpose of this study is to assess the prevalence of caseness for major depressive disorder as well as the sub threshold depressive symptoms of persons seeking HIV testing.

We recruited a sample of 200 persons seeking an HIV test by means of convenience sampling from five non-medical testing facilities in the Western Cape. Major depressive disorder (MDD) was assessed using the Structured Clinical Interview for the DSM (SCID- research version) by trained researchers and self-reported symptoms of depression were assessed using the Beck Depression Inventory (BDI).

We will report on the prevalence of MDD and the prevalence of individual symptoms of depression. Also, the results of the study will provide the sensitivity, specificity, positive predictive values, negative predictive values and optimal cut-off points of the BDI with respect to the SCID as a gold standard to assess major depression. We also reflect on the psychiatric gaze in this study and how it may or may not constrain the way in which persons seeking HIV testing are perceived by clinicians.

I64: Caring for a child with disabilities: A psychosocial case study

Saville Young, Lisa; Berry, Jessie

Rhodes University

This paper presents a psychosocial analysis of an interview with a mother of a child with disabilities. A psychosocial perspective (conceptualizing the subject as both discursively and psychically constituted) has been argued for recently in critical disability studies by Goodley (2011) who advocates for psychoanalysis' rich vocabulary for affective processes to explore the emotional elements of disablism, where disablism refers to ways in which society discriminates against people with disabilities ('barriers out there'). While rejecting the use of psychoanalytic theory to pathologise and individualise people with disabilities, Goodley argues that how "oppression is felt psychically, subjectively and emotionally" (p.716) ('barriers in here') should not be overlooked, alongside subjectivity as always socially, politically, culturally and economically produced. This psychosocial analysis of a carer's perspective thickens our understanding of how the caregiver is a social being, both not disabled but at the receiving end of disablism, and an interpersonal subject who may also be an 'agent' or 'carrier' of disablism.

I14: Exploring the life experiences of South Africans who have been diagnosed as having PNES

Sparrow, Melissa (Chrisma Pretorius: supervisor)

Stellenbosch University

The aim of the study was to explore the life experiences of South Africans who have been diagnosed as having PNES. PNES is a conversion disorder, which is experienced as a seizure which is believed to stem from a purely psychological basis. Ten semi-structured interviews were analysed to explore themes around challenges and resources for those diagnosed with PNES. Challenges included unexpected seizures, medical professionals, belief systems and family. However, resources to counteract these challenges were social support, medical professionals, as well as religion and spirituality. Medical professionals were seen as both a challenge and resource, as the uninformed, misguided professional caused greater distress, whereas other professionals enabled and empowered participants. Although those diagnosed with PNES face many challenges, there are substantial resources available to counteract these challenges. As more information and research is assembled, more resources may become available to benefit these individuals.

I95: The need for older adults to define their own experiences in the face of ageism

Vaccarino, Oriana

University of Guelph

The relative obscurity of older adults in mainstream culture and discourse creates a silence and invisibility that is also a form of oppression. Instead, the meaning and experience of ageing, particularly in industrialised societies, is shaped by representations that alternately infantilise the elderly while holding them responsible for their accomplishments and limitations, or that portray them as commodities. Also significant are gender-specific meanings associated with ageing, physical appearance and health. This paper explores the potentials of research that attempts to give voice to older adults by focusing on their experiences and perspectives. In particular, it explores the ways in which Feminist Standpoint Theory might facilitate this aim, and proposes research focusing on older adults' achievement of a collective understanding of what "successful ageing" might mean to them. This research hopes to contribute to health research, and inform services on the specific needs associated with being an older adult in Canada.

I16: Noci-tainment: The construction of physical pain as amusement

van Ommen, Clifford

Centre for Psychology, Massey University, Auckland, New Zealand

In this paper I explore the representation and construction of physical pain in a particular tradition of television programmes, the implications these have for subjectivity, and the socio-political context that make such constructions possible. The focus will be on the popular television series, *Ridiculousness*, which began airing in 2011 and is now in its sixth season. In this programme internet video clips are shown and commented on by the hosts. A large number of these clips depict physical pain, often involving a person having an accident. Drawing on Elaine Scarry's classic text, *Bodies in Pain* (1985), I demonstrate how a particular set of constructions are legitimated for the experience and interpretation of pain, how these bear a resemblance to the subjectivity of torture, and resonate with neoliberal subjectivity. In mediating the subject's experience of its own suffering, these programmes play a role in the 'management' of our physical well-being.

SYMPOSIUMS

- **A:** Four paper presentations. Each paper is followed by questions / discussion
- **B:** Three paper presentations followed by input from a discussant, questions and discussion
- **G:** Pecha Kucha - five presentations with with each presentation being 20 slides that are shown for 20 seconds each

B2: Health of migrant and ethnic minority gay and bisexual men

Organiser: Adams, Jeffery

Massey University, New Zealand

Migrant and ethnic minority gay and bisexual men groups face significant health challenges. This symposium brings together presentations from Aotearoa/New Zealand and the UK which examine men's understandings and various aspects of health including HIV/AIDS, sex and drug use and the influences of migrancy, ethnicity and culture. The first paper is a case analysis of one gay male participant and highlights the important of cultural beliefs in understanding illness. In the second paper the cultural perspectives of migrant men are reported to be challenged by a more liberal host environment. In the third paper Asian gay and bisexual men were identified as attempting to respect their own cultural values but ensuring this was done in a way that facilitated their assimilation or integration into the host society. The papers collectively demonstrate the importance of understanding the challenges faced by migrant and ethnic minority gay and bisexual men.

Paper 1: Cultural beliefs in research comparing HIV/AIDS and arthritis: A nested case analysis of one Chinese participant within a New Zealand focus group study

Treharne, Gareth; Nicholson, Max; Ruzibiza, Christian; Graham, Katie

Department of Psychology, University of Otago, Aotearoa/New Zealand

What happens when qualitative research includes cultural 'outliers'? This case analysis centres on a 21-year-old gay male Chinese participant (given the pseudonym Joe) who took part in a focus group in New Zealand. Joe's contributions to the overall study comparing HIV/AIDS and arthritis were in some ways culturally unique and in other ways typical of the sample of 46 LGBTQ participants. Joe strongly argued that arthritis is caused by cold/wet weather and injury based on his cultural upbringing and personal experience of arthritis symptoms. He also argued that health education works but only if it fits into or changes people's causal models. Joe drew on a discourse of individuals' behaviours driving the

causes of HIV/AIDS and arthritis and, like many other participants in the study, positioned himself as safe from HIV/AIDS due to his behaviour and location. These findings highlight a potential benefit of including cultural ‘outliers’ in convenience samples.

Paper 2: Migrancy, methamphetamine and mutual-masturbation: Exploring the experiences of migrant gay men in London who engage in ‘chemsex’

Bourne, Adam

London School of Hygiene & Tropical Medicine

Recently published data indicate there may be a rise in the number of gay men living in London who use drugs such as mephedrone, GHB/GBL or crystal methamphetamine in sexual settings (referred to as ‘chemsex’). An interview-based study with 30 gay men sought to understand the personal and social context of chemsex among gay and bisexual men living in South London, as well as the meanings or motivations for their use. Sex with high numbers of sexual partners (including group sex), engagement in high-impact sex and high rates of unprotected anal intercourse were commonly reported. A third of participants were migrants from Eastern Europe or Latin America and found themselves immersed within a liberal sexual environment that often stood in stark contrast to their country of origin. Navigating sexual norms and local cultural practices was a significant challenge that left many struggling to negotiate sex they were happy with.

Paper 3: Negotiating (sexual) identity and implications for HIV health promotion among Asian gay and bisexual men in New Zealand

¹Adams, Jeffery; ²Neville, Stephen

¹SHORE & Whariki Research Centre, Massey University, Auckland, New Zealand

²Department of Nursing, AUT University, Auckland, New Zealand

Little is known about how Asian gay and bisexual men (GBM) in New Zealand understand and experience their lives, and what the implications are for HIV health promotion. Interviews with 47 mainly Chinese and Indian GBM (migrant and born in New Zealand) identified the men negotiated and managed their (sexual) identities deliberately; respecting their own cultural values but also ensuring this facilitated their assimilation and/or integration. The discourses of ‘traditional western’ models of sexuality were widely adopted. Most of the men identified as gay and all were comfortable with feeling sexually attracted to other men. However, disclosure of sexuality to family was typically hidden because of cultural obligations. Allied to this conservative discourses about sex and sexuality were articulated. The men had limited engagement with other gay men, and a number experienced discrimination from within the gay community. Implications for HIV health promotion for Asian GBM are discussed.

Discussant: Scholz, Brett

University of Canberra

B8: Abortion in Africa

Organiser: Chiweshe, Malvern

Critical Studies in Sexualities and Reproduction research programme, Rhodes University

Abortion research in Africa has largely adopted a public health approach and few studies exist that take a critical perspective. Laws on abortion still remain very conservative in most African countries with talk around abortion being 'unAfrican'. The first paper, a critical literature review, focuses on how abortion has been framed in published research emanating from Africa in the past six years and in so doing addresses the gap for over-viewing knowledge production on abortion in Africa that is relevant to health psychology. The second paper uses a narrative-discursive approach in a Zimbabwean context to explore the narratives of women who have undergone an abortion and compares them to the narratives of health service providers. The last paper also adopts the narrative-discursive approach in a South African study. The paper focuses on the discourses used to construct micro-narratives by women who are deciding to terminate a pregnancy and the subject positions made available within these discourses.

Paper 1: Health Psychology and the framing of abortion in Africa: A critical review of the literature

Macleod, Catriona; Chiweshe, Malvern; Mavuso, Jabulile

Critical Studies in Sexualities and Reproduction; Rhodes University

Despite 97% of abortions performed in Africa being classifiable as unsafe, there has been virtually no engagement in knowledge production about abortion in Africa from psychologists, outside of South Africa. Taking a feminist health psychology approach, we conducted a systematic review of published research on this topic featured in PsycINFO over a six year period. We analysed the 39 articles included in the review in terms of countries in which the research was conducted, types of research, issues covered, framings, and main findings. The results show that apart from a public health framing, perspectives that foreground contextual, social, cultural, gendered perspectives dominate. While abortion services, unsafe abortion and the incidence of abortion were well researched, so too were attitudes and public discourses on abortion. Clinical psychological, reproductive justice or rights and medical framings received little attention. We outline the implications of this knowledge base for feminist health psychology in Africa

Paper 2: A narrative-discursive analysis of abortion decision making in Zimbabwe

Chiweshe, Malvern; Macleod, Catriona

Critical Studies in Sexualities and Reproduction; Rhodes University

The available research on abortion-decision-making tends to focus on the 'factors' or 'influences' that are seen to affect abortion decision-making. This approach is rarely able to account for the complex, multi-faceted nature of abortion decision-making, and is often not located within a framework that can unpick the complex array of power relations that underpin the 'process' of abortion decision-making. Data reported on in this paper were collected from three sites in Zimbabwe. Narrative interviews were conducted with 18 women who had terminated pregnancies (six at each site) and semi-structured interviews were conducted with six service providers. The women employed discursive resources around stigma, religion, health and culture in telling stories around abortion shame, abortion as justified and the fearful, secretive act of abortion. Comparisons of the way women positioned themselves and how they were positioned by health service providers point to the availability and embeddedness of social discourses and power relations that work to enable/constrain reproductive justice.

Paper 3: Women’s micro-narratives of the process of abortion decision-making: Justifying the decision to have an abortion

Mavuso, Jabulile; Macleod, Catriona

Critical Studies in Sexualities and Reproduction, Department of Psychology, Rhodes University.

What is missing from abortion research is research that explores women’s narratives of the processes of abortion decision-making in a way that acknowledges the constraints placed on ‘choice’. This study sought to explore, using Foucauldian feminist post-structuralism and a narrative-discursive approach, women’s micro-narratives of the abortion decision-making process. Purposive sampling was used to recruit a total of 25 participants from three abortion facilities in the Eastern Cape. Participants were unmarried ‘Black’ women between the ages of 19 and 35, and were mostly unemployed. Narrative interviews were done with the women. Analysis revealed an over-arching narrative in which women described the abortion decision as something that they were ‘forced’ into by their circumstances. To construct this narrative, women justified the decision to have an abortion by drawing on discourses that normalise certain practices located within the husband-wife and parent-child axes and make the pregnancy a problematic, unsupported and unsupportable one. Gendered and generational power relations reinforced this and contributed to the obstruction of reproductive justice.

Discussant: Chadwick, Rachelle

African Gender Institute, University of Cape Town

B6: “Same, same, but different”: Studying and confronting HIV/AIDS but through different approaches in different cultures

Organiser: Lubek, Ian

University of Guelph

This symposium draws together divergent views of HIV/AIDS research from different places and using different ‘game plans’. They overlap in concerns about marginality, vulnerability, community response to the epidemic, and methodological concerns/conundrums. How can we mobilize knowledge where multi-national corporate entities hold the power to make change? How can we reach stigmatized communities to conduct research and make clinical interventions in contexts where people’s intimate practices are criminalized? How can we productively engage with and overcome tensions between methodology and theory to reach communities adversely affected by HIV/AIDS? Ratanak Ly and intern co-authors tackle HIV/AIDS and the related health challenge of alcohol abuse in Cambodia. Adam Bourne’s study of HIV/AIDS in African men who have sex with men (MSM) presents a highly “dangerous” side of research, while Imara Ajani Rolston conceptualizes African community response to HIV/AIDS using a theoretical understanding of action drawn from Paolo Freire.

Paper 1: Health promotion insights in Siem Reap, Cambodia from international interns using a critical, community-sensitive action approach: Connecting alcohol abuse and HIV/AIDS with adverse effects of international corporate policies

Ly, Ratanak; Lubek, Ian (and 23 co-authors)

University of Guelph

In a long-term study of community health interventions in Siem Reap Cambodia, we examine changing health challenges within economic and socio-political contexts. We pinpointed vulnerable women in the entertainment industry (21% HIV positive from 1995-2003), especially sellers of international beer brands working in “toxic” environments; some drink 11 glasses of beer nightly. Since 2002, chronic underpayment

of international beer-sellers produced a wage gap of 67%, putting pressure on women to accept risky propositions for sex after heavy drinking with clients. How can we turn data into corporate harm-reducing policies? We discuss work-around strategies for applying local community-health-monitoring research data (2004-2015) to improve the health/safety context for women. We thus post our data in press releases directly on our websites for the “investigative” press, the global beer industry, their “ethical shareholders”, government and opposition party legislators, and activist trade unions negotiating, and striking for, better salaries and conditions.

Paper 2: Visible, invisible minorities: Experiences of delivering HIV prevention and care interventions for men who have sex with men in Eastern and Southern Africa.

Bourne, Adam

London School of Hygiene and Tropical Medicine

In much of sub-Saharan Africa, homosexuality is illegal, subject to severe social stigma and discrimination, often coupled with state sponsored violence. This environment hampers HIV prevention efforts among men who have sex with men (MSM), who are at a heightened risk of acquiring HIV. This paper explores the experiences of MSM-led community based organisations who deliver HIV prevention and care programs to affected or at-risk individuals in Kenya, Tanzania, Uganda and Zimbabwe. Adopting a rapid feedback appraisal approach, the study comprised interviews and focus groups with staff and volunteers to understand barriers to delivering interventions to MSM, operating at the micro, meso and macro levels.

Provision of basic sexual health education and resources is stifled by fears of detection, and physical congregation of MSM for clinical interventions is fraught with uncertainty. However, such challenges have also encouraged innovation, with valuable lessons for MSM and marginalised communities in other regional contexts.

Paper 3: Finding Freire: Exploring the relevance of Freirean AIDS prevention praxis through the narratives of Community Conversations facilitators and participants in the Eastern Cape Province of South Africa

Rolston, Imara Ajani

London School Of Economics

A substantive amount of dialogically focused AIDS prevention methodologies cite Freirean praxis as a guiding conceptual framework. While utilizing dialogical methodologies, some overlook the political implications of Freire’s ‘conscientization’ theory. Revisiting the fullness of Freirean theory becomes increasingly pertinent as AIDS prevention rates are themselves increasingly linked empirically to economic inequality. This paper critically examines the relevance of Freirean dialogical theory through the life stories of community dialogues facilitators and participants engaged in a Nelson Mandela Foundation (NMF) run program in the Eastern Cape Province of South Africa. The study explores facilitators’ and participants’ experiences through thematic narrative analysis guided by narrative therapy principles of ‘double listening’. Findings suggest an incongruence between the way Freire inhabits the community dialogues methodology and the potential application of Freirean theory to the political economic realities of AIDS. This incongruence ultimately shapes the sense-making of facilitators and participants engaged in the social change process.

Discussant: Lubek, Ian

University of Guelph

A2: Pharma, pharmaceuticals and community pharmacies

Organiser: McGuigan, Kathryn

Massey University, New Zealand

This symposium will broadly explore the role of Big Pharma, pharmaceuticals, pharmacists and community pharmacies in health care. Pharmacies remain an essential part of health care as they are the only place where drugs can be dispensed and these drugs are controlled, regulated and interwoven into treatment of ill health. Pharmacies also have a role in health promotion, promoting and maintaining wellness and monitoring chronic conditions – all while operating within a commercial environment. The pharmacy is thus a complex site where consumption and healthcare meet in unique ways

Paper 1: The pharmacy as a mediated space of healthcare and wellbeing

Chamberlain, Kerry

Massey University, New Zealand

Pharmacies typically offer at least five intermingled services: dispensing restricted medicines, selling over-the-counter medicines, alternative medicines, health-related products (dietary supplements, blood-pressure monitors), and other products (beauty products, gifts). This variety produces tensions, between services and products. This project examined the functions of pharmacy spaces and the visual representations of products in a variety of pharmacies (franchise-branded and privately-owned, large and small, inner-city and suburban). Data collection involved observations, mapping, photography and document collection, analysed to determine how pharmacies' spaces are structured and how pharmacies represent themselves and their products (in branding, window displays, interior/exterior signage, product displays and brochures). Spatial organisation demarcated products and services, but these were elided in mediated representations. These representations promoted hybridisation of allopathic and alternative medicines, and medicalisation and pharmaceuticalisation of other services and products. Although pharmacies contain therapeutic spaces of care, these are intensely complicated by practices of commercialisation and consumerism.

Paper 2: Products, space and power in community pharmacies

McGuigan, Kathryn

Massey University, New Zealand

The community pharmacy contains health, lifestyle and wellness products. This study looked at the relationship between people, products and place through use of space, boundaries and power. Methods included participant observation, staff and customer interviews, mapping, and photo elicitation of pharmacies in Auckland. Pharmacies allocate spaces for products and these are consistent across pharmacies. Certain products are given priority over the others. Prescription medications retain absolute power as they can only be dispensed by the pharmacist but these products remain hidden - only accessed with a boundary object (the prescription). Other medicines require a discussion with the pharmacist and these are in sight but in a restricted space behind the counter. Complementary and Alternative Medicine (CAM) and cosmetics (depending on the brand of pharmacy) consistently occupy the largest portions of space and prime retail spots (window displays). Customers treat products differently and construct their own meanings depending on the product.

Paper 3: Big Pharma and the individualization of appearance and food-related issues

Jankowski, Glen

Leeds Beckett University, United Kingdom

Neoliberalism has limited social, institutional and ideological progress, allowing business interests to take precedence over governance, healthcare and other forms of socio-political life. Critique directed at Big Pharma for its particular influence on the health sector has only led to tokenistic or ineffective reforms. This presentation highlights the continuing institutionalisation of Big Pharma in healthcare and its growing influence in psychology. Evidence is presented of Big Pharma's funding of psychological research over the last 25 years. For instance, research into the psychosocial impact of hairloss, and websites that offer hairloss support, are often funded by pharmaceutical companies. Subsequently, hairloss is disease-mongered and pharmacological treatments are promoted as available and effective 'treatment'. This reflects a broader individualization of appearance, and food related issues, within psychology so that structural determinants are ignored. Instead, weight, appearance or lifestyle choices are held to scrutiny and targeted for change by pharmacological or biomedical treatments. I conclude by advocating a structuralist approach to health, and a shift to democratic, transparent and publicly-owned healthcare systems.

Paper 4: What counts and what matters: Pharmacists' accounts of evidence for the use and effectiveness of antidepressants

McMullen, Linda

University of Saskatchewan, Canada

Evidence for the effectiveness of antidepressants, both for mild-moderate depression and for off-label uses, is the subject of increasing critique. As part of a program of research on how health care professionals and persons prescribed antidepressants off-label construct the evidence for the use of these medications, I have interviewed 10 community-based pharmacists about notions of evidence-based medicine with respect to antidepressants. In this presentation, I show how these interviewees (1) complicated the narrative of clinical trials as the best evidence by privileging other forms of evidence (e.g. patient reports, clinical experience) and invoked a pragmatic approach to understanding effectiveness ("if it works, let's use it") and (2) constructed off-label prescribing as a response to desperation, and as based on habit, trial and error, and a pragmatic approach to use ("it's worth a try"). I link my analysis to the crisis in evidence-based practice and to recent re-envisionings of the concept.

A6: Communication and the clinic: Some insights and challenges

Organiser: Neel, Sheryl

Health Communication Research Unit (HCRU), WITS university

Communication has been identified as a potentially significant barrier in health care contexts. The provision of culturally and linguistically appropriate services is a top priority in light of increased migration patterns and the complex illness burden of diseases such as HIV/AIDS and TB. There is a clear relationship between effective communication practices and outcomes for patients, health professionals and the institution. In response to these complex challenges, the Health Communication Research Unit at Wits University has produced a body of research that has significantly influenced ways in which intercultural health interactions can be considered and which has implications for policy, practice and training. We propose a four-paper symposium which draws on several examples of ongoing research projects and

showcases a range of qualitative methods from the social sciences and linguistics. Our data corpus comprises 152 health care interactions and 253 interviews with patients and health care workers.

Paper 1: “It helps to have sisters in the room”: Communication and care in health interactions

Penn, Claire; Watermeyer, Jennifer

Health Communication Research Unit (HCRU), Wits University

Communication is at the heart of good health care, as is the relationship between patients and healthcare workers. Tronto has suggested that institutional care for vulnerable people can be understood by examining the institution of the family and the issues of purpose and particularity in that system. This paper examines the notion of care within a number of intercultural health interactions. Drawing on an extensive data set of video recorded health care interactions, this paper will examine some linguistic and non-linguistic features characterizing the interactions and perceptions of the participants. The role played by communication in promoting care will be considered and we will explore some “magic moments” which demonstrate concordance and attunement, and seem to embody care and relationship. While in South Africa the family role has diminished as the primary institution of care, this paper suggests communication and relationship correlates in clinic settings that may resemble a family model.

Paper 2: The emergency call as contextual negotiation

Neel, Sheryl; Penn, Claire; Watermeyer, Jennifer

Health Communication Research Unit (HCRU), Wits University

Emergency call systems have recently come under increased public scrutiny. The system in South Africa presents unique challenges due to language barriers and geographical constraints. A call taker is the first point of contact in the emergency medical service system and thus the interface between the caller and ambulance dispatch. Misunderstandings in an emergency call have implications for patient survival. A qualitative study was conducted examining how emergency call participants manage communication difficulties specifically with regards to contextual issues such as differing knowledge levels of emergency call protocols as well as language and geographical constraints. Data included 101 calls from a South African emergency medical services call centre. This study showed that knowledge symmetry is not necessarily the most important ingredient for achieving effective communication but that successful call trajectory is reliant on the call taker’s ongoing ability to maximize the collaborative nature of the interaction and effectively negotiate within contextual realities. This has important implications for call taker training in South Africa.

Paper 3: Talking about TB: Identifying barriers to adherence in communities

Watermeyer, Jennifer; Penn, Claire; Scott, Megan; Seabi, Tshgofatso

Health Communication Research Unit (HCRU), Wits University

Patient non-adherence to TB treatment is an ongoing challenge. While there may be many reasons for this, solutions may lie in understanding community perspectives. This study explored illness and treatment experiences in several South African communities affected by TB. We conducted interviews with 73 participants (including community members, patients, home based care workers and clinic staff) and also explored facilitators and barriers to communication in four video recorded interactions. The findings highlight the complex interplay between contextual factors, cultural beliefs and community explanations of TB, and the central role of communication in TB care and adherence. Existing care systems appear

fragile and over-reliant on systemic efficiency, and poverty has a strong impact on adherence. While community members and patients had some knowledge of TB, this was often distorted or confused with HIV. We will explore some implications for practice and education, particularly for the provision of a patient-centred care approach.

Paper 4: “I don’t eat a sweet with its wrapper on”: The use of metaphors in South African health care contexts

Claire Penn and Jennifer Watermeyer

Health Communication Research Unit (HCRU), Wits University

Metaphors are used in many healthcare contexts and serve particular purposes reflecting societal perceptions, shared embodied meanings, representations of illness and cultural world views. This paper will draw on a body of completed sociolinguistic and ethnographic research with patients, community members and health professional teams at sites across South Africa and will examine use of metaphor in different illness contexts. In our data metaphors were routinely used for four different purposes: to explain symptoms and experience of illness, to explain dosage instructions, as tools of cultural brokerage and as a mitigation function for the “discourse of the unsayable.” Particularly interesting is agency in the use of metaphor and the clinical value of this. As argued by Bakhtin the use of metaphor allows us to see dialogic expressions of creativity in everyday talk. Contrary to some literature which suggests a negative consequence of metaphor use, we will argue that in some instances metaphors are potentially useful tools which will facilitate communication and rapport between patients and healthcare workers and shed light on people’s world views and challenges.

Discussant: Swartz, Leslie

Stellenbosch University

A4: Human microbiome research: Social, psychological, and ethical implications and applications

Organiser: O’Doherty, Kieran

University of Guelph

The human microbiome has attracted attention from researchers around the world. From questions of basic biology to highly applied biomedical studies, research on the full complement of micro-organisms associated with the human body has benefitted from several large funding initiatives, most notably the Human Microbiome Project in the US, and the MetaHIT project in Europe. In spite of the high potential for medical advances in this field, there has been relatively little attention from social scientists and almost none from psychologists. The purpose of this symposium is to introduce the concept of the human microbiome to the critical health psychology community and to showcase three social scientific studies conducted in partnership with biomedical research teams. We argue that there is mutual benefit to both biomedical researchers and critical health psychologists in such collaborations and, ultimately, that these can contribute to more holistic approaches to health.

Paper 1: The human microbiome: What is it and why is it important for (critical) health psychology?

O’Doherty, Kieran

University of Guelph

The human microbiome is the collective genomes of all microbes (bacteria, bacteriophage, fungi, protozoa and viruses) living inside and on the human body. It is estimated that there are about 10 times as many

microbial cells as human cells associated with the healthy human body. This has led to suggestions of reconceptualising the human beings not as single organisms, but rather as “superorganisms” that are composed of human and non-human cells, and human and non-human genomes. In this paper, I give a brief overview of the biomedical research landscape of human microbiome research. I then provide an analysis of the key social, psychological, and ethical implications of this research. I conclude by introducing some directions of social scientific research that emerge from these considerations that might be of interest to critical health psychologists, which are elaborated upon by the other presenters in this symposium.

Paper 2: Enacting the “healthy vagina”: A qualitative analysis of women’s vaginal health and hygiene product use

Crann, Sara; Gibson, Jessica and the Vogue research team

University of Guelph

Biomedical research aims to sequence the vaginal microbiome to develop baseline understandings of “vaginal health” and of perturbations in microbial profiles related to ill health. Building on this research, we were interested in how vaginal health is constructed and enacted by women. We conducted interviews with 49 women who used genital/vaginal products and practices such as vaginal wipes, washes, and douches. Feminist scholars assert that women’s genitals are subject to societal and cultural expectations of normality. As such, genitals that do not fit dominant (Western) feminine gender and sexuality norms are seen as sites of improvement. In this paper, we explore the use of genital/vaginal health and hygiene products as routine “body maintenance” practices (Braun, Tricklebank, & Clarke, 2013). Further, we examine how the “healthy vagina” is socially constructed as a (Western) cultural imperative and enacted through the use of vaginal health and hygiene products.

Paper 3: Critical reflections on the social and ethical challenges of human microbiome research and related health applications

Chuong, Kim and the CF Microbiome Team

University of Guelph

Rapid advances in human microbiome research have generated considerable excitement in elucidating the role of bacteria in health and disease and development of new interventions (e.g., microbial transplantation, probiotics and dietary supplements). Biobanks of tissue samples, often with some linked clinical or medical information, are considered to be an important tool to facilitate data sharing and research development, as well as a bridge to new interventions and, ultimately, personalised medicine. Much of the literature on biobanks and personalised medicine has focused on human genomics, with many social, ethical and legal issues remaining unresolved. The relatively new field of human microbiome research has the potential to further complicate matters. Here, we outline the social and ethical issues related to biobanking in the context of human microbiome research, and illustrate the social challenges associated with health applications of human microbiome research by drawing on the case of fecal microbiota transplantation.

Paper 4: Social implications of biomedical science: Asthma, stigma and the human microbiome

¹Jenkins, Amanda; ²Cunningham, Shannon; ¹O’Doherty, Kieran

¹*University of Guelph*

²*University of Alberta*

Asthma is a disease affecting over 235 million people worldwide (WHO, 2014). Despite increasing prevalence, asthma is poorly understood resulting in stigmatization of people with asthma (Cunningham, Cheong, O'Doherty, 2014 under review). Emerging biomedical research linking asthma to bacteria and the human microbiome may inadvertently introduce new stigmatizations of people with asthma. We conducted interviews with individuals about their experience with asthma and the healthcare system, whether they or their children felt stigmatized, and how they would interpret research findings that related asthma to a bacterial etiology. Transcripts were coded and analyzed and informed by thematic and discourse analysis. Our study suggests that science linking asthma with bacteria may lead to misconceptions around diagnostic labels like "infectious asthma" and may lead to further stigmatization of individuals with asthma, since it (erroneously) suggests that asthma is contagious.

A3: Perspectives on participation in biomedical research

Organiser: O'Doherty, Kieran

University of Guelph

Participation in biomedical research is a central component of the experiences of many patients and individuals interacting with health care systems. From the perspective of researchers and pharmaceutical companies, the development of new therapies and diagnostics cannot occur without the involvement of research participants. From the perspective of (potential) research participants, decisions to take part in biomedical studies are embedded in relational contexts, political realities, and deeply personal experiences. Although altruism is undoubtedly a part of the motivation of some individuals participating in biomedical research, in many instances motivations to participate are far more complex and nuanced. Much literature on research participation is normative and theoretical. The purpose of this symposium is to engage with research participation empirically, with a particular emphasis on engaging research participants themselves. Of the five papers in this symposium two focus on individuals with chronic illnesses, and three on individuals participating in HIV vaccine trials.

Paper 1: On the edge: Boundary management in community engagement in HIV vaccine trials

de Wet, Anneliese; Swartz, Leslie; Lesch, Anthea; Kagee, Ashraf; Kafaar, Zuhayr

Psychology Department, Stellenbosch University

Community engagement in HIV vaccine clinical trial research is regarded as essential from an ethical standpoint, and for the practical running of trials. A number of guidelines for community engagement practices have been published and these are useful and aspirational documents. The question arises, though, as to how in practice such activities are enacted. We conducted interviews and observations at an HIV vaccine trial site in Cape Town, South Africa. Participants had a range of different, and changing, views on what community engagement is and should be. We discuss these activities as instances of boundary work conducted by people from widely different contexts. We show how global concerns about science and its abuses intersect with more local South African issues, which are in turn linked to a history of inequality and racial oppression and affect how community engagement is understood and striven towards.

Paper 2: Participation in biomedical research: Perspectives of adults with Cystic Fibrosis

Stroud, Karla ; Christofides, Emily ; O'Doherty, Kieran and the CF Microbiome Team

University of Guelph

Ethics protocols have been developed to protect the rights of individuals participating in biomedical research. However, given that the nature of this research is changing (i.e., biobanks and long-term cohort

studies), it is important to include the perspectives of research participants to guide decisions made by Research Ethics Boards within this changing context. It is also important to gain an understanding of perspectives towards research participation across the lifespan. Individuals with Cystic Fibrosis (CF) often participate in biomedical research from a young age and this participation may continue into adulthood. Therefore, they are in a position that allows them to discuss their attitudes and decision making processes in the context of research both as children, and currently as adults. This research examines accounts of biomedical research participation of Canadian adults with CF, as well as a retrospective account of their experience participating in research as children.

Paper 3: Participation in biomedical research: The benefits and burdens as described by children with Inflammatory Bowel Disease

¹Barned, Claudia ; ¹O’Doherty, Kieran ; ²Mack, David ; ²Stintzi, Alain

¹*University of Guelph*

²*University of Ottawa*

Participation in biomedical research can be associated with both benefits and burdens for individual research participants. Typically, research ethics oversight insists on individuals being informed such that they can weigh potential benefits and burdens, and make autonomous decisions about whether to participate in research. However, when research participants are children, decisions to participate in research often involve proxy decision-makers (usually parents). To date, there is little research on how pediatric patients experience research participation, and most research ethics protocols are based on normative arguments. Our study therefore sought the perspectives of children with a chronic illness, inflammatory bowel disease (IBD), about their experiences of participating in research. We conducted 25 interviews with children and adolescents with IBD at a major children’s hospital in Canada. Our analysis focuses on their experiences of participating in biomedical research, their feelings about research and their level of involvement in the research process.

Paper 4: Adolescent perceptions of barriers and facilitators to HIV vaccine trial participation

Kafaar, Zuhayr ; Kagee, Ashraf ; Swartz, Leslie

Psychology Department, Stellenbosch University

A number of behavioural and medical interventions to prevent HIV infection exist. One of the promising prevention strategies to prevent HIV infection is vaccination. Clements, Abdool-Karim, Chang, Nkowane and Esparza (2004) contend that HIV vaccination should focus on adolescents, since vaccination should occur before exposure to the disease. However, vaccines must be tested for safety, efficacy and immunogenicity in the relevant age groups. Due to the length of the commitment required from volunteers, social and behavioural issues related to participation in vaccine trials are pertinent. Issues such as participants’ levels of willingness to participate (WTP), their retention in the trials, discrimination they might encounter and how participation might influence their risk-taking behaviour have all been identified as salient to vaccine trials (SAAVI Socio-behavioural Working Group, 2006). This study presents data on the perceived barriers and facilitators to HIV vaccine trial participation in adolescents from Soweto.

A5: Health communication in contexts: Conversation analysis as critical analysis?

Organisers: ¹Peel, Elizabeth ; ²Toerien, Merran

¹*University of Worcester*

² *University of York (both UK)*

Conversation Analysis (CA) is a well-established method of investigating the structure and process of social interaction between people. It focuses primarily on talk in either mundane or institutional settings such as health care communicative contexts. There has been – and there continues to be – much debate as to whether Conversation Analysis (CA) can be, or indeed should be, a ‘critical’ approach’ (in terms of both political underpinning or social change orientation). This symposium aims to take forward that conversation by showcasing a range of CA analyses which either explicitly or implicitly grapple with this issue. Collectively, and polyvocally, we underscore the potential of CA informed approaches for extending critical health psychology research and practice. We suggest that analyses of actual health communication do provide critical insights for improving practice, and we show how assumptions about particular health settings and patient groups are contested, and contestable, at different interactional moments.

Paper 1: How can conversational analysis contribute to ‘doing’ critical work? Extending the methodological conversation

du Toit, Ryan

Critical Studies in Sexualities and Reproduction, Rhodes University

Conversation analysis (CA) has been criticised as being overly obsessed with the intricate details of conversation and bracketing off the wider socio-structural power relations in which conversation is embedded. Many scholars regard CA as a methodology that is incompatible with, and thus incapable of doing, critical work. This paper seeks to contribute to the methodological conversation by proposing a dual analytical methodology that merges understandings of talk from CA and critical discursive approaches, and attends to both the conversational (turn-by-turn) context as well as the discursive resources that inhabit talk. This is accomplished through a triangulatory activity that takes different conceptualizations of ‘context’ into consideration and investigates how subject positions are worked up on a micro- (turn-by-turn) and macro-level. The authors illustrate this approach using institutional talk collected at a UK diabetes clinic and from interviews investigating how employers talk about their domestic workers in South Africa.

Paper 2: Healthcare professionals initiating decisions in labour: A pilot conversation analytic study of data from *One Born Every Minute*

Jackson, Clare

University of York

This conversation analytic study examined how healthcare professionals initiate decision-making with labouring women in maternity units. The interactions between 26 labouring women, their birth partners and health care providers were transcribed from the British reality television show, ‘One Born Every Minute’ (Dragonfly productions for Channel 4). Turns-at-talk oriented to by participants as doing decision-making were situated on a continuum of ‘optionality’ afforded to the participant in the responding turn. This ranged from directive assertions (e.g., ‘*You need to...*’; ‘*We are going to...*’; ‘*My recommendation would be...*’) to propositional constructions (e.g., ‘*Do you want to do...*’; ‘*Am I okay to do...*’) to open questions (e.g., ‘*What is your plan for pain relief...*’). In these data, decisions tended to be either asserted or proposed as yes/no interrogatives. Labouring women tended to go along with whatever course of action was being asserted or proposed, but not always; women can and do resist.

Paper 3: Maximising patient choice? A critical conversation analytic contribution to debates about patient-centred practice

Toerien, Merran*University of York*

Following decades of critical research and patient activism, there has been a strong shift away from a ‘paternalist’ model of medical care towards a more ‘patient-centred’ one – at least at the level of healthcare policy in the UK. For example, the UK’s General Medical Council directs doctors to “maximise patients’ opportunities, and their ability, to make decisions for themselves”. How, and whether, this works in practice, however, is a source of much controversy. In this paper, I show how conversation analysis (CA) can contribute a critical voice to such debates. Drawing on a dataset of over 200 consultations recorded in UK neurology outpatient clinics, I show how CA’s fine-grained explication of the way in which interactions actually operate can reveal: (i) potential tensions/contradictions in both policy directives and models of care; (ii) unintended consequences of clinicians’ efforts to put such directives and models into practice.

Paper 4: ‘When you get to 84 you do forget’: Dilemmas in health communication about dementia**Peel, Elizabeth***University of Worcester*

Diagnosing dementia is difficult for various reasons and on a number of levels (ethical, medical, interpersonal). Existing research focused on the delivery of dementia diagnosis has observed a lack of usage of explicit dementia-related terminology, which is positioned as problematic. In this talk, I take a more neutral stance on interaction in this context through applying conversation analytic insight to a (small) corpus of naturally-occurring UK memory clinic interactions. These interactions are drawn from eighteen memory clinic appointments that were video-recorded with fifteen patients (mean age 76.66 years, range 55-92 years) and fourteen accompanying persons as part of the British Academy funded *Dementia Talking* project. I suggest that rather than euphemistic language being viewed as inherently problematic, conformity to intersubjective norms of minimizing catastrophic reactions in medical communication actually demonstrates sensitivity to patients and families.

B9: Responsibility begins at home: Examining understandings of subjectivity, responsibility and health against a backdrop of UK neoliberal health policies and the consideration of neoliberalism as a ‘glo-cal’ phenomenon

Organiser: Riley, Sarah*Aberystwyth University, UK*

Neoliberal regimes of governance conceptualise the citizen as an autonomous, risk managing subject, responsible for their health, and engaged in a continuous process of self-scrutiny and work on the body to maintain their health. This framework has been critiqued by critical health researchers in relation to disciplinary power and its absencing of social structures associated with health inequalities.

Neoliberalism dominates UK health policy and everyday concepts of health and subjectivity, but it is also a ‘glo-cal’ – a global economic and political doctrine that adapts to local contexts. To date, psychological research comparing across national contexts is scarce. The proposed symposium therefore has two aims:

- to showcase work from the BPS’s Qualitative Methods in Psychology group on the impact of neoliberalism in the UK context.

- create opportunities to discuss with international delegates how neoliberal health policies are being taken up, adapted or resisted in a range of contexts.

Paper 1: Defining caregiving and parenting roles amongst stay-at-home-fathers

Locke, Abigail

Huddersfield University

This paper considers the ways in which fathers in the primary caregiving role define themselves, set in the context of neoliberalism and austerity in the UK. Although there has been a reported rise in British stay-at-home-dads attributed to the global recession, little is known about their experiences and wellbeing, particularly in the light of gendered expectations of parenting.

Open ended interviews with fathers in a primary caregiving role for their children was subject to a critical discursive analysis. A key discourse emerging from the data was the ways in which the fathers constructed themselves as 'parents' and 'parenting' through performing a nurturing role. This was in comparison to the biological act of 'fathering'. The paper discusses how 'parenting' is being re-constructed by these fathers as gender neutral, and considers the wider societal implications of this shift and what it means to be a 'mother' and a 'father'. The analysis is considered within the context of neoliberal-informed cultures of intensive parenting; discourses around 'involved fatherhood'; and documented changes in countries, such as the UK, towards a system of shared parental leave.

Paper 2: Couples' management of lifestyle change after diagnosis with coronary heart disease

Robson, Martine; Riley, Sarah

Aberystwyth University

Coronary heart disease (CHD) is the leading cause of death globally (WHO, 2014). In general, people in long-term relationships have lower incidence of and better recovery from heart attacks and cardiac surgery than those who live alone (Idler, Boulifard, & Contrada, 2012). Changes in behaviours relating to diet, exercise and smoking are associated with better health outcomes for patients with CHD, with people in long-term relationships more likely to make these changes. Such benefits are not universal, however. Couples' day-to-day health interactions may account for some the complexity of these health and ill-health concordances (Lewis & Butterfield, 2007), although these micro-level processes are not well understood. This paper reports from a PhD study examining how couples talk about and manage the lifestyle changes that are advised after a partner is diagnosed with CHD. Participating couples, recruited in the first two weeks after a new diagnosis, were interviewed once a month for three months over the course of their recovery. From a critical health perspective, we examine how couples negotiate lifestyle advice and information in a context of neoliberal understandings of and focus upon health. Using a discursive approach, we identify the ways in which couples adopt, resist and transform wider social discourses of health, and the dynamics and complexities of health-advice giving and receiving within intimate relationships.

Paper 3: Rotten teeth, rotten parents or rotten society? UK press coverage of child tooth decay

Jowett, Adam ; Pitan, Anna

Coventry University

Critical health researchers have critiqued neoliberalism in Western societies that places responsibility for health on the individual (or in the case of children's health, the parent) while refraining from market

intervention by the state. The online database Nexis UK was used to search for UK newspaper coverage of childhood tooth decay over 2014 using the search terms “children” and “tooth decay”. After screening for relevance 75 articles were analysed drawing on Billig et al’s (1988) theoretical framework of ideological dilemmas to examine how ‘the thinking society’ grapples with who is to blame and how to tackle the problem of childhood tooth decay. While the balance of the coverage was tipped towards placing responsibility on parents (and mothers in particular), the paper demonstrates how the notion of personal responsibility for health and the states responsibility to act in the best interest of the nation’s health exist as a dialectic relationship with both qualifying each other.

Discussant: Collins, Anthony

Durban University of Technology

A1: Critical approaches to health issues for ageing people

Organiser: Stephens, Christine

Massey University

As populations age, increasing attention is being given to the health of older people. Ageist assumptions, which construct older people as a homogenous group, dominate much research and practice in health care and policy. The papers in this symposium attend to physical, social and structural aspects of older people’s experiences of ageing and health in the UK and New Zealand. The papers cover social aspects of alcohol use among an indigenous population, gendered experiences of the ageing body, the social location of housing decisions in older age, and volunteering by older people. The presenters show how these aspects of older people’s lives contribute to their health, and how current approaches to research and practice in these areas are restricted. Critically oriented research is needed to reveal the potential for oppression of older people, particularly those in minority and disadvantaged groups, by ignoring structural, social and personal aspects of older people’s wellbeing.

Paper 1: Social influences on older New Zealanders’ housing decisions: A discursive analysis.

Matthews, Tamyra; Stephens, Christine

Massey University, New Zealand

Housing decisions impact on health and wellbeing, and homes are intimately connected to identity and belonging. Models of housing decisions in older age have assumed that decision-making has a clearly definable rational pathway. These models do not take broader social influences into account. The present study aimed to explore the intricacies of housing decisions by discursively analysing seven interviews with older New Zealanders, aged over 65 years, living in various housing situations. Five interpretative repertoires, labelled ‘Decline,’ ‘Medical,’ ‘Independence,’ ‘Stability’ and ‘Familial,’ were used by respondents to construct their housing decisions. These results show that housing decisions are part of broader social constructions of ageing itself, and plans for moving or staying in place are made as part of understandings of what it means to be an older person in a particular social location. These broader understandings of housing decisions have implications for future research and public policy.

Paper 2: “I am getting old and that takes some getting used to”: Dimensions of body image for older men

¹Peel, Elizabeth ; ²Tyler, Allan ; ³Nodin, Nuno ; ⁴Rivers, Ian

¹Worcester University

²London South Bank University

³Pace, London

⁴Brunel University

Embodiment is conceptually sedimented within feminist and health discourse, but discussion largely focuses on (younger) women and girls, most often through a heteronormative lens. This paper focuses on a sub-set of the Risk and Resilience Explored (RaRE) study survey data, conducted in England (2010-2014) - the older male respondents (n=62). These respondents were aged 60–83 years, mostly white British (87%) and identified as gay (n=34), heterosexual (n=18), and bisexual (n=10). Using descriptive statistics and inductive thematic analysis three main themes are discussed: sexed bodies - performative masculinity as worth; activity bodies - 'a moving target is harder to hit'; and medicalised bodies - 'my GP told me that I was "disgustingly healthy"'. Expectations of (hegemonic) masculinity and heteronormative gender roles continue to influence how men view themselves as they age. Acknowledging physical, social and temporal issues in understandings of men's body image adds additional breadth to critical health psychology.

Paper 3: The social context of alcohol use by older Māori in New Zealand/Aotearoa

Herbert, Sarah ; McCreanor, Tim ; Forster, Margaret ; Stephens, Christine

Massey University, New Zealand

Previous research has shown that there are clear patterns of difference between Māori and non-Māori regarding their alcohol use, however, the focus on defining Māori people's alcohol use only in terms of their differences to non-Māori leads to a 'deficit' way of thinking whereby the 'problem' lies with Māori people. This presentation will report the results of a study focussed on the social context of alcohol use among New Zealand Māori aged 50 years and over. A population survey (N = 1042) showed a complex relationship between alcohol use and socio-demographic variables including social networks and Māori cultural identity. A subsequent, in-depth, Māori centred qualitative study sought to understand the social context of older Māori people's (65 years and over) personal experiences of alcohol use and the role and social meanings of alcohol consumption within older Māori groups. Initial findings from interviews and friendship group discussions will be reported and discussed.

Paper 4: Volunteering among older people: Beneficial and harmful effects of social policies to encourage contribution

Stephens, Christine ; Breheny, Mary

Massey University, New Zealand

Social policy applications of 'active ageing' ideals have recently focused on volunteering as a beneficial and valuable contribution that older people can make to their communities. A sound body of empirical evidence shows that volunteering is beneficial for older people's mental and physical health. Furthermore, evidence shows that older people from lower socio-economic groups receive greater wellbeing benefits. However, lower levels of health and financial resources also prevent many older people from participating in these ways. A broad policy focus on the imperative to contribute as a participating citizen and individual responsibility for active engagement in society, can be oppressive and lead to withdrawal from social engagement by those who are the most in need of support to participate. Priorities for social and organisational policies must include support for the many ways older people are able to be involved in their communities and provide support for their preferences.

PECHA KUCHA

G1: Critical Studies in Sexualities and Reproduction: silence and protest against sexual violence; the politics of visibility; historicising ‘puberty’; and the right to buy antenatal healthcare

Organiser: Macleod, Catriona

Critical Studies in Sexualities and Reproduction research programme, Rhodes University

Pecha Kucha 1: Critical Studies in Sexualities and Reproduction

Catriona Macleod

Critical Studies in Sexualities and Reproduction research programme, Rhodes University

Despite enabling legislation and policies in the areas of sexualities and reproduction in South Africa, multiple challenges persist, including: forced sexual debut, sexual coercion and violence; HIV infection; hate crimes against lesbian women and gay men; unwanted and unsupportable pregnancies. While it is acknowledged that interventions (e.g., sexuality education programmes, the promotion of antenatal care use and the promotion of non-discrimination) have the potential to improve men’s and women’s sexual and reproductive lives. There are also multiple ways in which such programmes and the surrounding public discourses concerning sexuality and reproduction can serve in often unintended and unwitting ways to perpetuate oppressive heteronormative, gendered, racialised and class-based power relations. The Critical Studies in Sexualities and Reproduction research programme focuses on how particular discourses, narratives, and practices promote inclusion or exclusion, belonging or marginalisation, equity or inequity, justice or injustice, access to, or denial of, sexual and reproductive rights.

Pecha Kucha 2: Race and gender politics in cross-dressing, dressing-up, and drag

Marx, Jacqueline

Critical Studies in Sexualities and Reproduction research programme, Psychology Department, Rhodes University

Sexuality is often less discernible than other markers of identity such as race and gender, which means that its perceptibility is often contingent on strategies that make it visible. Visibility is an especially important dimension in the shaping of lesbian and gay identities because people are generally assumed to be heterosexual. Making gay and lesbian identities visible is also an important political issue for people who have, historically, been threatened by the violence of public erasure. It is this aspect of gay and lesbian subjectivity – the politics of visibility – that is the topic of this presentation. We focus on gender and race politics in dressing-up, cross-dressing and drag performances - practices which make gay and lesbian sexualities visible, and consider the role that race and gender play in diminishing and exacerbating visibility.

Pecha Kucha 3: Memories, photographs, and archives: On historicising ‘puberty’ in the present

Pinto, Pedro

Critical Studies in Sexualities and Reproduction research programme, Rhodes University

In 1997, Valerie Walkerdine incited researchers to use memory and fantasy as devices to explore the gendered meanings of being a child and becoming adult. Since we all once were children, we are in the ambiguous – and therefore productive – position of being both informants and ethnographers of

childhood experiences. Whilst drawing on a historical investigation on puberty science, this presentation is a hybrid experiment: it combines my memories of growing up in Portugal in the early 1980s and photographs of children taken in clinical interventions from the late nineteenth century to the first decades of the twentieth. In articulating these materials and their different temporalities, my purpose is to explore the techniques and the power relations in which pubertal development came to being thought of, and disciplined, in contemporary societies. In doing so, I invite the possibility of historicising experience as a strategy to critically analyse our medicalised present.

Pecha Kucha 4: The right to buy antenatal healthcare

Feltham-King, Tracey

Critical Studies in Sexualities and Reproduction research programme, Rhodes University;

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While conducting an ethnographic study of the antenatal healthcare nexus I observed the public/private partnerships at work within state healthcare facilities. The presence of sales representatives and promotional product placement within these spaces allowed the antenatal clinic to function simultaneously as a market place. This commodification of pregnancy and parenting has implications for the ways in which pregnant women are constructed as reproductive subjects. This presentation shows how the images in an advertorial booklet distributed in the clinic draw on intersecting discourses which construct idealized representations of pregnant women, parenting couples and families. These images present a textual ideal that: stands in contrast to the lived experiences of the women accessing antenatal healthcare in these clinics; ignores the multiple and varied contexts in which decisions about antenatal healthcare are made; and shifts the responsibility for the costs of antenatal care onto the individual pregnant woman.

POSTER PRESENTATIONS

P9: Exploring the impact of medicine-taking on the lives of young people living with liver disease

¹Bashir, Shahreen ; ²Peel, Elizabeth ; ¹Lowe, Pam

¹School of Languages and Social Sciences, Aston University

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Young people living with liver disease in the UK are currently an under-researched population and scant attention has been given to their experiences of managing their medication. This research project explored 41 liver disease patients' (aged between 14 and 26 years), experiences of managing medication through semi-structured, in-depth interviews. Participants had a range of liver diseases differing in aetiology and onset age, and reported taking a variety of medicines including medicines for comorbid conditions. Preliminary findings revealed young people reported accounts of facing physical, practical and social challenges associated with managing medication. Not all young people face difficulties in managing medication, and young people acquire the responsibility of managing their own medication from their parents at different stages in their life. If we are going to improve services for young liver disease patients it is imperative that health professionals understand

the impact of medicine taking on the lives of their patients.

P15: The consequence of female genital mutilation: A Critical Health Psychology response

Frederick, Stefan P

Institute of Gender Studies: University of South Africa

It is estimated that between 100 million and 140 million women and young girls are living with the consequences of female genital mutilation. Female genital mutilation includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. According to the World Health Organization there are no health benefits; this procedure leads to severe bleeding, problems with urinating, cysts, infections, infertility, as well as complications in childbirth and increased risk of newborn deaths. This practice still occurs within Africa and the Middle East. The purpose of this poster presentation is to critically evaluate current health care which includes interventions and treatment in relation to female genital mutilation. Finally, it proposes a critical health psychology intervention and treatment which is based on wellness and liberation.

P7: Examining the relationship between sensitivity to reward and diet in a South African student sample

Hunt, Xanthe ; Nespola, Angelic ; Kagee, Ashraf

University of Stellenbosch

Despite high rates of poverty and unemployment, South Africa has the highest obesity rate in Sub-Saharan Africa. Obesity is widely stigmatized, leading to victimization, prejudice and discrimination. With the growth of fast food chains, and the convenience and low cost of the food they sell, eating unhealthily is a persuasive option for many living on a tight budget. Indeed, obesity and unhealthy eating are more common among lower socioeconomic groups. Perhaps as a result of this, in low- and middle-income countries, diseases of lifestyle, such as type two diabetes and heart disease, are on the increase. In this food climate, large multinational countries profit from contributing to ill health in the developing world. Intervention is necessary to achieve health equality. We draw on Gray's Reward Sensitivity Theory (RST) to determine the relationship between reward sensitivity and diet. According to RST, an individual with a more active Behavioral Approach System (BAS) is more sensitive to reward, while those with a more active Behavioral Inhibition System (BIS) are more sensitive to punishment. We hypothesize that active BAS will predict a higher fat and sugar intake and that this relationship will be mediated by responsiveness to the food environment. We also predict that active BIS will predict a higher sugar intake and that this relationship will be moderated by emotional eating. Very little South African research exists on this topic despite its relevance. Our inquiry into the personality correlates of diet can lead to better understanding of the factors which inform individuals' eating behaviour.

P13: Challenging the normativity of drug use: "What helps to keep it under control?" Studying experiences of gay/bisexual men's controlled drug use when clubbing

Naidoo, Del

North West University, South Africa

Research describes controlled illicit drug use. However, few such studies explore high drug-use populations such as nightclub attendees or gay/bisexual men. Studies of gay/bisexual men's drug-taking overlooks controlled drug use possibilities. This qualitative study aimed to explore non-specific illicit drug use (occurring once per month or less) by gay/bisexual male nightclub attendees, as this population has been identified as

high-risk drug users in previous research. Interpretative Phenomenological Analysis (IPA) offered exploration of individual/culturally constructed phenomenal dimensions of participants' experiences, embracing pluralist experiences. Eight self-identified gay/bisexual men who took drugs on a controlled basis when clubbing participated in semi-structured interviews, indicating master themes from participants' experiences. Identified themes included intra-psychic, identity/interpersonal interaction, and temporal processes. Results showed not all gay/bisexual men's drug use follow usage-addiction patterns and controlled use is possible. Participants controlled their use through an interaction of personality traits, social factors and self-knowledge/monitoring. This research enhances controlled drug use conceptualisation, clarifying useful strategies for other drug-taking populations wishing to control drug use.

P16: E Tamariki Ma. Kōrero Mai: Māori children's narratives on mild personal injury

Neha, Tia; Treharne, Gareth; Peterson, Carole; Reese, Elaine

University of Otago

The present study explored autobiographical memories around a personal injury that was mild enough to be treated as an outpatient. The sample comprised of 100 New Zealand Māori tamariki (children) aged 8-10, who took part in interviews using developmentally age-appropriate protocols. Whānau (family, community) members were present during the interviews. The children's narrative coherence on antecedents of the event, treatment and then the trip home from hospital was centred on the emotional highlights of the event. The reason and importance of why the information was recounted and the recall on the setting of the information to a wider social context were also investigated. This study suggests that the coherence of a child's recall around a personal injury is contextualised by the child's age, their mastery of narrative forms and the child's emotional affect to the event. Further implications will be discussed around the children's resilience to personal injury.

P10: Subjective lived experiences of women with early stage breast cancer in Cape Town

Scullard, Nicole

University of the Western Cape

A breast cancer diagnosis and treatment heralds a series of frightening events and can be a traumatic experience. The manner in which women perceive and cope with their illness is predictive of emotional and physical health outcomes. This study explored the subjective lived experiences of women with early stage breast cancer undergoing treatment. The objectives of the study involved exploring the emotional experiences of women and secondly, exploring how women perceive their bodies. Phenomenology was used as the theoretical position as well as the research design. Participants comprised of six middle class women aged between 30 and 40. Participants were selected by means of purposive sampling. Semi-structured interviews were used for collecting data. The data were analysed using Interpretative Phenomenological Analysis (IPA). Results indicated that the emotional experiences of women were characterised by feelings of shock and fear. It was found that spirituality and positive thinking played an important role in the way participants coped with their diagnosis. The nature of the physical experiences of participants relied on the treatments they received. The physical effects of breast cancer treatment was related to issues surrounding their femininity. The ethical considerations fall under those stipulated by the University of the Western Cape.

P6: Stress, resiliency and coping of hostel mothers caring for autistic children

Thiart, Sarita ; Currin, Lisa (Supervisor) ; Jansen, Jenny (Co-Supervisor)

Nelson Mandela Metropolitan University (MA: Research Student)

Autism is a life-long neurological disease, which manifests itself differently in each autistic person. Autistic people have difficulty within four developmental areas which makes it extremely difficult for hostel mothers of autistic children, as the children are psychologically, cognitively and physically difficult to handle. Many children stay within the hostel which means that the child is cared for by hostel mothers who experience similar stressors that parents experience, as they are pseudo parents to the child. This research is therefore focused on stress, resiliency and coping of hostel mothers caring for autistic children, in order to gain greater understanding of the ways these pseudo mothers cope with the stressors of caring for an autistic child. The research will be a systematic review; therefore literature pertaining to the topic will be reviewed and discussed. Literature used will be national and international articles and books (between 2005 and 2015).



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