ISCHP
International Society of
Critical Health Psychology

ABSTRACTS

Honouring Indigenous voices

Storying community strengths and agency

Innovating & advancing critical health psychology

Partnering for better health

12th Biennial Conference
22 - 25 August 2021
Pōneke Wellington, New Zealand

Virtual hubs in Guelph/Santiago, Meanjin Brisbane, and London

Welcome from the ISCHP Chair:

Tēnā koutou katoa – welcome to everyone. The Executive Committee of the International Society of Critical Health Psychology (ISCHP) is delighted to welcome you to our 12th biennial conference. We acknowledge the huge amount of work that has been put in by the Conference Planning Committee over the past two years.

We as a Society are deeply disappointed that people have not been able to travel to Aotearoa New Zealand to attend the conference, but we are excited to be able to welcome people from around the world to join us online for an exciting programme that maintains the ethos of ISCHP across four hubs.

This is not the format we were anticipating when the decision was made to host the 2021 conference in Pōneke Wellington, but the programmes across each of the four hubs are outstanding and will allow us to connect in a format that paves the way for future events that help connect the global community of critical health psychology and ISCHP members.

Our thanks go out to the leaders of the Hubs and everyone who has contributed to organising the conference, particularly the Chair of the Conference Planning Committee, Dr Ally Gibson. We also thank you, our delegates, for your patience as we developed the alternative format, and we hope you enjoy what has resulted.

Associate Professor Gareth Treharne

Message from the Conference Chair:

Nau mai, haere mai, and warm Pacific greetings, welcoming you to the 12th Biennial ISCHP conference!

When taking on the job of hosting the next ISCHP conference, neither I nor any of our conference planning committee had any idea of what would come our way over the two years leading up to it. There's nothing like a global pandemic to necessitate next-level teamwork and organisation!

I would like to thank our Chair, Associate Professor Gareth Treharne, who has been with us every step of the way in supporting us in planning and rearranging the conference. Thanks also to members of the ISCHP Executive Committee for broader input in developing the virtual Hubs, to ensure we retain the spirit of ISCHP, and for supporting the additional funds, to ensure we could still make this conference viable. And a speical thanks to members who kindly sponsored other delegates' fees, making it possible for more students and unwaged people to attend.

My particular thanks goes to Dr Jenny Setchell, Dr Lilith Whiley, Alexis Fabricius, Dr Isidora Paiva, and Mikaela Beijbom, who joined the team to lead the virtual Hubs, making the conference accessible to our ISCHP community across locations and timezones.

Thanks also to the Wellington Faculty of Health at Victoria University – Te Herenga Waka for financial support; as well as Professor Rawinia Higgins, Associate Professor Meegan Hall, Luamanuvao Dame Winnie Laban and Dr Clive Aspin, for ongoing input and consultation to ensure the cultural safety and accessibility of this conference. Having the opportunity to collaborate with Dr Octavia Calder-Dawe and Dr Maree Martinussen, in adding the Affect and Emotion Symposium to the programme was an additional bonus, and the financial input greatly appreciated.

Finally, enormous thanks to our Conference Planning Committee, Dr Tracy Morison, Dr Sarah Herbert, Dr Julia Ioane, Dr Andrea LaMarre, Dr Octavia Calder-Dawe, Dr Cat Pausé, Dr Gareth Terry, Prof Antonia Lyons, Prof Sarah Riley, and Ash Gillon, for the ongoing work to all aspects of this conference in working to make this conference live up to the success of our past ISCHP conferences.

Dr Ally Gibson

Keynote Spreakers

Black/Brown Lives Do Matter: Research Addressing Change

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We live in a country where disparities are normalised. It's acceptable for our pēpē (babies) and māmā to be harmed and to die and our tane (men) to be incarcerated. As Aotearoa New Zealand moves to a health system with an equity focus opportunities for radical change arise. System and individual behaviour changes will be at the core. What is our role as researchers? How do we add the voice of our communities and bring about the necessary change? This presentation will bring together our mahi (work) to contribute to these answers. We ask – what are the voices of our whānau and what can we do together to bring about change?

Māori Women's Rangatiratanga in Critical Health Psychology: Blending Intellectual, Intuitive & Collaborative Lines of Inquiry

Le Grice J[1]
[1]*The University of Auckland*

In this keynote I discuss some of the productive tensions that have shaped my work across kaupapa Māori projects exploring Māori (Indigenous) reproduction, sexualities, and rangatahi (youth) wellbeing. My locatedness as a Māori women, of Ngāpuhi and Te Rarawa iwi (tribes), raised in an urban context on different tribal lands, has intuitively informed an approach that seeks to make meaning of the complexity of Indigenous subjectivities that are shaped by intergenerational Indigenous wisdom, as well as afflictions of the colonial project. Speaking into specificities of our experiences as cultured and gendered beings, what needs, issues and considerations arise? How might vectors of marginality surface discomforts and issues that are important to Māori women, as distinctive from Māori men? Considering these questions requires moving beyond conceptual boundaries of strengths based or deficit-based analyses towards an understanding of how Māori women agentically navigate social pressures, and of the rangatiratanga of Māori women to speak to issues that have personal and collective resonance.

Tagata o le Moana (People of the Sea)

Dr Percival T[1]
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We come from 22 Pacific islands and territories and have taken our people and our vibrant cultures to the world. We share the strength and beauty of our "heartland" the Pacific Ocean. Our challenges are many with disparities in health, household income and education in Australasia and the region. Our most pressing priorities are inequity and of Climate Change which is an ever present and growing threat. We look forward, activating for social and health justice but we must hold on to our past and traditions and take care of our ocean and lands.

Abstracts

8. Beyond the traditional illness narrative: Multi-modal social media case studies of men's Inflammatory Bowel Disease experience

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Illness narratives, typically collected via semi-structured or unstructured interviews (Thomas, 2010), are used widely to explore how people with ill health make sense of their conditions. However, some researchers warn against the privileging of narrative over other forms of expression (Atkinson and Delamont, 2006). Although illness narratives are important, not all people are natural story tellers or always use stories to make sense of their experiences (Woods, 2011). Hence, it is important to identify and explore alternative forms through which the experience of illness is expressed and understood (Woods, 2011).

This presentation argues for the development of in-depth, multi-modal, social media case studies. I focus on the social media of men with Inflammatory Bowel Disease (IBD): an incurable and sometimes life-threatening illness which causes ulceration of the gut lining amongst other symptoms. Unlike interviews, data collected from social media is naturalistic and offers longitudinal opportunities to trace the unfolding of experiences and events in near-synchrony with real-time. Furthermore, illness can lead to a traumatising sense of disruption (Gomersall and Madill, 2015) and physical experiences, such as pain and extreme fatigue, may be difficult to express in words (Gonzalez and Polledo, 2014). Social media's facility to incorporate different kinds of text, such as music and images, and the often partial and fragmented nature of the accounts posted (MacLaren et al., 2017), can therefore provide rich insight into the experience of illness beyond that which traditional narratives alone can produce.

9. Improving the sexual health education of young people: Observations and insights

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Sexually transmitted infections (STIs) are a significant public health issue, especially among young people. In New Zealand, sexual health surveillance data indicate that young people are at considerable risk of contracting the most common STIs: chlamydia and gonorrhoea. Despite improvements in communication about sexual health, and successive revisions of guidelines for school-based sexuality education, this pattern has continued to persist. While STIs are not life-threatening, left untreated they can cause serious health issues in the future. Sexual health education is an important means of ensuring that young people are aware of the risks associated with sexual practices. Drawing on research data, sexuality education guidelines, and health education resources this presentation will highlight the way in which sexual health education continues to fail to meet the education needs of young people. Key themes discussed and illustrated will be the changing nature of youth sexuality; a resistance to seeing young people as sexual; and despite increased attention to gender and sexuality diversity, the continued use of a heteronormative and cisgenderist framework for promoting sexual health. The implications for (potentially) improving young people's knowledge of sexual health, and their engagement with sexual health practices will be discussed.

10. How youth, caregivers and educators draw on sexual scripts to make sense of young people's engagement with Internet pornography.

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Internet pornography is a key resource used by youth seeking information about sexuality and sexual health. It is widely condemned as a "bad sex educator"—a source of sexual danger and disease for youth—who are generally viewed as vulnerable, uncritical viewers. Research adopting this harms-based view neglects the socio-cultural location and meaning of Internet pornography in young people's lives. This research addresses the oversight by investigating how youth engagement with Internet pornography is constructed. It explores how culturally available sexual scripts are used in talk about young people's engagement with Internet pornography. We draw on sexual scripting theory as developed by feminist discursive scholars to conduct a critical thematic analysis of 24 interviews with parents, educators, and young people. We identify three common scripts, namely: (i) a script of harm, (ii) a heterosexual script, and (iii) a childhood innocence script. These intersecting scripts construct, firstly, youth as passive uncritical pornography viewers and, secondly, a sexual double standard. We then show how youth resist and disrupt these constructions, demonstrating more nuanced sexual subjectivities than the traditional media effects paradigm acknowledges. Our findings show how youth resist essentialised gender constructions to position themselves as sexual subjects. Locating youth engagements with Internet pornography in context and recognising young people as active legitimate sexual citizens, contributes to discussions of ways to meaningfully support youth agency in navigating Internet pornography as a new cultural reality and source of sexual information.

11. Efficacy and Identity: COVID-19 perspectives of Middle-Class South Asians living in the UK

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In the UK, the risk of COVID-19-incidence and death for people of Black and Ethnic Minority (BAME) populations has been reported to be significantly higher than for those of White ethnicity. This recognition and representation of this community as "high risk" of COVID-19 presents both a health and an identity threat to this ethnic group. This study explores responses to these threats from the perspective of more advantaged members of the South Asian community. A thematic analysis was employed to analyse semi-structured interviews of a sample of thirteen middle class, first generation members of the South Asian community. We find that threat was managed by the participant group by asserting efficacy that was congruent with identity construction. The integrated immigrant identity asserted by our participants was inextricable from self-, group- and institutional efficacies. This constructed identity, however, asserted the heterogeneity of the BAME group. Other members of the ethnic minority community were positioned as less efficacious due to their less integrated identities, highlighting intragroup stigmatisation as an unintended consequence of treating the BAME community as a homogeneous one. These findings suggest that the psychological processes of the deployment of efficacy resources and of identity management are inextricably linked, extending both the health and identity literatures related to threat management. They also identify South Asian intragroup stigmatisation and commonalities that have implications for the promotion of health behaviour and health communications for minority groups

12. Are digital health technologies actually improving our health? Exploring FemTech and menstrual self-tracking apps

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FemTech is an emerging market of digital health solutions in support of women's health and well-being. It encompasses a wide range of digital products and services across several domains, including sexual and reproductive health, pregnancy and nursing, prenatal and postnatal care, nursing and baby care; however, the most popular apps tend to be fertility solutions and menstrual self-tracking apps. Apps promise users accurate predictions about their bodies, the possibility of personalized medicine, improved access to healthcare experts and a place for women to connect with others, thus offering feelings of empowerment, control and the satisfaction of prioritizing one's health. Despite these claims, FemTech users can experience declines in their health simply for using these technologies; the practice of sharing data with third parties has in some instances led to mental distress, reputational damage, job loss and reduced access to health benefits. While there are potential benefits associated with FemTech, they can only be fully realized when these technologies are designed and operated ethically; they should thus be of particular interest to critical health psychologists who will be vital in identifying the trade-offs associated with their use, and in offering recommendations on how to improve them. I argue that one potential route for improvement is to advocate for changes like a) improved privacy regulations that b) necessitate companies move away from surveillance-based business practices. Drawing on Nissenbaum's (2011) theory of contextual integrity as a model for this action, I explore what FemTech could look like in the future.

13. Bridging Intimate Partner Violence Against Women and Biomedicine

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Male perpetrated intimate partner violence (IPV) against women is a highly gendered, pervasive social issue, with as many as one in three women experiencing IPV in their lifetime. Existing research has explored how male abusers' patriarchal assumptions and behaviours influence women's decisions about their appearance and bodies. What has not yet been considered is the possible role that the biomedical experiences of women have in further enabling abusive men's behaviours. In this presentation, we examine the possible implications and reinforcement of patriarchal assumptions for women in both an IPV and a biomedical context, such as survivors dealing with a disorder that violates societal expectations of how women's bodies 'should' look and/or function. Particularly, we focus on two examples, polycystic ovary syndrome and endometriosis, which both may violate prevalent Western social norms regarding the female body: weight gain (the former), difficulties engaging in penetrative sex (the latter), and fertility complications (both). We examine the ways in which these biomedical issues may be used by abusive men to further denigrate women. In this presentation, we make a first step in the bridging of psychosocial understandings of IPV with women's biomedical experiences and draw on disability studies literature as a way to frame and integrate the connection between IPV and biomedicine. Indeed, we demonstrate ways that societal discourses position men to perpetrate abuse in ways that can hide the abuse itself, while simultaneously highlighting ways that the medical system may (in)advertently be enabling men's abuse.

14."It wasn't like one of those terrible stories" Queer and Gender Diverse Young People Navigating Cisheterosexism in Talking about Distress

Cowie L[1]

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The psychological wellbeing of queer and gender diverse young people has received increased attention as more and more research evidences higher rates of psychological distress experienced by queer and gender diverse young people. One large representative survey of New Zealand teenagers found that queer and gender diverse young people were over 3 and 5 times more likely, respectively, to report significant depressive symptoms than their straight, cisgender counterparts (Clark et al., 2014). Socio-cultural understandings of distress are dominant within the literature, such as in the minority stress hypothesis, which posits that queer and gender diverse people experience greater distress due to the stress of living in cisheterosexist contexts. Considerably less research has focussed on queer and gender diverse young people's own understandings of distress. In this talk, I report on an interview study with 21 queer and gender diverse 16- to 18-year-olds, which explored their understandings of psychological distress and wellbeing. Here, I focus on the ways that participants navigated socio-cultural understandings in making sense of psychological distress. Reflecting complex contemporary subjectivities, my participants simultaneously worked to frame themselves as largely unaffected by cisheterosexism, while positioning cisheterosexism as a pervasive potential danger that does significant harm to other people. The tensions of these two positions, and the implications of them for people supporting queer and gender diverse young people will be explored.

15. An exploration of meaningful non-erotic outcomes of consensual BDSM participation for wellbeing

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Although research tends to focus on the sexual aspects of consensual BDSM participation, there are many other beneficial outcomes relating to wellbeing arising from participating in BDSM. This paper will elucidate the other meaningful aspects of BDSM that reach beyond the sexual in order to highlight their salience for BDSM practitioners, and to ensure that those elements related wellbeing to are not overlooked.

Eleven regular practitioners of consensual BDSM participated in in-depth, face to face interviews conducted within an interpretive phenomenological framework that focused on the lived experiences of consensual BDSM. The interview schedules were customised to each participant based on earlier informal conversations for the purpose of building rapport and maximising depth of data. The template analysis method was used to analyse the data. Findings illustrated that various non-erotic and non-sexual aspects of BDSM are important to practitioners and improve their sense of wellbeing. These elements are necessary and significant to participants' lived experiences of BDSM and will be discussed in this paper in terms of transformative experiences, and demonstrate that consensual BDSM should be studied from a holistic perspective.

16. Understanding and Addressing Stigma through Qualitative Research: Four Reasons Why We Need Qualitative Studies

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Stigmatization is a socially and culturally constructed process, occurring in social interactions, whereby a person is labelled as different and then devalued, resulting in status loss and discrimination. Much of the psychological research on stigma is quantitative. In this presentation, we present four key arguments as to why qualitative research is imperative to understanding and changing stigma: 1) Stigmatization is complex and qualitative

research is well-suited for exploring complex phenomenon; 2) Qualitative research is participatory and offers substantial opportunities for meaningful community engagement, which promotes agency and empowerment, and redresses power imbalances; 3) Qualitative research is imperative to effective stigma reduction; and 4) Qualitative research informs further scientific inquiry and plays an important role in ensuring that we focus on important and relevant aspects of stigma in our research. For each argument, we outline relevant literatures and discuss our own experiences with conducting qualitative research on stigmatization. We lean on both theory and practice, paying attention to not only the outcomes of, but also the processes involved, in conducting qualitative research on stigmatization. We conclude that to better understand stigma, to redress power imbalances, and to inform interventions and further scientific inquiry, we must continue to conduct qualitative research across stigmatized identities and conditions.

17. Social Justice, Quality Of Life and Medical Management Of May-Thurner Syndrome

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May-Thurner syndrome (MTS), also known as iliocaval venous compression syndrome, is considered a rare disorder which means that affected individuals face not only their impaired biology, but also social justice issues. MTS is defined as an extrinsic venous compression by the arterial system against bony structures in the iliocaval territory (Mousa, 2019). One variant of MTS is the compression of the left iliac vein between the overlying right common iliac artery and the fifth lumbar vertebrae which can cause chronic pain. The compression of the iliac vein can cause an increased risk of developing deep vein thrombosis (DVT). DVT is a medical condition that occurs when blood clots form in a deep vein in the lower leg, thigh, or pelvis, and can cause serious illness, disability, and even death (CDC, 2018).

MTS is rarely diagnosed and frequently overlooked by medical professionals. It is more common in women than men; individuals may experience sexism from doctors who think they are over-reacting. In this study, we focus on collecting data on the social justice aspect of living with a rare disorder, health-related quality of life, functional ability, pain levels, access to medical services and medical management of individuals with MTS. This study will be conducted using an online questionnaire delivered through Qualtrics. Participants will be gathered via social media and support groups for MTS; between-and-within group analysis will be conducted. This research will bring light to an unrecognized population, awareness of social justice issues, and advancements in patient's quality of life.

18. Self and identity in people living with dementia: A conversation analytic perspective

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Theorising about self and identity in people living with dementia (PLWD) typically treats these concepts as abstract, offering fabricated illustrations of interactions between PLWD and others. In real life interactions we can see how identity and self of PLWD is supported (or not), the consequences this has, and the implications for sense of self. Whilst social psychological approaches such as Kitwood's (1993, 1997) person-centred care have been influential for conceptualising dementia beyond the biological viewpoint, they have been criticised for their lack of clarity. Specifically regarding how constructs such as person-centred care can be observed in interaction – what does it look like and how can it be achieved? Conversation analysis (CA) is an approach from within the ethnomethodological branch of sociology where talk-in-interaction is analysed in minute detail before an assessment of what is happening in the interaction can be made. Therefore, CA can be used in studying the sequential unfolding of talk and how identities are constructed, challenged, and maintained. In this talk we draw

on data from family care interactions showing how a PLWD is actively included, supported and their agency enhanced or undermined. We conclude by discussing wider implications for dementia care interactions and person-centred care

19. Cultural scripts of gender and suicide: an analysis on Italian newspapers

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Suicide beliefs and attitudes vary by culture and, often, also by the gender of the suicidal person, as related to dominant femininity/masculinity ideologies. Suicide attitudes, as components of the suicide script, describe and prescribe the conditions when suicide is potentially permissible, for whom, and via what method. Studies (mostly from Anglophone countries) show that suicide scripts act as models and impact suicide prevalence. This study explored cultural scripts of gender and suicide in a new setting, Italy, through an analysis of newspapers suicide stories.

Suicide stories in 2009-2019 newspapers were identified. Analyses focused on the who (e.g., the sex of the suicide decedent), how (i.e., the method), and why (e.g., the presumed suicide-cause).

A total of 748 male and 175 female suicide stories were identified. Men's suicide stories focused on work or community roles. When men's suicide was associated with physical illness, it was narrated as a dignified decision. Relationship motives typically involved jealousy or a break-up. Suicide-emulation concerns appeared only in men's stories. Women's suicide stories focused on their presumed psychological fragility and inadequacy. When relationship motives were mentioned, they typically involved lovesickness.

This study documented differences in how men's and women's suicide are narrated in Italian newspapers. The more-positive (e.g., suicide as an agentic, powerful, and dignified response to external adversities) connotation of male suicide stories, relative to female suicide stories (e.g., suicide as a symptom of psychological weakness and inadequacy) may offer a key for understanding men's higher suicide mortality.

21. Using member reflection as a follow-up study, not just 'the final bit': Participant reflections, scrutiny, and challenges of research findings.

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We discuss our use of a form of member reflections as the basis for a second study (Study 2) following-up on Kristi's doctoral project (Study 1). Member reflections are sometimes used in qualitative research to engage in reflexive elaboration with participants; but are less often used as the basis of a follow-up study. In Study 1, we used a critical qualitative methodology to explore twenty-two Australian mental health clinicians' perceptions of sexuality and sexual health in their work. We 'returned the research' to participants by writing two plain language summaries (a one-page brief, and a longer report) of finalised results and recommendations, generated without any input from participants. It is important to understand how the results from Study 1 resonate (or not) with mental health clinicians, and how the recommendations generated might be best implemented to support clinicians to sustainably improve their practice. With these goals in mind, we invited participants to participate in a second interview (Study 2) to reflect on, scrutinise, and even challenge summarised results from Study 1. Six clinicians participated in in-depth interviews, conducted 18-24 months after the Study 1 interviews and lasting an average of 71 minutes. These were participant-led, with the summary as the only 'interview guide'. We discuss opportunities and limitations of using member reflections - and specifically our use of a plain language summary to guide in-depth interviews - as methodological tools for conducting research within a broader research program seeking to effect direct change in institutional and clinical (mental) health practice.

22. "Sex breaks every rule of physical distancing": Representations of sex, dating, and intimacy in Australian online media during lock-down 1.0

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The COVID-19 pandemic has had a significant impact on sexual and relational practices around the world, but there has yet been little research exploring how sex, dating, and intimacy have been represented in the media during the pandemic. This is important given that media is an important source of sex advice, and given the historical displacement of social anxieties in times of crises onto sexuality and marginalised identities. We aimed to explore how sex, dating, and intimacy were being talked about in online sex advice available to Australian readers in the first three months of 'lock-down' (March-June 2020) during the COVID-19 pandemic; and to examine if, and how, this was different to pre-pandemic sex advice. We conducted a web search using key terms to generate a final data set of 63 articles from various sources including online news media, online magazines, government websites, and community and health organisation websites. We conducted a discourse analysis informed by constructionist and 'sex critical' approaches. Here, we focus on two main findings which are both complimentary and contradictory: A responsibilising risk-oriented discourse that positioned tech-sex as the new condoms; and, via invocations to engage in tech-sex, a "historical re-jigging" of what sex is, who is having it, and why. We reflect on the broader possibilities and implications of these findings for understanding new sexual intimacies.

24. Picturing Equality: a critical qualitative challenge to the inequalities faced by non-normative gender identities in the UK

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The LGBTQ+ community is not homogenous, whereby many identities are contested and compete for validity. This is most often the case for non-normative gender identities, including transgender and non-binary identities. It is these non-normative gender identities who disproportionally experience lower life satisfaction and health inequalities compared to other members of the LGBTQ+ community, while rendered invisible and marginalised within society, policy and research. Through previous consultation with LGBTQ+ community stakeholders in the UK, it became clear that equality for non-normative gender identities needs to now be the focus of social change initiatives, due to a lack of funding, government support and policy change. The present research, therefore, aims to examine how non-normative gender identities are constructed, contested and challenged in everyday life in the UK.

This will be examined through multiple qualitative methods, both creative and traditional to empower the voices of the unheard and invisible, including photovoice, photo-elicitation interviews, document analysis and netnography methods. Action research, community psychology principles and Social Representation Theory will inform three key studies to explore; 1) the experiences, barriers and assets of often invisible, non-normative gender identities in the UK; (2) the psycho-social, legal and political barriers to equality for said identities and (3) the mechanisms of social change and the impact of a co-produced campaign to facilitate change, visibility and inclusion. Findings will be important in the development of Social Representation Theory and social policy to further the progress of LGBTQ+ equality and improve the health and wellbeing of said invisible identities.

25. From stones to flowers: Exploring risk and protective factors in Palestinian children's everyday life with individual narrative time-lines.

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Research has extensively documented the effects of political violence and military oppression on the mental health and well-being of adults and children exposed to armed conflict. Drawing on a socio-ecological and culturally-informed perspective, this work offers an insight into the risk and protective factors influencing Palestinian children's daily lives and well-being. 22 children from different areas of the West Bank (rural, urban, and refugee camps) were asked to narrate and reflect on the positive and negative experiences they endured during their lives. To facilitate the narrative process, a life-line technique from NET was applied to explore positive and negative events and to investigate current and past emotional, cognitive, and behavioral reactions connected to them, identify strategies and resources activated to overcome hardships. Thematic content analysis was carried out using emergent and a priori coding. Negative memories were linked to experiences of fear and sadness due to the loss or death of significant others; Covid-19 pandemic; Israeli occupation; age-related changes; exposure to or involvement in aggressive acts. Experiences related to Covid-19 were also connected with positive memories, along with being able to achieve goals and having the possibility of spaces for recreational activities. Support from parents, friends, and the community emerged as the main resources used to manage situations of anxiety, alongside religion as a source of protection and strength, personal resources, and the ability to access spaces for discussion and explanation. The study suggests implications for psycho-social practices when designing interventions for children in contexts of chronic political violence.

26. Rethinking stigma as a technique of power: Lessons from critical research on abortion

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Since the late 2000s, abortion stigma has become an increasingly prolific research topic. The conceptualization and definitions of abortion stigma have, however, been critiqued for being too individualistic and simplistic to fully account for the complex, systemic nature of stigma processes, thereby leading to ineffectual interventions (a type of critique originally brought up in HIV and AIDS-related stigma research). Several authors have called for – but not substantially elaborated – a Foucauldian approach to abortion stigma. In this paper, after outlining the theoretical foundations and potential of abortion stigma research and interventions at present, we frame what a Foucauldian analytic framework on stigma may look like and the unique contributions it allows for. First, we introduce stigma as a technique of power aimed at the exclusion of a certain practice or identity. Second, we outline the defining features of a stigmatic type of power – how it is produced and perpetuated – and what makes it distinctive from other forms of social exclusion. Finally, we illustrate and discuss abortion stigma from this perspective by drawing on data from a study on attitudes about abortion in rural South Africa.

28. Māori voices in healing intergenerational trauma and violence

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One of the major challenges for psychologists in Aotearoa (New Zealand) is addressing the adverse outcomes of intergenerational trauma and violence. However, the healing offered through Indigenous practices is often missing in published psychological research. This presentation outlines the thematic analysis of the narratives provided by 8 Māori (Indigenous people of Aotearoa) adults regarding childhood maltreatment experiences and family harm. Three primary concepts were identified as central to stopping family harm and helping heal adverse trauma outcomes as identified in the words of the participants: Wairua (spiritual connection), Pou (becoming a

symbol of strength and support for self and others), and Tūrangawaewae (finding a sense of belonging). Our analysis suggest that Indigenous understanding provides a pathway to heal intergenerational trauma and violence. The opportunities to incorporate te ao Māori (Māori worldview) into Western theories and practices will be presented.

29. Effects of hospital clown in a palliative care unit in Chile according to critical theory and critical discourse analysis.

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In the context of oncology paediatric palliative care, where death is a dominant topic, the use of war metaphor is common amongst medicals staff' language and discourses. This paper aim is to examines the political implications of the war metaphor, based on the results of qualitative research. The main aim of the latter was to understand the perspectives of children' families who had undergone palliative care and clinical staff working in that environment about the role of hospital clowns in such context. The study was conducted between December 2019 and December 2020 in one paediatric palliative care unit in Chile. Framed in an interpretivist paradigm, using critical theory, and strict ethical criteria, data was collected through in-depth interviews and discussion groups, using the technique of critical discourse analysis to process data. In total, 36 people participated. The results show that perspectives of mothers and clinical staff about the work of clowns in the palliative care challenges such metaphor, which makes patients passive, changing staffs' habitus at the same time. Instead, the figure of clown there has a political role of protecting human rights and humanized care.

30. Kō te whanake ō te Māramatanga: Kaupapa Māori exploration of therapeutic engagement opportunities for Māori with sexual interests in children.

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International research indicates that between 3% and 5.5% of the male population experience sexual interests in children. When applied to Aotearoa, these statistics indicate that anywhere between 73,000 and 135,000 men in Aotearoa may be experiencing sexual interests in children. Despite the likely number of individuals living with these interests, research on the therapeutic needs of indigenous populations with sexual interests in children have remained entirely absent, including from a Te Ao Māori perspective. Furthermore, at present there are no services in Aotearoa that are equipped to offer early and tailored support to Māori who want help to cope with these experiences.

This presentation will provide an overview of a current doctoral research project which aims, through Kaupapa Māori methodology, to gather Mātauranga Māori to inform future engagement and service provision for Māori who experience sexual interest in children. Māori who have experience in sexual violence prevention related roles, kaumātua, and those with sexual interests in children who have sought support through a pilot mainstream service will be participants, guiding this collaborative rangahau. This presentation will also shed light on how we are honouring indigenous voices through guiding principles of Kaupapa Māori research. Key methodological considerations will be outlined that have been followed to ensure collaborative engagement with Māori on this sensitive topic. Tino Rangatiratanga, and the role of Data Sovereignty in indigenous research will be explored, as well as the importance of building and nurturing key relationships to ensure research is carried out safely for, with, and by Māori.

31. How ethnic minority groups experience COVID-19; the relationship between perceptions of (in)justice and willingness to engage in health protective behaviours.

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The world is currently in the grip of a deadly global pandemic. This study aims to understand how ethnic minority groups (EMGs) experience COVID-19, and how this experience shapes perceptions of social (in)justice. We examine the relationship between perceptions of (in)justice and willingness to engage in COVID-19 health protective behaviours.

Black (African and Caribbean) and South Asian (Indian, Pakistani and Bangladeshi) community members and stakeholders were purposefully recruited across the UK (n=57). Semi-structured interviews were conducted and analysed based on principles of grounded theory.

Findings illustrate three salient social injustice themes. Firstly, the "difference" theme articulates how people from EMGs are seen by others outside their community as being to blame for the spread of COVID-19. Secondly, the "equity and fairness" theme describes how participants feel powerless, invisible and of little value outside of their community. Thirdly, the "politicisation of covid" theme explains how current EMG attitudes to Government COVID-19policy is embedded within decades of historical mistrust. Finally, the "misalignment" theme highlights that for EMGs, policy narratives and actions do not tie up with the reality of life and the constant struggles they endure (in for example having to feed their family).

The result is that EMGs described expecting to get 'lesser or poor care', therefore they had to rely on themselves rather than the government or healthcare services, to gain protection. This self-reliance has implications in terms of disengaging with government guidelines, and testing and vaccination uptake. Finally, we discuss providing target solutions to tackling some of these challenges.

32. Broad lessons from a realist review of psychosocial interventions to improve the mental health of female IPV survivors

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Psychosocial interventions to improve the mental health of IPV survivors span a wide variety of domains with their heterogeneity often making them inappropriate for comparison through meta-analyses. A useful approach may be to use a realist synthesis that considers the underlying programme theories and mechanisms of action that give rise to positive changes and use these to develop interventions. Realist syntheses consider not only what works, but how it works and for whom or in what circumstances it works. Yet, there is a lack of realist literature in the IPV field. We present the findings of a realist synthesis of psychosocial interventions leading to improved mental health outcomes for survivors, drawing on evidence from 60 reviews. Families of mechanisms identified can be broken down into those associated with intervention design and delivery, and those associated with specific intervention components (access to resources and services; safety, control and support; increased knowledge; alterations to affective states and cognitions; improved self-management; and, improved family and social relations). 21 discrete mechanisms of action were identified, which taken as a whole reveal a comprehensive model describing how IPV interventions can help survivors move towards recovery. Numerous interventions and therapies were cited within the literature as including the mechanisms detailed in our model, most of them cutting across multiple mechanisms. Our overall findings suggest that the mechanisms, rather than

the specific type of intervention or therapy, should be the key focus of IPV psychosocial programme development, highlighting the broader utility of a realist approach.

33. Imagining the unimaginable? Exploring dating, sex and physical disability using story completion

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Within the dominant meaning-making frames of Anglo-Western cultures, disability has been a great eraser of sexuality. Disabled people are frequently positioned as essentially non-sexual and non-desiring. Such erasure contrasts markedly with a pervasive sociocultural narrative in which sexuality is not just part of life, but vital to health and wellbeing. Within this context, we wanted to explore whether decades of research and activism around sexuality and disability have shifted the resources available to (UK) young people in making sense of dating and sex in the context of physical disability. We used story completion – a data collection method designed to get at everyday sociocultural resources – designing four story opening stems that each outlined a different scenario (in each, the disabled character was a wheelchair user). Over 200 participants were recruited. Each completed two stories, producing a dataset of over 400 stories. Stories were dominated by a normative ableism, with disability positioned almost exclusively as unimagined, and potentially troubling to dating or sex. In most stories, the shock of disability needed to be managed, but disability itself required an explanation – an almost always nondisabled protagonist was entitled to knowledge. In many cases, the wheelchair reflected the 'heroic/tragedy' narrative; a previously nondisabled individual rendered disabled through unfortunate circumstance. The threat or difficulty posed by disability could be trumped, by 'connection' – fitting with an overcoming adversity trope around disability. In most stories, however, sexual desire and sexual activity were relegated to the side, suggesting sexuality and disability remain troubled bedfellows.

34. Appreciative inquiry – a tool for mental health promotion among black and afro caribbean people in the UK

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As the rates of mental illness rise during COVID, it is pertinent that more effort is put into improving mental health promotion services, especially among Black, African and Afro-Caribbean (BAC) communities in the UK. The evidence of systemic inequalities in the provision of mental health services calls for the enhancement of culturally sensitive mental health and wellbeing services. Appreciative inquiry (AI), an organizational development framework, offers a salutogenic approach to the area of mental health promotion, and would be proficient in discovering the areas of culture and social values that enhance health and mental wellbeing among individuals of BAC origin. In the height of the COVID-19, a pilot study was conducted among heads of charity organizations prominent in BAC communities in Birmingham to identify the feasibility of applying the principles of AI to mental health promotion and wellbeing services. Results found that the implementation of the AI process, though focused on positive strengths and capabilities, also offers the potential to tackle barriers highlighted, by viewing them as challenges that can be resolved with the available strengths and competencies identified.

35.The Benefits of Community Grandparenting

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The health benefits of grandparental care are well-established in the literature. However, many older adults find it difficult to engage in grandparental care. Declining fertility in Western countries means that many older adults

are without grandchildren. Further, members of LGBTQI+ communities have been traditionally prevented from having children and, therefore, many do not have grandchildren. Finally, globalization sees families living far from grandparental support and grandparents separated from grandchildren. As an alternative, many older adults engage in grandparental care beyond the family (also known as community, surrogate, foster or non-kin grandparenting). In this talk, first we will present findings from a systematic review and narrative synthesis of literature of peer-reviewed research on community grandparenting published in English. The aim of the review was to explore whether community grandparenting offers similar health and wellbeing benefits for older adults and families as grandparenting for kin. We found evidence for benefits in the following areas: generativity, social connections and loneliness, health and wellbeing, skills and learning, and receiving help. In the second part, we will present preliminary findings from qualitative work, drawing on personal accounts of older migrants who regularly act as foster grandparents for non-kin children, to demonstrate how benefits in these areas manifest in people's lives. We will end by discussing opportunities for partnerships between researchers and community organizations to develop programmes that connect older adults without grandchildren with families in need for grandparental support.

36. Disentangling Adultness in Childhood Research: Death Talk as an Example

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Adults often assume death is a biological and socio-cultural process that children are unready to understand. Despite expert recommendations promoting open communication and early calls to appreciate children's voices (Fredman, 1997), adults rarely volunteer death conversations with young children, even if they are about the child or their parents' impending deaths. In discussing death with children, parents tend to address death indirectly using metaphorical, euphemistic, or religious narratives; they wish to protect children (and themselves) from being emotionally confronted by 'realistic' biological understandings of death (Menedez, Hernandez & Rosengren, 2020). This benevolent approach to childhood extends to other complex social issues, such as race (Underhill, 2018).

Constructing children as less competent has been challenged within the 'new' sociology of childhood, which emphasises the importance of children's participation in childhood and development (IICRD, 2007). Yet, assumptions that children are less socially and emotionally competent are still evident in studies of death conversations with children, especially signalled by children's lack of participation in these studies (Stein et al., 2019). This trend is dangerous; it returns to a welfare approach to childhood which considers children as vulnerable receptacles of adult charity, which often assumes the 'child's best interest' without children's input (IICRD, 2007). In response to post-humanist calls to disrupt well-established child-adult binaries and re-insert childhood into adult human landscapes (Haraway, 2016; Malone, Tesar & Arndt, 2020), I argue that children's right to participation in understanding complex social realities (e.g., death) matters individually, but is also in need of structural recognition.

37. Researching alcohol consumption: Critical realism, complexity and gender

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Research on women's drinking occurs in largely disparate disciplines - public health, psychology, sociology, and cultural studies - and draws on differing philosophical understandings and theoretical frameworks. Tensions between the aims and paradigmatic underpinnings of this research (across and within disciplines) has meant that knowledge and insight is frequently disciplinary specific and somewhat siloed. We conducted a systematic review on drinking in the lives of midlife women, and subsequently argue that gender and alcohol research

would benefit from research approaches that embrace diversity to explore how multiple gender-related factors – biological, psycho-social, material, and socio-cultural - combine to produce certain drinking practices, behaviours, pleasures, and potential harms.

Taking a critical realist approach to researching complex phenomena has the potential to accommodate this broader conceptualisation of women's drinking. It enables researchers to draw on multiple research perspectives to provide greater understandings of how women experience, understand, and make meaning around drinking. This usefully aligns with the social and economic determinants model that acknowledges and critiques the role of individual, material and societal factors in influencing health behaviours.

In this presentation we provide a brief overview of varying approaches taken to women and alcohol research, then outline the critical realist approach and how this may be beneficial. We show that the interrelationships between the psychoactive properties of alcohol, the role of embodied individual characteristics, and the material, physical and social contexts in which women live, are all essential to developing knowledge and understandings in this field.

38. 'I Wanted to Share With You Some of my Healthy Habits': YouTubers' Staging of Health-Related Practices

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In the digital era, professional YouTubers have become highly popular among YouTube users by regularly producing and displaying video content through new forms of self-mediation. Specifically, lifestyle YouTubers stage a wide variety of health practices and everyday routines in their own homes and other indoor settings. Moreover, they may give advice on how to achieve a healthier life.
In the present proposal, we aim to investigate how lifestyle YouTubers construct health practices in their videos within a specific YouTube media culture. To achieve our aim, we conducted a narrative and visual multi-method analysis across a selection of 15 videos. Our results show that YouTubers practices and advice for a better life are structured around four different topics: eating to live well; exercising to live well; resting to live well, and a cross-cutting theme on self-development. An overall optimistic tone characterises YouTubers' stories, as they deliver personal experiences of success on the implementation of a healthy life, while encouraging viewers to act similarly.
These findings suggest that YouTubers are actively contributing to construct unprecedented definitions of health, enhanced by the social media culture and broader societal logics. Their practices embody healthism, a dominant trend where behavioural responsibility on health falls primarily on the individual, who is also conversely accountable for failure. By highlighting some of the paradoxes underpinning these specific – and often narrow – social media views on health, our study constitutes an original contribution to critical health psychology.

39. Vaccines and Conspiracy Theories: Reflecting on the Historical Roots of Vaccine Hesitancy in South Africa

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The pervasive spread of medical conspiracy theories related to the COVID-19 pandemic origins, vaccine development, roll-out and uptake, has been a treacherous terrain for governments, the healthcare sector, and society to navigate. Far from the psychologized versions of isolated paranoid individuals spreading apocalyptic doom, COVID- 19 medical conspiracy theories have emerged as the products of political and social tensions,

having the potential to radically influence the health seeking behaviours of medically vulnerable populations. Understanding the discourses that frame such theories offers insight into the reasons why individuals may refuse medical intervention such as the COVID-19 vaccine in the face of unknown health risk. This presentation draws parallels between the COVID-19 pandemic and the HIV/Aids epidemic in illustrating how medical mistrust of vaccines emanating from medical conspiracy theories, have historical roots. It is argued, that the credibility of medical conspiracies, irrespective of the quality of scientific refutation, are given credence because of our collective colonial and apartheid histories of exploitation, subjugation, oppression, othering, segregation, and degradation on multiple levels of individual and social identities within the South Africa context.

40. No, 'self-control' is not the key to ageing healthily

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As the population ages, there is increasing interest in how best to maintain health in later life. We are encouraged to believe that healthy ageing is the outcome of a lifetime of careful preparations. Recent NZ research epitomises this doctrine through linking success in ageing to lifelong self-control: children with self-control do better and adults with self-control are healthier. Consequently, the solution promoted is to train people in self-control. This distracts from the weight of evidence that access to resources shapes health and patterns how long people live. Access to resources also shapes people's thoughts, feelings and behaviours. Life experiences teach people what the future might hold for them, whether given what old age looks like among their families and communities, it makes sense to prepare for a long and healthy later life. Self-control may be a resource that is depleted as people struggle through a lifetime of adversities, leaving them arriving at later life in poor health, with self-control spent. This recognition is vital when we teach people how to conduct themselves to improve their health. Health interventions matter, and the types of solutions proposed reveal our biases regarding what kinds of people there are, and how we should treat them. Research advocating for improved self-control promotes healthy ageing as an individual responsibility rather than a systemic failure of our society to distribute resources equitably. This will do nothing to address a lifetime of exclusion from the resources needed for good health in older age.

41."You have to be careful of your own agenda": A discursive analysis of healthcare provider's talk about Long-Acting Reversible Contraception

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As part of the Feminist Health Psychology symposium, this presentation provides an exemplar of research falling under this banner: an interview-based study about the provision, decision-making, and (non)use of Long-Acting Reversible Contraception in New Zealand. The presentation draws on data generated with healthcare providers (HCPs), who play an important role in patients' contraceptive decision-making, providing essential information, expert judgement, and support. As such, they may contribute to enabling or restricting patients' contraceptive agency. This is evident in a small, emerging body of work illuminating patient experiences of (implicit) pressure, provider bias, and coercive practices in contraceptive care. While patient views are undoubtedly essential, far less attention has been paid to HCPs' perspectives. HCPs' views, preferences, and understanding of their role and purpose in contraceptive care, can play a significant part in the nature and quality of contraceptive consultations, decision-making, and, ultimately, agency. To address this knowledge gap, this poststructuralist feminist study investigates HCPs' accounts of contraceptive counselling and care and the provision of long-acting contraception. Using a critical discursive psychology approach, the analysis concentrates on participants' constructions of their roles as contraceptive providers as evidenced by the positions they negotiate within their accounts. The findings show how caregiver talk is marked by a tension between an interpretative repertoire of

women's rights and a public health interpretative repertoire and the conflicting positions evident in each. The implications for contraceptive agency are then considered and the value of such work conducted under the rubric of Feminist Health Psychology.

42. The rhetoric of compliance within an antenatal consultation

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Inherent in the scientific-bureaucratic approach to risk management in antenatal clinics, there is a tension between the self-regulation of the health service providers and the individualised risk management imposed on teenaged pregnant women. During antenatal consultations, when faced with non-compliance, the antenatal healthcare providers responded by invoking the rhetoric of compliance, not only to reduce pregnancy risk but also to protect their own professional reputation and integrity.

This paper reports on an ethnographic study conducted in two South African public antenatal clinics. Observations of antenatal consultations revealed how health care providers utilised persuasive strategies to make constructions of risk reduction more appealing to the teenaged pregnant women. A rhetorical-narrative analysis of interactions during consultations revealed that while compliance is dichotomously constructed by healthcare providers, in practice, forms of compliance by the pregnant young women were marked by resistance and contradiction. We argue that antenatal health care providers discount the possibility of resistance as it upsets the scientific-bureaucratic notion of the efficacy of rational and expert knowledge transfer.   This mode of risk management reflects the hierarchical power relations at work in the antenatal encounter and is limited by the exclusive and decontextualized focus on the individual.   We suggest an alternative approach, which troubles the notion that the agency of pregnant young women can be transformed through knowledge transfer.   This approach focuses instead on that which constrains the teenage pregnant woman's ability to comply with health care injunctions and transforms the antenatal encounter into a context in which compliance is negotiated.

43. Teachable moments, critical health psychology and parenting cultures

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The concept of teachable moment is an increasingly used term within mainstream health psychology in relation to health behaviour change. It has been used to describe naturally occurring health events and in particular, considering the ways in which individuals are motivated to change their behaviours and move from engaging in 'risky' and unhealthy behaviours to ones that are deemed healthier choices, sitting very much within a neoliberal framing of informed choice and risk. It has been applied as a concept, often in tandem with the COM-B model, to a variety of health behaviours and potential for intervention, including HIV prevention, sexual health and alcohol consumption. Pregnancy is one particular area in which many of the teachable moment studies have been conducted and attention has been paid to topics including smoking behaviours and weight management in pregnant women. Pregnancy is seen as a key time for behaviour change interventions partly due to the idea that the mother has increased motivations to protect her unborn child. This paper proposes a critical re-examination of the teachable moment and one that takes into consideration wider contemporary parenting cultures that construct mothering practices around intensive parenting ideologies that construct 'good motherhood' as being child-centred and self-sacrificial. Using examples from a variety of sources, this paper explores the teachable moment in this wider framing of contemporary parenting ideologies in order to offer a more critical, nuanced and contextual consideration of this approach to health behaviour change methodologies.

44. Low Birth Weight: A Telling Story of Social Injustice

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Each year, approximately 14% of babies worldwide will be born with a low birth weight (LBW). As a major health challenge, LBW disrupts a baby's chance at normal, healthy development, increasing the risk of chronic physical health issues. Current research provides scientific evidence of the link between birth weight and the baby's future health. However, science is yet to reach a consensus on how to actually reduce the occurrence of LBW at the population level.

Although the World Health Organization established a goal to see a 30% reduction in LBW rates by the year 2025, lack of research funding and health inequities are creating barriers for change. There is strong statistical evidence that Indigenous people groups and countries in the developing world are disproportionately affected by LBW. For example, Australian statistics show that LBW occurs within the general population at a rate of 6%-8%. Whereas, as many as 12%-13% of live births are born LBW to Australian Indigenous peoples. So far, I have not been able to locate any specific LBW statistics in New Zealand. Yet, other Indigenous LBW research is revealing a similar effect elsewhere in the world.

The purpose of my presentation is to summarise the current qualitative evidence pointing towards social injustice as a key determinant of LBW. I also aim to provide further research direction in this area of health that is often overlooked for research funding.

45. Food, families and children as agents of change

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Childhood overweight and obesity concerns are relentlessly shaping what goes on in the name of health education in New Zealand and elsewhere. Fat fighting programs and resources are proliferating in schools, family-focused food and physical activity interventions are appearing in communities and, children are increasingly being positioned as change agents for family health. There is little doubt that a pedagogisation of families in the service of obesity reduction is well underway. What is less clear is how families themselves are making sense of the health imperatives and pedagogical suggestions conveyed to children in schools. How porous are the boundaries between schools and homes? How do messages about food and physical activity garnered in schools reach families and with what effect for family relationships and for family routines and rituals? What kind of family is imagined when policies and resources are designed to govern family dispositions? Drawing on narratives and visual representations gleaned from a project working with 20 New Zealand families, I examine the reach of school-based health pedagogies into the intimate environs of the family home. I trace the discursive commitments embedded in health initiatives that seek to govern family health practices, explore the ways diverse families engage (or not) with these.

47. Using member checking within a critical health psychology research : experience and reflections

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In qualitative research, member checking is presented as a way of enhancing trustworthiness of findings. This method consists of soliciting participants' perspective to verify that collected or analysed data corresponds to their accounts. Obtaining different perspectives on findings could thus help to reduce possible researcher bias. There is, however, very little literature on how to practically conduct member checking and integrate findings. In

this paper, we aim to share our experience and reflections on the use of this method within a qualitative study on chronic low back pain and information seeking on Internet. In this study, we used member checking to ensure that data analysis reflected well patients' experiences and perceptions. More specifically, we drew on Birt and al.'s (2016) Synthesized Member Checking technique to encourage feedback on preliminary results. Out of 21 research participants,14 provided feedback. Participants' comments were analysed and taken into account to refine thematic analysis of interviews. This method enabled to build further rapport with participants, as well as question and confirm some of the researcher's interpretations. By restoring a place where participants' voices can be heard, we argue that careful member checking could rebalance power relations in research and further participate to the co-construction of findings. Within a critical health psychology framework, it seems crucial to not only inform participants of research findings but also give them the opportunity to react to researcher's interpretations. However, special attention should be paid to how member checking is implemented to not overburden participants or reinforce power relations.

48. Resilience for recovery from substance abuse among young people in Assam, India: Lived experience insights from a photovoice study

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Young people's abuse of substances including alcohol and opioids is a significant public health issue in India, severely limiting subsequent health and life opportunities (Priyanka & Ankita, 2016). Tackling mental health and substance use disorders is a priority for the state of Assam, which exhibits high adolescent usage (Pathak et al., 2017). Using thematic analysis of participatory photovoice interviews, we explore mechanisms of resilience and risk in the lived experience of 15 Assamese young adults (11 men, 4 women) in recovery from substance addictions. An ecological systems approach situates individual experience within a constellation of family, peer, and cultural influences, inviting opportunities for support and intervention across levels. Important mechanisms of resilience within accounts include belonging, repairing family relationships, agency, reflection, purpose, and family engagement in services. We explore how these mechanisms dialogue with vulnerabilities related to stigma against addicts, gender norms and fractured relationships. We suggest that specific mechanisms may be most relevant at different points along the nonlinear journey from casual use to addiction, abstinence, relapse and recovery. We centre the lived experience expertise of young people in recovery and strive towards a resilience-for-recovery approach that reflects and supports Assamese culture and practices, such as centrality of the family, to move beyond unreflexive application of standardized Western recovery approaches to India.

49. Negotiations of bicultural discourse: A cultural audit of New Zealand's mental health system

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The multifaceted Indigenous, pan-Pacific, transnational, colonial context of Aotearoa/New Zealand offers insight into the creation of a bicultural health system. To genuinely engage in biculturalism, clinicians and community members are invited into the negotiated spaces between Indigenous and Western knowing to innovate methods of healing. This poster reports on findings from a qualitatively driven situational analysis of Aotearoa's bicultural mental health system. This study engaged the discursive elements that exist within negotiated spaces of bicultural practice. To conceptualize these spaces, I drew upon data derived from a critical-interactionist ethnography. Data collection included participant-observation and korero mai interviews, conducted with Māori, Tauiwi, Pākehā, and Samoan service providers (N=30) who represented the variations of Aotearoa's mental health services. Data analysis occurred concurrently with data collection in iterative phases of memoing, coding, and map-making. Guided by the negotiated spaces framework, I cartographically charted the discursive positions

described by participants in negotiating between Indigenous and Western knowledge systems. Five positions captured shared and divergent experiences, revealed in the actions and institutionalized discourses that constitute bicultural practice. These positions included Opposition, Resistance, Assimilation, Maneuvering, and Collaboration. Findings indicated that while there is engagement in the in-between spaces of Indigenous and Western knowing, negotiations from Western systems have been superficial and tokenizing. To confront the further marginalization and assimilation of Māori and Pasifika practitioners, our participants also described the rise of Indigenous science as resistance to the colonization of mental health.

50. Re-envisaging intersex healthcare: innovative pathways towards bodily integrity and psychosocial well-being

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Psychologists engaging in healthcare and health research have been called upon to provide a better conceptual base for how health professionals work with children with intersex variations. This is an opportunity for critical health psychology to make a substantive contribution at a key time of change. Human rights organisations internationally have called for a change in medically-driven responses to intersex bodies, with medical practices in Aotearoa / New Zealand currently being under review by the United Nations. Psychosocial research literature now provides an empirical base for a psychology-driven shift in practice. In this presentation, I set out three key ways that innovative conceptual work, taking a critical health psychology approach, can make a difference locally and internationally. First, creating space for indigenous voices and healthcare models to inform thinking about the healthcare of intersex children can contribute to the shift away from bodily "correction" and towards bodily integrity. Second, a critical analysis of the clinical evidence base for current treatment practices can expose the flawed conceptual foundations for elective medical practices intended to reduce anatomical variation. Third, a conceptual framework informed by critical health psychology, as well as feminist, queer and Indigenous understandings, can be used to envisage an innovative approach to the healthcare and psychosocial well-being of the children and families affected. In this presentation, I suggest how critical health psychology can contribute to this rapidly developing field of research and practice.

51. Studying Up'. The health promotion implications of studying privilege and status in an unequal society.

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In the last few decades public health researchers and practitioners have accepted the important effect of socioeconomic inequalities on health. Subsequently there has been a great deal of social policy and health promotion practice directed toward the inclusion of underprivileged groups in society with the aim of improving their health. This focus on disadvantaged people and poor communities, to help them empower themselves and improve their lot, often fails because it ignores the role of the broader society. We neglect to note the crucial part that the advantaged play in perpetuating inequalities. Sociological theory allows us to understand that the structure of society is a world of power relations in which those with privilege are actively working to maintain their advantage and status. Empirical work from sociology and anthropology points to the everyday ways in which middle class people are able to maintain their advantage, and furthermore, often hi-jack the public health programmes designed to improve the health of the poor. These understandings are essential for the effectiveness of health promotion that reduces inequalities.

52. Corporeal and intersubjective lived experience of persons living with type 1 diabetes in the eHealth era

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Diabetes is a chronic condition which is currently a major public health issue. Its burden, in terms of human and financial costs, as well as in disrupting people's daily lived experience, is now well established. Several recent digital health devices (continuous glucose monitoring systems, insulin pumps, hybrid closed-loop insulin delivery) aim to improve patient's lives and claim to benefit their everyday life. These devices raise high expectations among patients. Literature is mainly composed of quantitative studies showing the benefits these devices have on physiological variables, but only a few qualitative researches focused on psychological and embodied experience of people using such technologies. Therefore, the aim of our study is to explore the subjective (embodied and psychological levels) and intersubjective (conjugal and broader social levels) lived experience of type 1 diabetic adults. To that end, our methodology is made of photo-production semi-structured interviews with patients (n=30). Data is analysed with thematic analysis method. In this presentation, we will first focus on two main themes identified through the analysis: 1. "The burden of diabetes", pointing out everyday difficulties patients have to deal with; and 2. "Benefits and disadvantages of eHealth devices", shedding light on a contrasted picture of digital tools for diabetes. Relying on these results, we will then discuss two reflexions. Firstly, regarding the issue of dealing with the appropriation of diabetes. And secondly, on the process of rediscovering oneself through eHealth devices.

53. Lived experience and family impact of polyhandicap: preliminary results of interviews with parents

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Polyhandicap is a severe health condition with complex disabilities. This chronic disorder occurs in an immature brain, leading to profound intellectual impairment and serious motor deficit. The result is an extreme restriction of autonomy and communication. Due to the various serious disabilities and multiple comorbidities, patients need permanent human and technical assistance throughout their life. Part of this support can be provided by families, which can greatly deteriorate family members' daily lives.

The aim of this study is to explore the various difficulties encountered, the various needs and expectations of families along their "polyhandicap journey". The use of a qualitative approach allows to contextualize the lived experiences of the parents of polyhandicapped persons allowing them to testimony of their own experience in order to explore the issues and expectations related to the impact of the polyhandicap of their child.

Twenty-five interviews were conducted with parents of a person with severe polyhandicap aged between 8-35 years. The interview guide focuses on the life story related to polyhandicap, the parental experience, the impact and adaptations related to polyhandicap, the child's care, and the parent's wishes and expectations. The interviews are analyzed using a thematic content analysis.

Preliminary findings suggest that the child's disability status may foster a disabling situation (i.e., reduced achievement of life habits) for the parents. Parental discourses highlight: identity issues (status and social roles), environmental factors issues (e.g., policies, institutional functioning, technical assistance, adaptation, human assistance), as well as issues regarding social participation.

54. An exploration of primary healthcare provision for trans and gender diverse people in Aotearoa New Zealand

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Evidence has shown that trans and gender diverse people are one of the most stigmatised and poorly served populations within healthcare systems, internationally and in Aotearoa New Zealand. Many barriers exist that prevent people from receiving - and delivering - competent primary gender-affirming healthcare. However, very little is known about how trans and gender diverse people contextualise the meanings of their experiences with GPs, and what GPs believe is important in providing care to trans and gender diverse people. In my research, I will be interviewing GPs and trans and gender diverse people as a way to explore their experiences of receiving and delivering gender-affirming healthcare in Aotearoa New Zealand, identify the strengths and barriers to healthcare for trans and gender diverse people in Aotearoa New Zealand, and consider the implications for progressing primary healthcare for trans and gender diverse people in Aotearoa New Zealand. I am positioning this research within a discursive psychological framework, where experiences of providing and receiving gender-affirming healthcare will be examined and understood as socio-culturally embedded, shaped by, and reflective of, wider systems of meaning, and operationalised within institutional practices. In my presentation, I will provide an overview of the issue, what we know so far, and why more research is important. I will use this presentation as an opportunity to discuss my theoretical and methodological framework, as situated within critical health psychology.

55. Constructing a Cycle of Confusion: A Critical Discourse Analysis of Popular North American Health Magazines

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Information about health and the female body are communicated to women through a variety of sources throughout everyday life. These messages contribute to the greater cultural and societal contexts in which women's health and bodies exist. With millions of women turning to magazines for health advice each month (Duncan & Klos, 2014), is important to understand the way in which health and women's bodies are represented in these particular forums. Drawing on a social constructionist approach, the current study collected 30 issues published by the top three selling women's health magazines in North America for a critical discourse analysis. The analysis demonstrates three key features of the ways in which magazine articles construct health and how they position the reader with respect to health and the magazine. First, we will show how the magazines construct information about health as inherently confusing and the attainment of health as only possible with the magazine's guidance. Then we show that the "health" advice provided by the magazine implicitly conflates health with beauty, particularly focusing on weight loss. Finally, we demonstrate that the magazines produce strong normative guidelines that ostensibly facilitate the attainment of health, but, we argue, actually contribute to the confusion they purport to resolve. Ultimately, we suggest that this creates an ouroboros cycle of confusion-relief-confusion that reinforces the utility of the magazines.

56. Implications for Body Image Research, Practice, and Theory

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In this presentation, I discuss implications of our theorizing for body image research, practice, and theory. I argue that body image is a processual, fluid, entangled process of becoming. Thus, research designs must account for the role of the research apparatus in dynamically co-shaping body image(s). This includes tools and measures, research spaces, technologies used, knowledge systems and discourses, as well as researchers' and participants'

embodiments. I urge body image researchers for centralizing disability and bodily difference in research, both ethically, to avoid inadvertent reproduction of the mythical norm, and practically, as to not miss what can be learned about diverse ways of knowing and being from research that attends to bodymind difference. For example, researchers could collect disability- and difference-sensitive demographic data, invite disabled people onto subject expert panels for scale creation, validate questionnaires across non-normative samples, and/or invite disabled people to co-design research. I also encourage the exploration of how technologies (e.g., hearing aids, mobility devices) are used to access the world and integrate into people's sense of bodily self. In practice, disability affirmative interventions anticipate people's accessibility requirements in an expansive way beyond the "check box" approach. Lastly, I suggest a reconsideration of any clear-cut theorizing between body-as-process and body-as-object, and instead explore deeper thinking beyond binaries or stable objects, but rather on-going dynamic processes.

57. Negotiating mental health amongst transgender parents in Australia

Ms Rosie Charter[1]
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Many transgender (trans) parents experience challenges related to their mental health, which can affect and impact on their experiences of parenting, however there is scant research on how Australian trans parents contextualise and experience their mental health, the support they receive for it, and impacts within the family context.

The present study aims to address these gaps in the literature, through examining how Australian trans parents contextualise and experience issues around their mental health, and experiences of formal and informal support for their mental health?

This study aimed to explore these experiences, through a qualitative research design using online open-ended survey data and one-on-one interviews, with 66 trans parents, aged 24–67 years old. Data was analysed using thematic analysis.

Many participants reported significant challenges relating to their mental health: such as depression, anxiety, and suicidal ideation, which made parenting challenging. However, participants reported gender affirmation as well as family and social support had a positive impact on mental health. The majority of participants reported feeling they had to educate their therapist, that they were pigeon-holed by their gender identity or, had concerns about confidentiality. However, some participants expressed positive interactions with therapists, particularly therapists specialising in, or knowledgeable of, trans health.

The results reinforced the need for mental health professionals and associated services to be competent in treating trans parents and reiterated the positive impact of family and social support, as well as support for gender affirmation, on the mental health of trans parents and their ability to parent.

59. Thinking Differently About Difference

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This paper builds a bridge between feminist neomaterialist disability theory and conventional understandings of body image as a stepping off point for new directions in critical body-related research. Emerging over the last few decades from feminist post-philosophies (post-humanism, post-colonialism, post-structuralism, etc.) and critical science studies, feminist neomaterialist disability theory offers justice-oriented pathways for thinking about embodied experience in relation to its embeddedness in the socio-material world. I argue that this theory

is generative in re-imagining difference through an affirmative lens, by re-conceptualising body image as relational and processual, and revisioning difference through four orientations: difference is basic to the world; difference is not deficiency; difference is not the problem, our inhospitable and ableist world is; and centring difference exposes the mythical norm. The theory holds promise for conceptualizing the bodymind as dynamic—not as something that "is" but as something always in the process of "becoming (with)." To capture this dynamism, it is both future-oriented, thinking about difference in ways that encourage analysis of the material, social, and discursive conditions that shape/delimit bodily being/doing, and also past-oriented in tracing changes in meaning-making around key terms over time as they offer insight into contemporary understandings. By thinking about the materiality of bodies in non-essentialist terms, this perspective makes a critical intervention into ablest, fatphobic, and ageist framings of body functionality/capacity by reorienting researchers toward contextual forces that constrain and/or expand possibilities for what bodies can do and become.

60. Body Image and Embodiment: Rethinking the Terms

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"Embodiment" is sometimes used as a more encompassing term than "body image," which has in contemporary scholarship been more commonly tethered to the seen body. Yet, each of these terms carries its own histories. Reaching back into the origins of embodiment and body image, we can trace parallel genealogies, each of which carries legacies of a) expansive conceptualizations of inner and outer experiences of being in a body in the world and b) particular problematics that hold the potential to centre the able-bodied norm if not carefully attended to. Reaching back allows enables attention to the materiality of the body as it moves in relation to and always entwined with the world. In this presentation, I offer perspectives on body image and embodiment as entwined but not synonymous concepts, drawing on the work of Paul Schilder and Merleau-Ponty. I put these concepts into dialogue with feminist materialist disability scholarship, considering the difference that attending to and centring embodied difference allows us to rethink the significance of body image and embodiment for thinking through being-in-the-world. I invite critical health psychologists to consider the importance of centring difference in embodiment and body image oriented scholarship.

61. Dating in the bubble: Exploring mobile dating in Aotearoa New Zealand during COVID-19

Dr Ally Gibson[1], Prof Antonia Lyons[1], Prof Deborah Lupton[2], Dr Clive Aspin[1], Ms Katie Sharp[1]
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Mobile dating apps have already provided people with opportunities to search for and create intimacy with others in an ever-increasing digitally-mediated world. The advent of COVID-19 has created the conditions to potentially accelerate people's need to connect with others, emotionally or sexually, but in a changed world where physical contact is intertwined with worries about viral contamination, risk, and future uncertainty. In this talk, we will discuss the state of the art of mobile dating research and what this turn to COVID opens up or forecloses for new avenues of critical health research. We will discuss theoretical and methodological opportunities to examine how people engage with digital technologies and navigate intimacy, risk, and emotion across different living conditions in a COVID-19 world.

62. Sexual subjectivities and discourses of desire in mainstream online women's media.

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Developing a positive understanding of sexual desire is vital to young women's well-being. Without discussion within formalised education, young women seeking to make sense of their desire must turn to other sources including media. Sexual subjectivity research suggests media circulate a range of discourses that reproduce historical pathologisation of women's sexuality; construct women as passive sexual objects; or celebrate sexual agency but within a contradictory postfeminist sensibility that links sexual empowerment to pleasing men. Developing this work with an explicit focus on desire, this paper reports a study which applied a Foucauldian-informed Discourse Analysis to 75 online articles, identified through systematic search intending to replicate the type of information young women in Aotearoa would be exposed to in their everyday internet use. The analysis describes three subject positions: The 'Working On It Woman' who employs self-help methods to improve her libido and match a socially 'acceptable' male standard; the 'Sexual Connoisseur', a postfeminist subject position who through the language of sexual empowerment and choice prioritizes men's pleasure; and the 'Made through the Male Gaze' woman whose experience of sexual desire is contingent on men's desire. These findings show the limitation of discourses of desire that young women are exposed to when developing sexual subjectivities in a digital age.

63."Drinking's gotta be about the ritual": Drinking as a social practice among midlife adults

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Research shows that individual behaviour change approaches have had limited success in reducing alcohol-harm because they overlook the interplay of habit, environments, cultures and the organisation of social life.
Our research explores drinking practices among adults at midlife (40-65) in Aotearoa New Zealand who self-identify as drinking regularly, with a range of backgrounds (life stages, ethnicity, social class, sexuality, and gender) to address the paucity of research on intersectionality and alcohol consumption among adults at midlife. We recruited groups of friends to discuss their drinking practices and the role alcohol plays in their lives. A subset of participants shared photos and online digital content about alcohol.
We present preliminary findings focusing on drinking as ingrained and routinised within the participant's everyday lives. We draw on social practices theory as a useful framework to examine the knowledge, actions, materials, places and temporalities that comprise drinking practices and the roles they play in adults' lives. We highlight how drinking is a social practice that is embedded within and linked to many other practices that vary across life stages, caregiving responsibilities, gendered roles and routinised habits. Understanding drinking practices as constantly mutating is productive for understanding how they might be reconfigurable through their links with other practices, and how these may change across groups and settings.
This research will be used to engage the public in a conversation about the normalisation of drinking alcohol in Aotearoa New Zealand and to identify possibilities for reducing consumption and any adverse impacts of alcohol use.

64. Gay men's health - sex, intimacy and community in the COVID era

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Australian gay and bisexual men (GBM) have long developed their own community landscape within which to connect with peers, explore opportunities for emotional and sexual intimacy and foster a cultural identity distinct from heteronormative spaces. Physical spaces such as gay or gay-friendly bars, clubs, sex on premises venues and beats are central to this landscape, and to many GBM lives. Australian social distancing restrictions introduced as a result of the COVID-19 pandemic last year saw the closure of many of these spaces. Better understanding the impact of these closures on GBM community wellbeing is important to develop health service responses in the short-term and plan support services for future socially disruptive events.

So, how did GBM connect to their community?
Was their experience of sexual and emotional intimacy impacted?
Were there any perceived impacts on health and well-being?

To explore these questions, I conducted interviews with 11 GBM in Melbourne and Sydney, the Australian cities most impacted by social distancing restrictions relative to the size of their GBM populations.

Drawing on preliminary analysis of interview data, I will detail these men's experiences of COVID lockdown and their reflections on health and wellbeing during social isolation including:
•	The benefits and risks of retaining GBM community connection during COVID lockdown
•	Strategies used to explore new avenues for community connection
•	The effects of lockdown on individual health and wellbeing, especially with regard to opportunities for sexual and emotional intimacy
•	Risk taking and risk mitigation behaviours in response to crisis

65. Physiotherapists both reproduce and resist biomedical dominance when working with people with back pain: a participatory study towards new praxis

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Despite recommendations to employ a biopsychosocial approach when providing care for people with low back pain, physiotherapy continues to focus on biological aspects of the condition. We aimed to investigate how interpersonal and institutional norms influence the continued enactment of biological aspects of physiotherapy practice, and how resistance was possible. Drawing on Foucault's concepts of power and resistance, we analysed 28 ethnographic observations of physiotherapy consultations and 7 dialogues with physiotherapists from a fee-for-service clinic. We collaborated extensively with physiotherapists and people with back pain to develop a meaningful and multilayered reading of the data. Our analysis suggests that both patients and physiotherapists were strongly drawn to attending to biological aspects of back pain due to familiarity with biological norms and expectations, physiotherapists' professional identities and institutional circumstances such as time limits and fee-for-service models of care. However, resistance to these forces was possible when, for example, physiotherapists attended to more human aspects of care by adopting a slower pace, providing silent moments, and actively collaborating with patients in their care. Physiotherapy has gained power and status from its historic alignment with biomedicine, which has been institutionalised in many of the profession's norms, making it challenging for physiotherapists to attend to human aspects of care even when they want to. Resistance to the institutionalised habits is possible when physiotherapists use strategies that challenge their practices and usual ways of working. This requires ongoing negotiation and re-negotiation of power to promote more collaborative and reflexive practices.

66. "Engaging on a slightly more human level": a participatory study to enhance back pain care in a multidisciplinary pain service

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Persistent low back pain is characterised by a range of biological, psychological, and social dimensions that affect peoples' lives. Multidisciplinary pain services have been considered optimal settings for providing holistic care, but these services have mainly focussed on cognitive and behavioural approaches and programs. In this study, we investigated how social and interpersonal aspects of low back pain care were enacted in a government-funded multidisciplinary pain service. Using Annemarie Mol's concept of multiplicity as a theoretical driver, we aimed to expose hidden dimensions of practice in 32 ethnographic observations of clinical interactions and 4 dialogues with clinicians from various specialities. The term - multiplicity - opens up space for overlapping and connected versions of the same condition. Accordingly, we collaborated with clinicians and people with low back pain to develop meaningful and multilayered readings of the data. Our analysis produced three 'enactments' of back pain in the pain service: 1) peoples' social realities of living with pain are present and manifest in consultations ('the person'); 2) yet these social realities are often disconnected from clinical interactions where clinicians expect people to comply with biomedical norms, or make them responsible for their care ('the patient'); 3) in contrast, there were times where peoples' social realities were connected and acknowledged as part of the service's medical agenda ('the patient-person'). We argue that disconnection across the enactments of 'the person' and 'the patient' may limit clinicians in multidisciplinary pain services from achieving humanistic care in caring for people with low back pain.

67. Provision of support for sexuality and intimacy following spinal cord injury: Qualitative investigation

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Sexuality is considered a central and important part of humanity and it is well known that a person's sexuality can be significantly impacted after spinal cord injury. Research into sexuality following a spinal cord injury has focused on quantitative investigations into medical interventions. There is limited qualitative research conducted on the health professional support provided for sexuality. This study sought to understand people with spinal cord injuries' lived experience and their perspectives regarding the support they received for sexuality (if any) and how this could be improved. Semi-structured in-depth interviews were conducted with 11 people with spinal cord injuries. Interviews were conducted online and analysed using an inductive then deductive analysis. Four questions developed from Shuttleworth and colleague's critical disability theory were used to guide the deductive analysis. People with spinal cord injuries felt this area of practice was highly important however it appears the provision of support for sexuality is limited and inconsistent. The results also suggest the support provided is focused on ableist norms and bottom-up approaches which focus on 'fixing' the body. The findings suggest that comprehensive support for sexuality is important to people with spinal cord injuries and should be available throughout their continuum of care. Health professionals should seek to reduce ableism in practice and minimise the focus on normative views of sex. Health professionals have a responsibility to work with people with spinal cord injuries to meaningfully participate in and express their sexuality.

69. Nāku te rourou, nāu te rourou: Insights from rangatahi about whanaungatanga

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This talk explores some of the initial publications from the Harnessing the Spark of Life research project. These publications span diverse analytic approaches to generate new insights into whanaungatanga, including photo-elicitation, thematic analysis, and photo-poetry. When threaded together, these analyses explore the potentiality of whanaungatanga as a restorative practice for enhancing wellbeing for rangatahi. This is explored through quantitative research, highlighting the benefits of whanaungatanga for all young people, and through a qualitative narrative case study exploring takatāpui wellbeing and whanaungatanga. Rangatahi experience whanaungatanga in a holistic way - through physical, spiritual, whānau and whenua connections which combine to create different experiences of whanaungatanga. These articles resonate with, and affirm, Māori models of wellbeing and rangatahi engagement which emphasise the importance of a holistic approach. Analyses and conclusions thread together potential opportunities for health and education policy and practice, to inform praxis that genuinely reflects rangatahi experiences and understandings of whanaungatanga. Whanaungatanga has shifted to meet the everyday needs of Māori who may not be close to whānau, or who conceptualise whānau in different ways to more traditional practices of whanaungatanga. Further, cultural practices such as whanaungatanga are not fixed or reducible to a single place or moment in time, but instead are informed by the past, present and future. In turn, we must re-imagine, re-create, re-member and reclaim our understandings of whanaungatanga to ensure the ongoing wellbeing of rangatahi Māori.

70. Care pathways of excised women living in Switzerland

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Excision is a condemned social practice in Switzerland and more widely across Western countries. It is practiced mainly for cultural reasons, often driven by ideals of women's bodies and sexualities. Excision takes many forms and leads to many physical, psychological, social and, sexual consequences. While the literature has mainly focused on the biomedical repercussions of the practice, few recent studies are interested in the lived experience of excision. From this perspective, the role of migration and of life contexts seem particularly relevant.

This proposal aims to expose the main contributions and limits of the literature on care pathways among excised women living in Switzerland. According to our literature review, women who have been excised and who have arrived in hypersexualized and hyper-digitized Western contexts, face an array of injunctions. In particular, these women are confronted to specific discourses regarding sexual empowerment and body work. Beyond potential late health complications due to excision, women may experience negative psychosocial repercussions related to injunctions of genitality and penetrative sexuality. Based on our literature review, there are important gaps in the care provided in Western contexts to excised women. Thus, reflections on how to provide adequate care to the women concerned without stigmatizing or minimizing the excision practice appear to be necessary.

71. Influencers and covert marketing on social media

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Social media have radically altered how corporations market unhealthy products to young people. Social media influencers embody these shifts, and often use covert, under the radar marketing strategies. Such marketing blurs the lines between user-generated and commercial content, making existing public health marketing

regulations ineffective. This presentation presents initial findings from a survey of young people aged 16-20 in Aotearoa that explored their social media practices, who they view as key influencers, and exposure and engagement with alcohol, tobacco, and vaping content. Findings contribute to current debates about the regulation of digital marketing and policy reforms needed to protect public health.

74. An Examination of the Impact of Protective Factors on the Mitigation of Health-Risk Behaviors Associated with Adverse Childhood Experiences

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The United Nations' Convention on the Rights of the Child (UNCRC) recognizes child maltreatment as a human rights problem that warrants attention and activism; therefore, exploring the factors that protect children's welfare promotes social progress. People exposed to adverse childhood experiences (ACEs) have an increased risk of chronic diseases in adulthood, explained, in part, by the adoption of health-risk behaviors (e.g., Felitti & Anda et al., 1998). However, positive experiences, particularly having a supportive adult figure, has been shown to buffer children and foster resiliency (Crouch et al., 2019). This ongoing study examined if protective factors mitigated the adoption of health-risk behaviors in people exposed to adverse childhood experiences. Participants were retrospectively surveyed regarding their childhood experiences and any current health-risk behaviors. Additionally, this study qualitatively assessed the position (parent, teacher, coach, etc.) of the supportive adult figure in relation to the child, and participants' perceptions of how the COVID pandemic influenced their health-related behaviors. Investigating the relationship between childhood adversity, adulthood health-risk behaviors, and protective factors includes the potential to generate innovative approaches to promoting social progress and human rights while facilitating resiliency.

75. Dis-comforting experiences. Dialogues from South West England confronting clinical realities.

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There is no single magic formula to make individuals at home when they enter any building which houses medical services. The elements which shape their experiences are a combination of built and human interactions. The building offers access, seating, flooring, lighting, temperature, audio characteristics and sometimes distinctive aromas. Staff and other patients offer unique small verbal exchanges but in appointments engage in meaningful or even life changing conversations. I am questioning when experience of a clinic starts, when a patient receives an inaccessible letter or when they cross the threshold. I will be sharing how these clinical experiences impact on individuals who are undergoing a transition in terms of their functional vision. I will be using information from my research participants; Isaac, Lesley, Mark, and Matthew (pseudonyms). All members of a distinctive minority, being vision impaired people and living in rural locations. Their assessments of costs of attending ophthalmic appointments contrasted with benefits are not entirely determined by medical priorities. These are clinics without Optic Care Nurses whilst breast cancer patients form therapeutic relationships with Breast Care Nurses. Vision impaired people are telling me that in 2021 ophthalmic clinics remain unwelcoming, alienating and dis-comforting. It is time to question this.

76. Relationality as a Framework for Emotional Well-being in the Face of Climate Change

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Climate change and environmental degradation emotionally affect a growing number of people. Commonly discussed under the umbrella term of climate or ecological emotions, phenomena such as eco-anxiety, (Clayton et al. 2017) ecological grief, (Cunsolo & Ellis 2018) climate depression, (Sandilands 2017) or solastalgia (Albrecht 2005) are getting increasing attention, not only from research but also in educational contexts (cf. NZ climate change well-being guide). Recommendations for therapy from occidental psychology mostly focus on building individual or collective resilience. (Clayton et al. 2017, Davenport 2017) In relation to this, I would like to discuss the indigenist concept of relationality (Cutter-Mackenzie-Knowles 2020) as a possibility for changing our approach to the more-than-human but also our fellow human beings. Building upon positive relationships can help establish a sustainable and respectful connection. Using the feminist method of collective memory work as developed by Frigga Haug and colleagues, this would, in my opinion, allow for acting upon ecological emotions collectively rather than suffering from them individually. All group members involved in collective memory work acting at the same level, in contrast to resilience, also helps share the responsibility in the group's emotional well-being.

78. Oh God! Correlations of Religiosity and Health Perceptions

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Religion and spirituality can be an important part of the lives of many and have been shown, in moderation, to provide some benefits (e.g. Koenig, 2012). But religious fundamentalism has been shown to be responsible for various ill effects, at the personal and societal level (e.g. Quinn, 2019). When, for example, people believe that God will protect them from a virus better than a vaccine, it not only affects the person, but impacts the effectiveness of large-scale vaccination efforts.

The lack of research on specific religious groups, the differing impacts that membership in each can have on worldviews and behavior, and the recent events surrounding Christians in the U.S. helped motivate this research. Also, growing up in a mostly Christian area, I have seen and experienced the damage that this belief system can cause firsthand. My main research interest is to point a critical eye at religious belief, and how it affects so many aspects of our lives. The aim of this ongoing study is to assess correlations between level of religiosity, specifically of Christians and non-religious people, and their beliefs about health and health behaviors. A survey is being used to assess the level of religiosity using the Dimensions of Religiosity Scale (Joseph, Diduca, 2007), and health beliefs using the Perceptions of Health Scale (Diamond, et al., 2007), some questions regarding mental healthcare and religious freedom, and a qualitative question about participant's thoughts on freedom of religion.

79. Allow me to explain why the way in which we conceptualize borderline personality disorder is wrong

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Those with the label of Borderline Personality Disorder (BPD) consume high percentages of psychiatric impatient facilities, prison populations and mental health services. 10% of known cases complete death by suicide. BPD is catergorised by a pervasive, enduring and inflexible pattern of behaviour that deviates markedly from the

expectations of the individuals culture. Two core features of BPD are an unstable sense of self and a fear of real or perceived abandonment. BPD is colloquially acknowledged as a medicalised insult, with growing literature highlighting various stigmas and avoidances for helpers to work with 'borderlines'. In short: BPD is the most marginalising and lesser understood 'disorders'. BPD shares stark commonalities with complex posttraumatic stress disorder, however, a common compromise suggests that they are distinct despite significant overlap. In this talk, I propose a more holistic conceptual framework that synthesizes shame theories, the '4F' trauma response personality styles and wider literature surrounding BPD beyond the acknowledgement of leading diagnostic manuals. In doing so, this framework redefines complex trauma beyond cPTSD and demonstrates the role of invalidation, shame and threat responses, and how they map onto the four subtypes of BPD. I argue that BPD might be better understood and explained as the behavioural manifestation of the experience of complex trauma. This framework has transdiagnostic properties across all categories of mental health disorder. Empirical work is urgently needed in order to reduces stigma, normalise trauma responses and promote more meaningful recovery through acknowledging BPD as the experience of pervasive, enduring and rigid interpersonal invalidation.

80. Whānau Māori experiences of adverse perinatal events

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Persistent perinatal inequities exist for Māori, who experience higher rates of preterm delivery, stillbirth, and neonatal death than New Zealand Europeans. It is crucial that health services in Aotearoa support the flourishing of pēpi (Māori baby/babies) and whānau (Māori family collectives). When an adverse perinatal event happens, it is a disruption in the anticipated journey of whānau. Health practitioners take over the care of pēpi and possibly also māmā (mother), and, often in a way that does not include whānau. Although care is then gradually transferred back to whānau, harm and disability caused by such an event can last a lifetime. Our Kaupapa Māori (by, with, and for Māori) qualitative research studies have examined the experiences of whānau and health practitioner champions following an adverse perinatal event. This work seeks to give voice to the experiences, views and attributions of whānau—and seeks system transformation to better meet the needs and aspirations of Māori. It has been found in our work that culturally responsive, or culturally safe, care aligns with good care and wellbeing for the entire whānau, and as articulated by Dr Irihapeti Ramsden, it is up to whānau to decide whether this is happening or not. By listening to and understanding the context of whānau, harm can be mitigated and appropriate support can be wrapped around them. Health services can learn from whānau and their champions, that pēpi are not separate from their whānau, and that whānau should be involved and supported on perinatal care pathways.

81. Reimagining wellbeing as an affective-material-discursive entanglement: engaging with affect theory, policy and arts-based research.

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Wellbeing is a key theme of concern and focus in contemporary society, with growing attention evident in government, public and organisational policy, across social media contexts and in public discourse. Within this context psychological framings are pervasive, where wellbeing is commonly understood as a measurable, internal state possessed by an individual. However, the concept of wellbeing is by no means a fixed entity. Researchers continue to both critique its individualising tendencies and position as an optimistic promise that can become the cause of unhappiness for many. This presentation extends critiques of wellbeing, drawing on affect theory to reimagine how we might conceptualise this crucial concept. Employing an arts based research approach, we use a 'painting with data method' to engage with a key Aotearoa New Zealand Wellbeing policy

document. Underpinning this method is an ontological approach which highlights the relational, affective, sensory, temporal and atmospheric dimensions of experience. Bringing together affect theory with policy through this innovative analytic approach enables us to both problematize dominant constructions of wellbeing and reimagine wellbeing instead as an affective-material-discursive entanglement.

82. Ehara taku toa i te toa takitahi. Engari, he toa takitini: Engaging through a Kaupapa Māori lens

Parkinson H[1]

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Māori are tangata whenua (people of the land), Indigenous to Aotearoa, with a rich history intertwined with the continued impacts of colonisation. To the present day, shared experiences of theft of ancestral land, illness epidemics, denial of Māori approaches to healing and Māori tino rangatiratanga (self-determination) are reflected in Māori realities. Rangatahi Māori (Māori youth) continue to experience disproportionate rates of psychological distress, substance use and suicide disproportionate to youth of other ethnicities. However, they also continue to flourish within networks of support and care which are often ignored within the deficit narratives placed on Māori.

This talk centres on how ancestral wisdom and practices informed and enhanced our research with rangatahi Māori. Our study explores how whanaungatanga (system of interrelationships that support belonging and collective purpose) supports the wellbeing and flourishing of rangatahi Māori in diverse ways. Rangatahi are taonga (treasures), sharing their photographs, stories and experiences with the research team. In turn the research team acknowledged their contributions as taonga, engaging in a respectful and meaningful way. Our process speaks to how whanaungatanga can facilitate new possibilities for engaging, supporting, and championing our own communities in community-based research. The geographical scope of the research covered from the middle of the north island to the far north of Aotearoa. Many of the researchers engaged with communities in these regions to which they have ancestral ties. As such, researcher accountability to our participants and communities went far beyond ethical obligations, moving into the space of whanaungatanga and growing community wellbeing.

83. Ka pū te ruha, ka hao te rangatahi: capturing the essence of rangatahi through pūrākau.

Tane S[1]

[1]*The University Of Auckland, Dargaville , New Zealand*

This talk explores my doctoral research, which forms part of the broader kaupapa Māori (Māori led) project introduced by our first speaker. Here, I present my analyses from 12 photo-elicitation interviews with rangatahi (Māori youth) and their whānau (extended families) from Te Tai Tokerau (Northland), Aotearoa (New Zealand). Rangatahi participants, in this research, shared photos depicting how they saw whanaungatanga (a system of interrelationships that support belonging and collective purpose) being represented in their everyday lives. These photos were used to prompt kōrero (responses and conversations) which were drawn upon in my analyses and reconstructed in the form of pūrākau (a Māori form of sharing narratives and stories). Through pūrākau, I strive to represent rangatahi and their whānau stories, intent and meaning. In particular, this form of analysis represents the rangatahi lived experiences and realities in a way that empowers and legitimates their expertise and honours their contribution to the research space. For this talk, I focus on how rangatahi contributions speak to their unique contexts, whānau and whakapapa (genealogy). In particular I highlight how their pūrākau centre on the spaces, places and people who nurture them and evoke whanaungatanga. As such, whanaungatanga is centred as a core element to support their flourishing identities as rangatahi. This approach

to engagement with rangatahi centres Māori solutions to ease challenges facing our rangatahi. Further it seeks to honour mātauranga Māori (Māori knowledge corpus) as we reclaim Māori stories, history, and futures.

84 Whānau experience of Māori-led Diabetes Programme

Tane T[1]
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Aim

Type 2 Diabetes Mellitus (T2DM) disproportionately affects Māori. Despite this, the lived experiences of T2DM and its management by Māori are scarcely acknowledged in health literature. The present study examines whānau (family) experiences of T2DM and 'Mana Tū', a Māori-led diabetes support programme.

Method

A critical qualitative Kaupapa Māori approach was utilised. Twenty-two semi-structured interviews were conducted with participants of the Mana Tū diabetes support programme from Auckland and Northland, and their wider whānau.

Results

The study identified barriers, facilitators and motivators for whānau to live well with T2DM. Four key themes were constituted, centred around whānau lived experiences with T2DM in New Zealand, cultural safety in healthcare interactions, whānau ora (collective family wellbeing) and kaupapa Māori approaches to health interventions.

Conclusion

Findings suggest that Māori-led health interventions are needed to ensure that whānau Māori living with T2DM receive appropriate and equitable healthcare.

85. New methods to explore how parents and teenagers communicate about positive sexuality

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For many decades, the discourse around sexual health has focused primarily on negative outcomes such as sexually transmitted diseases, unintended pregnancy and sexual coercion and violence. The relatively new concept of "positive sexuality" has emerged in recent years and started to reshape the notion sexual health to also include sexual agency, sexual self-efficacy, and sexual wellbeing. There is a robust evidence base indicating that parent-child sexual communication (PCSC) (discussions between parents and their children pertaining to sex and sexuality) has a beneficial impact young people's sexual health outcomes; the dominant outcomes measured, however, remain focused on avoidance of negative outcomes. Moreover, the methods used to elicit this data have been primarily quantitative measures. Due to the complex and layered nature of PCSC, there is a need for new methods which allow participants to provide more textured data about the frequency, content, quality and context of this communication as well as efforts and conversations pertaining to constructs of positive sexuality. To address this gap, I am designing a project which includes semi-structured interviews coupled with video diaries; these methods will offer participants the space and flexibility to discuss the struggles, successes and strategies they employ around PCSC. I am aiming to generate thick, ethnographic data that reveal some of the ways in which parents and teens engage with one another on sexual health and positive sexuality

86. Whatungarongaro te tangata toitū te whenua: What remains after research is completed? How rangatahi voices endure after this project

Renfrew L[1]
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In this talk, I discuss how we harnessed the transformative potential of our rich data set of photos and interviews collected across the Northland, Auckland, and Waikato regions. Using a kaupapa Māori lens to guide the process of knowledge co-creation for, and with, Māori communities, we explored how Indigenous theories and praxis could inform the creation of health resources. In order to ensure that we were giving back to the communities who generously shared knowledge with us, we set up a series of co-design hui to initially gather feedback from different communities on the values of whanaungatanga. These offered moments of reflection and connection for the research team and community. While COVID imposed some challenges with holding hui (collaborative meetings), it was mostly effortless to hold these kaupapa-driven conversations. At all times, a flexible approach guided by tikanga enabled us to adapt to the needs of the context. Through collaborative reflection, we co-designed booklets, digital, and art-based resources to offer an array of different possible modes of sharing content with the community. By highlighting key notions of whanaungatanga raised by rangatahi, and shaping these ideas into shared values of whanaungatanga, the research team partnered with rangatahi and other community stakeholders in the production of two booklets (one designed for rangatahi and one for whānau). These visual, creative resources strongly resonated with rangatahi, harnessing multimedia technology to expand our connections with rangatahi, reproducing and sustaining messages from rangatahi, and the values they enshrined, long after the research was complete.

87. Embracing the challenge of gender inclusive perinatal care

Parker G[1]
[1]*Victoria University, Wellington , New Zealand*

Models of maternity/perinatal care, and the resulting delivery of maternity/perinatal services, have traditionally been based on the assumption that the users of such services are women resulting in the invisibility of, and often inequitable and unsafe care for, transgender, non-binary, takatāpui and other gender diverse pregnant people and their families. However, both globally, and within Aotearoa New Zealand, the challenge for maternity/perinatal services to provide gender inclusive care and to improve health equity for gender diverse communities is gaining momentum. This is precipitating reflection, change and some resistance amongst maternity/perinatal care providers including midwives whose very philosophy of care is grounded in gender essentialist notions of womanhood and mothering. In this presentation I will discuss the need for, and key shifts underway towards, the embrace of gender inclusive perinatal care for gender diverse communities. I also explore the challenges still to be overcome to ensure an expansion of "maternities" within perinatal care to include all people who are pregnant and give birth. This will help ensure safe, equitable and high-quality perinatal care for gender diverse communities and support in the transition to parenthood.

88. Picturing feeling rules: A collaborative investigation of young women's posting practices on Instagram

Calder-Dawe O[1]
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The social networking service Instagram is a very popular platform that privileges user photography as a mode of communication and self-presentation. Instagram is a preferred venue for posting and sharing positive experiences and is also especially favoured by young women. Set against heated debate about the health-promoting and health-harming potential of digital technologies and social media, this presentation asks: what do young women themselves say about their posting practices and the role of Instagram in their lives?

To address this question, I discuss early findings from 9 case studies conducted collaboratively with young women who identified as regular Instagram users. These case studies combined photo-elicitation (drawing on participants' Instagram feeds) with collaborative interviewing to "puzzle out" how the events of everyday life translated (or didn't) into Instagram posts, and to understand the social and emotional rules shaping these young women's everyday posting practices. I focus in particular on how images and text are worked together to make posts that "feel right", as well as discussing posts that "jar". To conclude, I suggest some possible connections between participants' analyses of their Instagram use and posting practices and the wider sociocultural conditions shaping young women's emotional expression and self-presentation more generally.

91. In between feminist and critical health psychology: Finding myself, fitting in, and flailing

LaMarre A[1]
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As an interdisciplinary academic since the beginning, I have often struggled to find a scholarly "home." When I think about finding a home in academia, I think of the nurturing and challenging relationships I have built with feminist academics. From my early experiences of feminist mentorship from my PhD advisor to the burgeoning early and mid-career academic networks I have been a part of to teaching and supervision teams taking feminism as a core approach, I have always felt most at home amongst feminist academics. As a graduate student, I also found a home as a part of ISCHP; the connections forged over a commitment to both theoretical and action-oriented praxis resonated with me in my fledgling desires to change the way we see eating and distress in contemporary health contexts. Yet, I resist calling myself a "critical health psychologist," and not just because the term "psychologist" carries some very heavy baggage and legal ramifications. Being a lecturer in health psychology with an interdisciplinary background carries with it a sense of never-quite-fitting. Researching eating distress in health psychology carries with it a sense of always needing to prove that this work pertains to "health" and not just "clinical" realms. In this presentation, I reflect on the value of critical and feminist spaces in academia for bringing together the personal, the political, and the academic to generate a sense of belongingness (however provisional) in my work.

92. Mothers' experiences of wellbeing and coping while living with rheumatoid arthritis

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Rheumatoid arthritis (RA) can have a significant impact on women's ability to undertake the daily tasks associated with mothering, which can lead to distress and challenges to maternal subjectivity. The Western ideal of the 'good mother' assumes that women take primary responsibility for meeting all aspects of children's needs while coping independently. Few studies have addressed how women subjectively experience motherhood in the context of rheumatoid arthritis in relation to the 'good mother' ideal. Twenty women with an RA diagnosis and a child under 18 years took part in individual semi-structured interviews. Thematic analysis of interview transcripts identified the following themes: 'Burden and complexity in the mothering role', 'Losing control: Women's experiences of distress', and 'Adjusting and letting go: Women's experiences of wellbeing'. Women described experiences of distress that were associated with a loss of control over idealised 'good' mothering practices, including feelings of failure, loss of confidence and feeling like a burden on family members. In contrast to the 'good mother' ideal, descriptions of adjusting mothering practices, including relinquishing control and asking for help from social supports where available, were associated with accounts of wellbeing. Health

professionals and services can support mothers with RA by addressing feelings of failure as a mother, challenging Western cultural ideals of 'good' motherhood and encouraging access to social support.

93. Hookups, hangouts or hang-ups?: Young people's perspectives on mobile dating during COVID-19

Sharp K[1], Lyons A[1], Lupton D[2], Aspin C[1], Gibson A[1]
[1]*Te Herenga Waka - Victoria University Of Wellington, Wellington, New Zealand,* [2]*UNSW Sydney , Kensington, Sydney , Australia*

Previous social scientific research has often questioned the 'risks' posed by mobile dating to young people's sexual health and emotional wellbeing. In the current context of the COVID-19 pandemic, it is pertinent to consider not only the risks, but the opportunities that mobile dating now holds for young people. In this study, we therefore aimed to understand how young people perceive navigating mobile dating during the pandemic in Aotearoa New Zealand. This story completion study involved young people (18-25) in Aotearoa New Zealand who have used mobile dating apps since the emergence of COVID-19. Story stems provided opportunities for participants to explore different hypothetical scenarios of trying to navigate dating during the pandemic – from dating during lockdown to the possibilities of video dates, to finding intimacy in times of social distancing, masks, and vaccination status. Findings illustrate the complexities of dating as they occur between young people, through apps, in relation to the pandemic, and layered by the socio-economic and cultural contexts in which people live.

95. Intimate cycles of regulation: How feminist critical health psychology leads to questions of normalcy in menstruation digital applications

Riley S[1]
[1]*Massey University, Wellington, New Zealand*

Self-tracking through digital applications on smartphone technology is a norm for many. These applications are part of a broader "MHealth'' digital revolution, aligned with the quantified self movement and discourses of empowerment through body-knowledge garnered from making accessible previously hidden measurements of body functioning. Early generations were criticised for their androcentrism, addressed by a recent rise in "femtech", including menstruation, pregnancy and menopause related apps. Such apps resonate with a large number of women, with over 200 million downloads of period tracking apps, and overall, the global women's health app market is worth over 1 billion USD. Despite this take-up, digital health researchers raise concerns about data security; a lack of health professional or user involvement in designs; and the potential for psychological distress involved in compulsive data entry or when outcomes fail to match expectations. Less attention has been paid to the potential regulatory power for women's experiences of embodiment. Menstruation tracking apps thus provide an important site to examine the intersections of gendered digital embodied subjectivity. Taking a feminist critical health psychology approach to this topic centers the question on normativity. We ask: what is constructed as normal? How is this made to matter? How are outlier bodies coded or erased? And what are the genealogies of these constructs? Questions that illuminate how, despite a language of emancipation and sisterhood norms of being white, heterosexual, middle-class consumer-oriented, able-bodied, and cis-gendered sit alongside historical discourses of menstrual shame and female madness.

96. Rethinking Body Functionality Through a Feminist Disability Lens

Riley S[1]
[1]*Massey University, Wellington, New Zealand*

Body functionality is an important area for body image research with many studies showing that focusing on what the body can do helps people cultivate healthier body images. But unexpected findings – particularly from people with disabilities and other body-related differences — point to a more complex relationship than previously thought. This critical juncture presents opportunities for dialogue between two separate approaches to body image: body functionality and feminist new

materialist disability studies. This paper discusses three fruitful areas for dialogue. First, body functionality literature often treats body image as stable and distinct enough to be measured across time and context. This is despite some functionality literature pointing to a more fluid construct of body image, which would both map onto the 'body as a process' framework of new materialism and have potential for development through concepts of becoming and imminence. Second, considerations of the research apparatus in body functionality research could be radically expanded by an understanding of apparatus as agentic in the production of our research findings. Third, functionality literature articulates the importance of including a wide range of participants. But in practice, functionality research is based mainly on young white, non-disabled, college-based, heterosexual, cis-gender people. Further, widening participation is not enough if it only extends rather than challenges normalization.

97. Gender and sexuality diverse (GSD) women's experiences of embodiment since cancer

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Non-normative relationships with femininity and categories of womanhood and gender performance have been shown to significantly affect how gender and sexuality diverse (GSD) women experience and make sense of cancer. This paper presents the preliminary findings of research into GSD women's experiences of embodiment since cancer, as part of a broader ARC funded project titled 'Out with Cancer'. The research takes a mixed methods approach, including open-ended survey data, 39 semi-structured interviews, and 17 follow-up Photovoice interviews with GSD women who have had cancer and their carers. Participants are selected across cancer type, and range from ages 18-92. Using a thematic decomposition analysis, this paper details the experiences of embodiment and disembodiment amongst GSD women with cancer in the context of: the sexual body; the reproductive/fertile body; and the 'feminine' body, unpicking the ways in which heteronormativity and cisgenderism in health care act to invisibilise and disadvantage GSD women. Assumptions of heterosexuality, and cisgender embodiment, identity and expression have serious implications for GSD women's physical and emotional wellbeing, agency and health decision-making, and access to embodied and relational care. This paper explores these impacts in order to demonstrate the importance of taking seriously 'embodied perspectives' of cancer and makes suggestions for moving forward.

99. Gendered experiences of women's health: Looking across Endometriosis, Premenstrual dysphoric disorder (PMDD), Gestational Diabetes and Autism

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In this talk I will reflect on a programme of research I have been building with my students focusing on gendered experiences of health. I will look across this research on endometriosis, PMDD, Autism and Gestational Diabetes to argue why we need to continue to research using a gendered lens. The key findings from across the students individual research will briefly be discussed but the main purpose will be to discuss the findings and theoretical and practical implications from a review across the studies. Key findings across all the research revealed what is normal for women and their holistic health is still largely based on gendered stereotypes of women's bodies – their capacity to bear children and menstruation. Gendered normative assumptions on behaviours appropriate for women played out in all conditions. In all professional encounters women faced discrimination, lack of viable or realistic options, and delays to care. Overall wellbeing was ignored with the focus of treatment on preservation of their reproductive bodies at the expense of their mental health. Female presentation of ASD can be very different to males and these stereotypes played out in diagnosis and daily life. A critical feminist health psychology underpinned all these projects and much of my supervision practice. Final reflections explore potential solutions and barriers to this approach.

100. Persistent disturbance: Autoethnographic writing, found poetry, and the DSM-5

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This project uses techniques of found poetry and collaborative writing to produce a suite of poems and poetic fragments about experiences of mental distress. We use one another's private writing and the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) as source texts to create autoethnographic found poetry to express direct and indirect experiences of navigating distress, clinical diagnoses, and recovery and remission. In taking and responding to one another's writing about intimate and vulnerable experiences, the writing process begins to mirror the therapeutic process, where an other is permitted to 'read' these experiences and then begin to reshape and reframe them. We explore the limitations of diagnostic criteria and frameworks for describing and explaining lived distress. However, in repeatedly returning to the words of the DSM-5, we highlight the way in which professional bodies and individuals retain authoritative power to interpret and explain those experiences.

102. Seeing what was there all along: Cognitive debriefing as a critical survey practice

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Survey methodology is widely used in social science research about women's health, yet its practices of standardization and quantification limit the kinds of information researchers can gather from participants. Although social, political, and historical structures are central to women's experiences with their health, survey methodology too often pushes information about these structures out of sight. In this presentation, we argue that modifying the practices of survey methodology would create greater space for participants to share this information and support researchers in building empirically-grounded knowledge about how oppressive structures are linked with health for women. We share findings from a study about women's body esteem attitude in which we implemented a "cognitive debriefing survey design" that asked participants (N=231) to share their interactions, thoughts, and responses to survey items alongside their traditional response. In this study, we asked women to respond to survey items about being attractive to other people and subsequently write down "who/what you thought about while responding." In analysis, we demonstrate how participants' written descriptions included thinking about their body's social identity markers; thinking about being hypervisible and invisible to other people; and thinking about being subjected to racial and gender discrimination. We use these findings to argue that despite being excluded by traditional survey methodology, the sexism and racism women face was "there all along," and must be central to the knowledge researchers build about body esteem. We conclude with recommendations of critical methodological practices for survey researchers studying women's health.

103. Experiences of health service provision for trans people in Greater Western Sydney

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Background
We undertook scoping research in Greater Western Sydney to identify the needs of culturally diverse LGBTQ+ people to improve their wellbeing, safety and inclusion. Here we present health findings relevant to transgender (trans) communities.

Methods
We conducted a survey targeting LGBTQ+ community members aged over 18 years addressing service use, access, and experience; safety and inclusion; psychological wellbeing (Kessler 5 [K5]); and important areas for change. We conducted descriptive and bivariate analyses. We also undertook semi-structured focus groups community leaders, and service providers. Transcripts were coded using thematic analysis.

Results

Fifty-eight trans people completed the survey out of a total of 278 participants. Trans participants reported experiencing statistically significant higher levels of psychological distress on the K5 measure than LGBQ cisgender participants, with 49% of trans participants reporting 'very high' levels of psychological distress. Trans survey participants were most likely to report that lack of access to services had caused stress, especially lack of access to mental health services (67.2%). Trans participants who felt safer in Western Sydney reported better psychological health.

Nineteen community leaders and 17 service providers participated in focus groups. Participants reported that young trans people were especially vulnerable given multiple barriers including no publicly funded multidisciplinary gender-affirming healthcare. Community leaders identified that GPs required training in culturally safe healthcare provision.

Conclusion
Comprehensive, ongoing accredited professional development targeting healthcare providers in GWS should include gender-affirming and trans-affirming culturally safe healthcare provision. Capacity building opportunities for community leaders and key partnerships should be fostered and supported.

105. Crossing the line: Lived experiences of sexual violence among trans women of colour in Australia.

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Transgender (trans) women are at higher risk of sexual violence than cisgender women. Trans women of colour face discrimination and violence on the basis of the intersection of their gender and racial identities, and, for some, their sexual identities as queer women. This research project aimed to explore the subjective experiences of sexual violence among trans women of colour and those from culturally and linguistically diverse communities living in Australia. A mixed methods qualitative design and a feminist intersectional approach was adopted. Thirty-one trans women of colour, average age 29 (range 18–54), participated in an in-depth interview. To enhance participant agency in the research process, and our understanding of lived experience, an additional photovoice activity and follow-up interviews were completed by 19 women. Women described being subjected to pervasive sexual violence both in the public and private sphere. This ranged from verbal violence—such as catcalling—to sexual assaults. As a result, there were very few places where women of colour felt safe from sexual violence. The poor health outcomes experienced by many women were closely associated with their exposure to sexual violence and limited avenues for accessing appropriate support. Trans women of colour described experiencing additional prejudice and discrimination due to the intersection of gender, sexuality, race, and social class. Women highlighted the need for multi-faceted sexual violence prevention activities to encourage education, empowerment and cultural change across the general population and support services, in order to promote respect for gender, sexuality and cultural diversity.

107. "It takes a village": The role of familial support on suicidal ideation in rainbow (LGBTQIA+) Māori and Pasifika young adults

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The impact of colonisation, globalisation, and acculturation poses a challenge to the mental health of many Māori and Pasifika within Aotearoa. Past literature has indicated that those who belong to an ethnic minority and identify with diverse gender(s), sexuality, or both, face worse outcomes. Family has been highlighted as essential for the well-being of Māori and Pasifika. This study investigated whether familial support protected against passive suicidal ideation in rainbow (LGBTQIA+) Māori and Pasifika young adults. Additionally, group differences between rainbow and non-rainbow participants on suicidal ideation and familial support were also explored. A sample of 63 young adults who identified as Māori, Pasifika, or both, were recruited. The sample included 23 rainbow and 40 non-rainbow Māori and/or Pasifika. Participants completed an online survey including questions about demographics, familial support, and passive suicidal ideation. Higher levels of familial support were associated with lower levels of suicidal ideation for all participants, with rainbow participants experiencing lower levels of familial support, on average, compared to their non-rainbow counterparts. Rainbow participants also had higher levels of suicidal ideation compared to the non-rainbow participants, however, rainbow

identification alone did not predict suicidal ideation when accounting for familial support. These findings reaffirm and expand on past research. The present study emphasises the intertwined nature of Māori and Pasifika families and the importance of considering family inclusion in mental health interventions for these populations. Additionally, the findings suggest that families may need to be equipped with culturally appropriate resources to better support their rainbow loved ones.

108. 'The Sweating Moment': Disclosure of LGBTQI+ status in cancer care – perspectives of patients and healthcare professionals.

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Lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) populations represent an "ignored epidemic" and a "growing, medically underserved population" in cancer care. Recognition of LGBTQI+ patients is crucial to ensure cancer information and care is tailored to patient needs and partners and chosen family are recognised, however, understanding of LGBTQI+ disclosure is limited. Using a mixed-methods approach (surveys and semi-structured interviews) this presentation explores disclosure of LGBTQI+ status in cancer care from the perspective of 448 patients and 357 healthcare professionals. LGBTQI+ patients described difficulties in disclosure as emotion work that adds to cancer burden. Fewer than 1 in 4 were out to all healthcare professionals; the majority disclosed only to some – suggesting that LGBTQI+ patients are continuously making decisions about whether to disclose or not. Healthcare professionals reported hesitancy in seeking disclosures and were worried about causing offence due to lack of familiarity with LGBTQI+ experiences and terminology. Others were actively hostile and prejudiced. These approaches rendered LGBTQI+ needs invisible, excluded partners and chosen family, and caused distress, dissatisfaction, and unmet needs in care. Conversely, some healthcare professionals were aware of difficulties for LGBTQI+ patients and adopted approaches of proactive inclusion to create a place of safety, actively facilitating disclosures. These healthcare professionals acknowledged the importance of LGBTIQ+ status, ensured inclusion of partners and chosen family, displayed visible signifiers of inclusivity, and offered LGBTQI+ specific information. These findings highlight the need for healthcare professional education and guidelines to inform the provision of culturally safe and affirming cancer care

112. Through the Eyes of the Marginalised: "Failing" cultural virginity testing

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Virginity Testing, within the South African context, is perceived as a revered cultural practice and, opposingly, as a contentious violation of human rights. Framed within legal, psychological, medical, humanitarian and even political discourses, these arguments have tended to speak "on behalf of" the girls and women who have experienced this rite of cultural passage. Consequently, the textured experiences of these young women remain relatively absent, particularly those that have contentiously "failed" this cultural practise. Resonant with recent calls for the decoloniality and prioritization of African knowledges, the following presentations explores the experiences of women that have failed virginity testing. Semi-structured interviews, using purposive and snowball sampling were used to understand the paradoxes experienced by eight Zulu young women in the Ugu District of Kwa Zulu Natal, South Africa. The African feminist paradigm and Colaizzi's phenomenological method of data analysis were drawn upon to explore the tensions experienced by young Zulu women who experienced stigmatization and discriminations resulting from failing cultural virginity testing, yet still perceived virginity testing as a valued cultural heritage that holds value beyond their own negative experiences.

113. What's housing got to do with it? A mixed-methods exploration of how housing inequality impacted Australians' mental health during COVID-19.

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Increased unemployment and time spent at home during COVID-19 exposed inequities in Australian housing quality and availability. Many residents lack sufficient space to carry out activities shifted to their homes and Australia's first recession in 30 years rapidly increased stress around housing affordability. Previous research demonstrates living in unaffordable housing, or persistently poor-quality housing can have negative impacts on residents' mental health.

This study explores the mechanisms through which housing moderates COVID-19's impact on mental health by analysing 2,065 individuals surveyed across Australia in mid-to-late 2020. Stepwise regressions were used to examine associations between housing circumstances, neighbourhood belonging and multiple mental-health outcomes (loneliness [DJGL-S], depression [PHQ-9], and anxiety [GAD-7]), adjusted for demographics. Open-ended responses were analysed using thematic analysis and critical-realist epistemology.

Renters and those in insecure housing experienced worse mental health during COVID-19 than homeowners. Feeling 'trapped' and 'helpless' because of insecure tenure or lack of money to improve housing conditions reduced sense of control over residential environments. Participants described how inadequate space and noise adversely impacted their well-being and how housing context – including amenities, natural spaces, and social connections – played a major role in their emotional experiences. Safe, secure, and suitable housing is a known determinant of safety and physical health; this study suggests it is also critical factor for Australians' mental health.

115. Discussant: Critical perspectives on sexual relationships, sexual harassment, and sexual violence symposium

Treharne G[1]
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The symposium on critical perspectives on sexual relationships, sexual harassment, and sexual violence will be summarised by Gareth Treharne, who will integrate the messages about sexual wellbeing across the talks and facilitate discussion involving all presenters.

116. Did #MeToo change anything? Young people's views

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The unprecedented outpourings of sexual harassment experiences within the #MeToo movement were lauded as the start of a cultural shift. However, the ability of #MeToo to effect positive social change remains in question. Crucially, meaningful social change requires inequitable gender constructions underpinning sexual violence to be laid bare. Exploring how young people view and understand gender within sexual harassment media discourses can crucially foreshadow possibilities for future social change. Yet little empirical work on #MeToo has been undertaken and young people's voices, in particular, have largely been ignored. In this talk, we interrogate the radical potential of #MeToo by examining the ways young people negotiate and understand gender within the #MeToo and related media content they encounter via their social media accounts. We draw on findings from a study conducted in 2019 and ongoing research in which we are investigating young people's exposure and responses to #MeToo and related sexual harassment media. Our presentation highlights both the capacities for, and restraints to, meaningful social change evident in young people's constructions of gender

within #MeToo media. We conclude that the radical possibilities of social media for shaping gender awareness and knowledge about sexual harassment exist alongside backlash discourses that disrupt a progress narrative.

117. Rethinking sexual consent knowledge and sexual violence prevention

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Sexual consent is becoming an increasingly important concept to understand sexual violence and is characterised as paramount in the prevention of further violence and enhancement of sexual wellbeing. While broadly conceived as a free and willing agreement to participate in sexual activity, consent is a complex concept with little consensus on its definition, or clarity about how to ensure that consent has been achieved. Central to much research about sexual consent is the view that many young people do not know how to communicate consent adequately, and are therefore at risk of harming someone sexually due to miscommunication. Yet other research paints a more complex picture and suggests that while understanding of sexual consent may appear to be limited, young people can understand a partner's willingness to participate in sex. In this talk we explore young adults' conceptualisations of consent and willingness to have sex in a survey of 1,062 first year university students. Using heat mapping, we tested whether or not young adults consider consent and willingness to be the same thing, or whether they see a distinction between these concepts. Our results demonstrate that consent and willingness are constructed in significantly different ways. These findings suggest there is a validity problem underlying quantitative research on sexual consent, particularly when attempting evaluate campus sexual violence prevention programmes. This study demonstrates a need for methodologies that explore the meaning of consent and willingness to have sex to better understand the role of consent education in prevention of sexual violence.

118. What helps and hinders male survivors' help-seeking behaviour in Aotearoa New Zealand?

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Sexual abuse and sexual violence are deeply gendered issues due to prevailing social norms about the gender of those who perpetrate sexual abuse or violence and those victimised. Little is known about experiences of male survivors when formally reporting their experiences of sexual abuse or violence or when seeking support from services that provide for male survivors. This presentation will outline the findings from a recent study that explored the barriers and facilitators that men who have experienced sexual violence and abuse encounter when reporting and accessing support services in Aotearoa New Zealand. Thematic analysis of interviews with 52 male survivors and 13 service providers identified five themes that centre on the role of hegemonic masculinity, the place of social support, the complexity of trauma, service provision and design, and the quality of professional support for male survivors. Both the male survivors and service providers described how social norms create expectations that men should be able to overcome the impact of any experiences of sexual abuse or violence and the need for public education to address this. Social support was noted to facilitate help-seeking as long as listeners were compassionate. Disclosure and healing was described to be a long process that can be assisted by visible services that meet the needs of male survivors and provide quality professional support. Implications for gender-inclusive education and accessible service provision that can provide a trauma-informed response are discussed.

119. Am I sick enough ?

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Nasogastric tubes are frequently used in inpatient facilities as part of treatment for anorexia nervosa. Despite there common use, research is sparse with only two dated studies examining the use of nasogastric tubes in treatment centres. This research explores the in-depth experiences of women who have experienced nasogastric feeding as part of treatment for anorexia nervosa. Using narrative interview methods seven women from three different countries were interviewed. The interviews were transcribed and analysed using narrative analysis, with the analysis being guided by social constructionism epistemology and utilising Goffman, Frank and Foucauldian theory. The analysis illustrated that power dynamics are rife with eating disorder treatment often becoming a battle ground. Nasogastric tubes are therefore a complex part of treatment for anorexia nervosa. While professionals face an ontological reality with the serious consequence that can result from starvation, the use of the nasogastric tube is complex and extends beyond concerns with weight gain, which previous research alluded to. Participants described an internal battle where they are entangled in a series of power dynamics around how to respond in an inpatient treatment which has become a iatrogenic environment. Once in treatment they find themselves battling with treatment adherence worrying that if they accept the nasogastric tube, they won't be viewed as sick enough. Where if they resist, they are then met with threats and often punishments that are experienced as traumatic. The nasogastric tube resultingly becomes a symboliser of the idea of being sick enough.

120. Unborn, inter-connected personhood(s) and ambiguous reproductive pathways

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I use Global-South, African-centred approaches to understanding unborn personhood to think through disjunctions in the childbirth literatures. Unborn enactments are often articulated in knowledge, practices, and processes external to the pregnant body and hence, transcend normal bodily boundaries. For this reason, feminist literature has debated the contexts that uphold embodied, women-centred reproductive experiences. Within these literatures, foetal rights are seen as usurping women's right to bodily autonomy, and hence are vociferously contested. However, creative re-imaginings of maternal-unborn relationships are made possible when we account for perspectives of the more-than-human or unseen essences of the unborn. Indigenous, African epistemologies make intelligible, complex, contradictory assemblages of persons that transcend notions of individual, right-bearing selves.

Ambiguous experiences of abortion, miscarriages and stillbirth are seldom discussed within the childbirth literatures, despite their impact on reproductive passageways. Instead, homogenous singleton samples are presented that further silence and marginalise these experiences. By tracing lively foetal imprints from previous conceptions and in the role played by ancestors, I argue that ambiguous temporal dimensions envision the maternal-unborn connection as central to and at the centre of all of life on earth. I present data from graphic pregnancy timelines and longitudinal, narrative interviews with fourteen, multi-parous participants whose pregnancy journeys I accompanied. Focussing specifically on encounters with ultrasound in everyday clinical obstetric practice in the private sector in Cape Town, South Africa, I show how technology not only determines obstetric trajectories but also offers a bridge between science and sociality that encourages fluid, hybrid fusions of inter-connected, intra-embodied selves.

121. Autism Intervention Research in Ontario, Canada: A Critical Discourse Analytic Study

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In the province of Ontario, Canada, parents of children receiving a diagnosis of autism spectrum disorder (ASD) are urged to start evidence-based therapies as soon as possible. However, some autistic scholars and self-advocates have criticized the pathologizing medical discourse on autism, the notion of "cure" in such therapies, and the lack of autistic voices in research. The purpose of this study was to investigate the discursive construction of therapy in Ontario-based research on ASD interventions. The study explored what researchers try to improve by means of these interventions, the underlying assumptions, who has a voice, and whether it creates space for acceptance of ASD in the context of neurodiversity. The analysis was informed by a social constructionist framework and Foucauldian approaches to discourse. The researcher selected four peer-reviewed articles on ASD interventions in Ontario published between 2018 and 2020. In my analysis, I argue that the articles constructed therapy as a manualized teaching process, as a need to "normalize" the disordered child, and as an objective act of conducting science. The person with ASD was positioned as incompetent, disordered, "abnormal," and as someone who needs to comply with norms of behaviour and emotional expression. These discourses do not enable a positive autistic subjectivity. The findings raise concerns that these discursive constructions do not create space for acceptance but perpetuate stigma and allow room for justifying potential harm to autistic persons. Future research should explore potential changes to the current research paradigm in the field of autism interventions.

122. Inserting reparative justice into health systems analyses: a case study of unsafe abortion in Lesotho

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Health systems analyses are mechanisms used to inform health policy and planning. While these analyses may be comprehensive and multi-faceted, they do not necessarily speak to injustices or elucidate corrective actions needed to overcome inequities. Using the World Health Organization's health systems approach as an exemplar, we show how the reparative reproductive justice approach outlined by the first author and colleagues assists with delineating comprehensive remedies to the inequities identified in the systems analysis. We argue for attention to remedies at individual and collective, material and symbolic levels. We illustrate our argument using unsafe abortion, legal abortion services and post-abortion care in Lesotho as a case study. We outline the policies, services and people components of abortion in Lesotho using the WHO systems model, followed by a reparative justice analysis of remedies. We show how, within the current relatively restrictive legislation, the model may be used in adjusting health systems to reduce unsafe abortion and reproductive injustices.

124. How do they keep going? Experience and motivation of long-term commitment in climate activism

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Climate crisis is the greatest challenge that humanity has ever faced; and climate activists are at the forefront of fighting for the future of people and other species. Activists are known to be most exposed to the burden of climate change awareness, thus to deterioration of their emotional wellbeing (Clayton, 2020). They also face repression, criminalization, indifference and disrespect from society, yet some of them have maintained commitment in climate action for decades.

In this research we explore the experience of long-term climate activists, as well as their deep motivations and other reasons for their long-lasting, continuous engagement despite numerous adversities. A multiple case study approach was adopted: we recruited four climate activists, who have been active for 11 - 35 years long. We conducted two in-depth, semi-structured qualitative interviews with each participant to collect rich descriptions of the challenges they face, the ways in which they manage them, the deep motivations, and the narratives that help them to persist in action and social resistance. We analysed the data using the interpretative-phenomenological approach (Pietkiewicz & Smith, 2014). As a result we identified a tension between the social, the collective, the individual, and the non-human in participants' lived experience. Activists' everyday live and engagement in climate action is guided by a constellation of social relationships, the community of activists, a deep faith in the values professed (not always socially shared), and spiritual experiences of perceiving nature as a being with whom one has a personal relationship.

125. Is climate depression just(ified) or unjust? Critical discourse analysis of media and social media representations of climate crisis

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Climate crisis, with its environmental, socio-demographic and economic consequences, is recognized as a threat to mental health globally, with vulnerable populations and the regions most exposed to climate change being at the greatest risk (Fritze et al., 2008). At the same time, the issue of 'climate emotions' is increasingly present in academic research, as well as in culture, media and social media. This presence is identified as the 'emotional turn' in political ecology, 'visceral politics' or 'affective eco-criticism' (Gonzalez-Hidalgo&Zografos, 2019). Literature focuses on diverse emotions experienced by an individual who faces climate crisis and their potential impact on engagement in climate action (e.g. fear, hope, anger and guilt; Kleres&Wettergren, 2017). However, we decided to pay attention to the areas of emotional ecological discourse where psychiatric and psychotherapeutical concepts are used (e.g. climate anxiety, pre-PTSD, environmental grief; Budziszewska&Kalwak, 2020). In our critical discourse analysis we focus on how 'climate depression' is performed in media and social media representations of climate crisis, especially in the context of recruitment to environmental activism. We describe a 'depressive discourse' of climate change representations through identification of such discursive tropes as resignational motives, decontextualised uncertainty expressions, dark hopes, or dirt-vermin-illness-death motives. We attempt to understand this 'depressive discourse' within the theoretical frameworks of medicalization, weak resistance concept and collective emancipatory practices of psychiatrization (Majewska, 2019; Beeker et al., 2020). Finally, we discuss this issue in the context of climate justice and against the aims and values of psychological support.

126. "You all come to us, young people, for hope" - critical discourse analysis of children responsibility for climate action

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Children and adolescents seem to be most vulnerable to mental health and other consequences of climate change. At the same time, their growing involvement in climate activism is observed (e.g. School Strike for Climate). We attempted to understand how the role of youth in climate crisis is performed in public discourse. We drew inspiration from common statements about youth being hope for the future, as Rebecca Solnit writes in her Guardian article The old made our climate mess. And the young will get us out of it in 2019. We reflected on the potential emotional burden ingrained in such statements, despite their apparent sense of empowerment. We conducted a critical discourse analysis of media and social media narratives (Riley et al, 2019; Fairclough, 2013) and considered voices of both young and adult actors. The study showed that young people communicate

disappointment and defiance as responsibility for the climate action is pushed by adults onto youth. They perform grief related to the loss of childhood and the anticipated loss of expectable future. Notably, although adults express their admiration for active engagement, they concurrently point out youth's oversensitivity, superficiality, and ineffectiveness of their actions. What is also visible is the rhetorical distance between youth and adults, which reflects the socio-political and intergenerational dimension of the issue. Discursive shifting of substantial responsibility for climate action to youth, despite their limited array of civil privileges, may interfere with their developmental needs. This issue needs further explication with regard to children's rights and climate justice.

127. "It's kind of a rubber-stamping exercise": a qualitative study on experiences of counselling for egg providers in UK fertility clinics

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In the UK, the demand for eggs for use in fertility treatment continues to increase. Around 1600 women register as an egg provider every year, however very little is known about their experiences of the process or about the support or counselling they are offered.

The regulatory body of fertility clinics and practice in the UK, the Human Fertilisation and Embryology Act (HFEA), stipulates that counselling is offered to all potential egg providers to ensure they are made aware of and consider the social, psychological and ethical complexities of egg donation. Guidance from professional bodies provide further good practice guidelines for fertility counsellors (BICA, 2019). However to date, little work has considered how counselling is offered, whether it is taken up and how egg providers experience the counselling process.

To address this gap, this paper draws on data from in-depth interviews with 28 egg providers about their experiences in UK clinics. This paper is part of the 'EDNA' project (ESRC grant ref: ES/N010604/1), which explores the social, political, economic and moral configuration of egg donation in Europe. Our findings demonstrate that whilst some egg providers had positive counselling experiences, many also reported a number of negative and challenging aspects. In some cases, egg providers did not view counselling as a useful source of support during their donation and reported a number of ways in which their experiences could have improved. This research highlights a need for an improvement in counselling practices to increase support for egg providers.

128. "Is there ever a right time?": a qualitative study on the perceptions of reproductive timing in British South Asian communities

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In the UK, women are having children later than ever before. However, whilst white women have been at the centre of public and academic discourses about reasons for delayed childbearing, very little research has explored minority women's perceptions of appropriate age for first birth.

The main aim of this study is to advance understandings of the perceptions and experiences of reproductive timing within British South Asian (BSA) communities. In particular, the study aims to provide insights into the ways ethnicity, culture and religion, age and wider changing norms shape perceptions about the 'right time' to have children. For this study, data collection took place across two linked but discrete qualitative methods:

focus groups and individual interviews. Data was analysed through interpretative thematic analysis (Braun and Clarke, 2006).

The findings suggest that whilst motherhood remains significant for women in BSA communities, changing social and cultural norms are shaping women's perceptions of reproductive timing. Having children later on in life is the reality for many women as they balance social and cultural norms and expectations with their own individual desires and aspirations. Drawing on concepts drawn from life course scholarship, reproductive agency and identity, the findings suggest that women's reproductive behaviours are fluid, changing over time and there are a number of structural and individual processes that shape reproductive decision-making. The findings in this study provides original understandings to the current body of knowledge on reproductive 'delay' and highlights important nuances of the female life course which is socially and culturally mediated.

129. Citizens of two pandemics: People living with HIV and Covid in the UK

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This paper draws on an interview study with people living with HIV - who participated in shaping and conducting the research, and research analysis - in 2019-2020. The study began with 27 participants, who took part in semi-structured in-person interviews and visual art workshops about the resource contexts in which they live with HIV. That research aimed to understand these wide-ranging contexts, extending far beyond health, treatment, stigma and other HIV-associated factors, which shape people's lives and determine the extent and type of their local, national and international discourses and practices of citizenship. The research also aimed to explore how participants challenged contextual limitations and brought alternative contexts into practice. The follow-up study, with 16 of the participants, examined, via semi-structured telephone interviews, how participants' health and their economic, psychosocial and other material resources had been impacted by Covid, what that meant for them in relation to HIV, their strategies for responding to Covid, and how they saw their Covid-inflected futures. This paper uses narrative analysis to explore participants' accounts of living through their first pandemic as a source of knowledge, sociality, emotional strength and political possibility for the second. It also explores the limiting narratives within participants' accounts, focused on increased resource constraints, isolation, the re-experiencing of uncertainties and loss, and the particularities of the HIV pandemic, especially related to stigmatisation. The narratives support a broader analysis of newly restricted Covid-era citizenships that are nevertheless counteracted by discourses and practices of citizenship associated with living with HIV itself.

131. B-MET, Being met well and the embodied evaluation of services from survivor perspectives.

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The Body-mapping Evaluation Tool was co-created by members of the So What's Changed Evaluation Team at 'developing partners cic' (dp) one of the first Department of Health funded social enterprises in the UK. It was used together with participatory video production and 'expanded I poems' (Lovell, 2017) in order to evaluate dp from the diverse perspectives of its members. This 'snapshot' presents the B-ME Tool, 'expanded I poems' and 'collective communication collages' (Lovell, 2017) as useful ways into the evaluation of services that are both embodied and embedded within the lived experience of the people that organisations aim to serve across a broad range of 'care' services.

132. Unique Psychosocial Needs of Distinct Cancer Patient Populations: Revamping Supportive Needs Surveys and Practices of the 21st Century

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Although cancer patient supportive needs surveys and practices of the 21st century routinely employ a "one-size-fits-all" approach, distinct cancer populations identify unique challenges/needs and resilience factors/coping methods. Brain tumour patients are one such example. Because the brain is a fundamental part of who we are as individuals (i.e. encompasses our essential, everyday cognitive toolkit, dictates our personalities and moods, and stores our most precious of memories), brain tumour patients endure psychosocial challenges not shared by other cancer patient populations. Moreover, their cancer diagnosis poses unique challenges that render their experiences divergent from those of neurological patient populations.

This study used a mixed-methods (quantitative and qualitative) approach to pinpoint emergent challenges particular to the neuro-oncological diagnosis that render the dual nature of the diagnosis (oncological and neurological) greater than the sum of its parts. These emergent properties have been neglected by psychosocial needs questionnaires administered to neuro-oncological patients (e.g. SCNS-LF59, GHQ, SOC, and QoL measures) and by psychosocial care provision services (counselling and psychological services) catered to this patient population.

We argue that increased physician awareness of the unique psychosocial needs of distinct cancer patient populations increases sensitive administration of care to patients and engenders greater understanding of patients' values and wishes concerning treatment and end-of-life care. We also argue that disseminating the unique resilience factors of distinct cancer populations to supportive care providers, medical care providers, and patients themselves will help better foster resilience in these individuals.

134. Using facilitation as an interactional intervention to improve collaboration in implementation

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Healthcare settings are multi-disciplinary in nature with increasing pressure for clinicians to work in effective, diverse teams to maximise clinical outcomes. Underlying this is an assumption that these teams will function well together. However, this is not always the case as they comprise individuals with diverse perspectives, varied clinical foci, and goals.

Facilitation – a strategy focussed on interpersonal interactions and relationships between diverse team member – is becoming increasingly popular when implementing any clinical change or evidence-based practice. An aim of facilitation is to create space for diverse perspectives and adopt creative problem-solving strategies that address barriers and concerns as they emerge in the local context.

Despite evidence that supports facilitation as an effective implementation strategy there remains a distinct lack of understanding on what successful facilitation looks like and how it actually achieves collaboration and partnership.

This presentation explores how facilitation is a complex social process that requires a high level of skill and experience. We draw on the research methodology of Conversation Analysis to demonstrate how facilitation is an interactional achievement. We draw on a corpus of facilitation data from a project focused on implementing a multi-disciplinary non-pharmacological intervention in the acute care setting.

Conversation Analysis allows us to explore the specific communication practices that constitute and enable facilitation. Specifically, it allows us to examine the asymmetries of knowledge and power and the complex process of collaboration. Through this, we can ultimately better understand and improve facilitation.

135. Pacific LGBTIQA+MVPFAFF+ mens' experiences of sense-making and cultural truths in their families and communities.

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For Pacific people in New Zealand, families, communities and churches are significant spaces. In these spaces the individual understands their place in a genealogical history of thousands of years, their connection to the natural environment and their responsibility to others as contribution to collective wellbeing. For Pacific men who identify as LGBTIQA+MVPFAFF, however, these spaces became the centre of communicating their abnormality and the abhorrence others felt towards them, at the same time as teachings about genealogy and responsibility. As a result, Pacific LGBTIQA+MVPFAFF men were forced to consider themselves between the indigenous identities of Pacific peoples and the outsider world of being gay. This tightrope walking was witnessed as research participants interspersed traditional Pacific storytelling during key informant interviews with lucid and direct statements. These statements questioned their experiences and challenged contexts, whereas traditionally, question and challenge would be integrated into the story telling. These interactions led to findings that illustrated the hermeneutic power of institutions to destabilise the individual's sense of self. Additionally, individuals required direct forms of phenomenological communications to express themselves as they attempted to hold onto indigenous identities. Understanding the balance between indigeneity and colonisation in organisations will assist in improving Pacific LGBTIQA+MVPFAFF peoples sense of self and reintegration of phenomenological commentary into story and narrative in conversation.

137. Autism, Autonomy, and Social Touch Aversion

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Autistic people report sensorial experiences different from neurotypical people's, specifically with touch. This touch sensitivity difference is reported alongside the observation that autistic children engage in affectionate touch less than neurotypical children. Psychological research about autistic people's responses to touch presume that unpleasant sensory experiences are what explain this difference in affectionate touch. This explanation denies the autistic individual's agency in refusing to be touched. An explanation grounded in an analysis of local social action demonstrates that, at least in some cases, autistic children's resistance to touch is better understood as prioritising their own course of action that touch might inhibit or disrupt. In a ten-hour corpus of video-recorded interactions between autistic children and their family members across four families, 12 instances of accepted, rejected, and resisted cuddles were found. Using multimodal conversation analysis, these instances were analysed for the children's methods of accepting, rejecting, or resisting cuddle requests of their caregivers. I will present an analysis of one of each kind of cuddle. These analyses demonstrate the local, sequential unfolding of a cuddle (or it's resistance/rejection) as a mutually-organised social achievement, explaining affectionate touch in praxiological, rather than sensory, terms. I argue that the position of the cuddle between versus within broader courses of action impacts whether the cuddle is likely to be resisted. These observations have implications not just for our scientific understanding of sensory experiences, like touch, as embedded in social organisation, but also for our ethics around the characterisation and recognition of neurodivergent people.

138. Mapping the abject: Women's embodied experiences of premenstrual body dissatisfaction through body-mapping

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Women's body shame and body dissatisfaction has been found to increase in the premenstrual phase of the cycle, associated with premenstrual distress. However, the meaning and consequences of premenstrual body dissatisfaction remains underexplored. The aim of this study was to explore how women who report premenstrual body dissatisfaction construct and experience their bodies, using qualitative arts-based methods. Four hundred and sixty women completed online open-ended survey questions and 16 women took part in body-mapping and an interview. Thematic analysis identified three major themes: construction of the premenstrual body as abject, manifested by positioning of the body and self as fat, leaking and dirty; self-policing and self-regulation through increased scrutinising and concealment of the premenstrual body; resistance of cultural constructions of idealised femininity. These findings emphasize the need to acknowledge changes in body dissatisfaction across the menstrual cycle, and the implication for women's feelings about the self. Internalisation of negative constructions of the female body plays a role in women's experience of premenstrual change and distress. There is a need for further research to examine the role of body management behaviours in premenstrual body dissatisfaction and distress.

139. Counting Ourselves: community-led trans health research

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Background
Counting Ourselves is Aotearoa New Zealand's first comprehensive national survey of the health and wellbeing of trans and non-binary people living here. Our research team was led by trans people and supported by a Trans Community Advisory Board.

Aims
The research collected baseline data to advocate for health policies and community initiatives needed to improve the health and wellbeing of trans and non-binary people.

Findings
We found stark health inequities between trans and non-binary people and the general population, especially in mental health and wellbeing, including suicide ideation and attempts. Our participants were almost 9 times more likely to report high or very high psychological distress (71%) than the general population (8%). These mental health difficulties were associated with the very high levels of discrimination and violence experienced by our communities. Counting Ourselves also identified high levels of unmet need for all forms of gender affirming care, with cost being the most common barrier as many trans people could not access services through the public health system. Participants avoided accessing general healthcare due to costs, and worried about mistreatment as a trans person. They described conversion therapy practices and being asked invasive questions unrelated to their health visit.

Ongoing advocacy
We continue to work closely with community groups, particularly Gender Minorities Aotearoa, to publicise the research findings and advocate for change. As founding members of the Professional Association for Transgender Health Aotearoa (PATHA), we contributed to PATHA's 2020 Briefing to Incoming Ministers, recommending a national Transgender Health Action Plan.

140. Clinical interviewing with Pasifika communities

Ioane J[1]

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I will be providing a talanoa on my journey conducting assessments and interventions primarily in Justice and Health. The first assessment or therapy session with Pasifika communities is crucial in terms of authentic engagement. Pasifika peoples are well known for their humility and respect and are likely to engage with practitioners and researchers. However the challenge always occurs when continuation of an assessment/therapy does not occur, or therapeutic interventions are not practiced in the 'real world'. Anecdotally, clinical interviews to assess health and wellbeing can often be a daunting and 'empty' experience for many Pasifika families. As practitioners and researchers, we need an alternative and perhaps a more meaningful approach that resonates directly with the worldviews of Pasifika and collective communities. Drawing from her professional and lived experiences, Julia offers an alternative model to conducting clinical interviews and engagement in therapy with Pasifika and collective communities.

141. Tamaitai: Sa (Sacred) Moa (Centre)

Apulu F[1]

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Tamaitai: Sa (Sacred) Moa (Centre)

Traditionally, the status of Sa (Sacred) was placed on Tamaitai as repositories of their aiga (family) and village's (community) mana (supernatural forces). They represented the divine connection between earth and heaven and held central roles within customs, ceremonies and rituals throughout Fa'a Samoa (the Samoan way). What would the world be like if we honoured, respected and protected the status of Tamaitai as Sa and Moa? Would it act as an antidote to the issues and challenges they face? If Tamaitai also viewed themselves as Sa and Moa, would it also help to contribute to their well-being? My presentation is based on the findings from an autoethnographic analysis of the cultural principles of Sa and Moa and how they have contributed to my own well-being.

142. Applying a One Health Approach to exploring Māori understandings of antimicrobial resistance in Aotearoa/New Zealand: A qualitative investigation

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Infectious diseases are a significant cause of health inequities globally and in Aotearoa/New Zealand, with the Indigenous Māori peoples experiencing greater impact of infectious disease. Antimicrobial resistance is increasingly challenging the ability to treat infectious diseases in humans and animals. However, little research has been conducted to understand Māori perspectives on antimicrobial resistance. Researchers have started to recognise the need to integrate knowledge about the health of humans, animals, and the environment in order to tackle the complexities of antimicrobial resistance. One Health is an approach to health research that facilitates this integration. The aim of this qualitative study was to explore Māori understandings of antimicrobial resistance across human, animal and environmental health within the cultural and political context of Aotearoa/New Zealand. The study was guided by principles of kaupapa Māori research and a One Health approach was taken. Semi-structured interviews were conducted with nine Māori participants who worked across the three domains of One Health. Thematic analysis was applied and four main themes were formulated inductively from the data: 1) the importance of antimicrobial resistance education for Māori, 2) the relevance of mātauranga and antimicrobial resistance, 3) colonisation and the negative impacts on hauora, and 4) collaboration across spheres of health as a priority for Māori. The findings of this research show the problems

that can arise when Māori views on antimicrobial resistance are overlooked. Applying both Mātauranga Māori and a One Health approach can play a key role in stopping the spread of antimicrobial resistant infectious diseases.

143. Constructions of masculinities and femininities amongst students in South Africa

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Research on the 'problem' of HIV and 'risky' sexual practices amongst young people dominates the South African health landscape. Attempts to understand the conundrum of knowing about risk yet engaging in practices which put one at risk have veered into exploring what sexual practices and sexual relationships mean for young people. The presentation draws on data from 12 focus groups with self-identified male and female students, using the participatory Auntie Stella sexual and reproductive health material. We discuss what is going on with the framing of masculinity, femininity and sexual relationships in these group discussions. We focus particularly on how hegemonic masculinity, and emphasised and conservative forms of femininity, (still) take up the space, in student talk about sex, relationships and identity. We reflect on how emergent and empowering forms of femininity are nascent, and how alternative forms of masculinity are relatively silent, and relate this to power and agency of young women in sexual relationships.

144. Troubling the constructions of gender and sexuality in the 'Auntie Stella: Teenagers talk about sex, life and relationships' education materials

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Sexuality education in southern Africa has been relatively unsuccessful in engaging with young people in helpful ways. We argue that this is partly because of the way sexual and reproductive health interventions reproduce, rather than challenge existing gender roles and hierarchies in society. The 'Auntie Stella: Teenagers talk about sex, life and relationships' intervention, developed by the Training and Research Support Center (TARSC) in Zimbabwe is comprised of forty-two question and answer cards in an agony aunt format. This paper deconstructs the dominant discourses, and the social realities and identities produced in these materials. A Foucauldian discourse analysis identified how the materials were largely constructed within a context of risk and responsibility which served to regulate adolescent sexuality in powerful, and gendered, ways. Dominant discourses of gender and sexuality such as biological essentialism, gender difference and heteronormativity, were prevalent and produced as natural and normal. Despite overwhelming constructions of victimhood and vulnerability, young women were also expected to be responsible for regulating men's' desire. This uneven burden represents a central conflict in the ways in which women's agency was constructed and negotiated. By relying on dominant constructions of gender and sexuality which reproduce gender inequalities, the materials offer limited discursive resources for adolescents to fashion their sexual subjectivities in creative ways. We conclude by identifying ways in which sexuality education material can be more inclusive and provide a wider range of resources for young people to draw on in their negotiation of sexuality and relationships.

145. Possibility of late effects of radiation and discourse analysis :lessons from Fukushima nuclear disaster

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The accident of Fukushima No.1 nuclear power plant has caused massive environmental contamination by radiation since March 11, 2011 when Great East Japan Earthquake attacked the Tohoku area. Although it is said no one were killed by acute radiation damage, survivors have been suffering from fear of delayed effects. Suddenly we found ourselves in 'a discourse analytic social situation' where kinds of information and opinions about the nuclear disaster have been sent publicly and privately, and people have been reading them and been affected by discourses in them consciously and unconsciously. Possibility of health hazard by low dose radiation has been the most serious problem. But it is hard to know 'the truth' of the disaster because: a) nuclear engineering and radiation protection are highly technical fields; b) Observational data of the accident are in possession of the power company and the authorities; c) Experts have opposing ideas about the health threats of radiation - some say dose of radiation is low, it will not cause somatic effects, while others say even low dose radiation can cause health damages; d) These events and investigations are happening under the condition of severe powers imbalance - governments, politicians, and big business that supports nuclear power generation, as well as experts who work with them have strong power and many resources to support them. In this presentation I will discuss possibility of discourse analysis to understand tensions and confusions concerning the disaster and to find possible solutions based on the cases I found.

146. Mana mātua: Young Māori parents' experiences of support

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While becoming a parent at any age is an important transition that may require support, being young and Māori (indigenous to Aotearoa New Zealand) may present additional challenges. My doctoral research revealed how young Māori parents strategically navigate western parenting expectations, and issues of indigeneity in their parenting journey. Assumptions about having a child at a young age contributing to entirely negative outcomes constrains whether they are treated as a suitable parent. Additionally, young Māori parents also felt that being Māori meant that their parenting was subject to more scrutiny and there was added pressure to prove themselves as competent parents. Yet, as Māori they could draw on Te Ao Māori beliefs to help them value their role as whakapapa nurturers and contributing whānau members, understanding about early parenting that may not be available to non-Māori. To further strengthen positive experiences of early parenting for Māori requires a broader approach to reclaiming authentic understandings of Māori caregiving and Māori identity as a foundation on which to support young Māori parents. Weaving wahakura (hand woven baby sleeping device) is a practice that affirms Māori identity and knowledge about caregiving, and can provide a positive experience to becoming a parent.

147. Cultural Safety and Cultural Responsiveness; the interface between mental health, SEWB, and tertiary education for mental health professionals in Australia

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'Cultural safety' was first coined by Māori in Aotearoa New Zealand and has also been applied to describe disparities in healthcare for Aboriginal and Torres Strait Islander peoples in Australia, where unsafe practices disempower consumers.

Cultural safety has not been explored to the same extent in mental health. Aboriginal peoples view health as the social, emotional, and cultural wellbeing (SEWB) of the whole community, where mental health is one aspect. SEWB results from the impact of relationships between individuals, family, kin, and community as well as connection to land, culture, ancestry and spirituality. A culturally safe mental health service needs to account for SEWB. One aim of the Transforming Indigenous Mental Health and Wellbeing project is to identify the key components of a culturally safe mental health service, and findings from the first phase of this project will be presented.

Further, to promote cultural safety in mental health, professionals need to work in a culturally responsive way. Training the emerging mental health workforce to be culturally responsive is therefore critical. Despite this, psychology curricula in Australia were often monocultural and Eurocentric. Indigenous ways of knowing, being and doing were suppressed from teachings, and graduates lacked the cultural responsiveness needed to work effectively with Aboriginal peoples. The Australian Indigenous Psychology Education Program (AIPEP) developed a Curriculum and Workforce framework and guide to Increasing the Recruitment, Retention and Graduation of Indigenous Psychology Students. Here, we present the second phase (AIPEP 2), focusing on the role of a Community of Practice in transforming education.

148. Success for Pacific Health is in the Community

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The recently launched Bula Sautu – A window on quality: Pacific health in the year of COVID-19 (launched 5 July 2021) is a comprehensive analysis of the health status of Pacific people in New Zealand. The report acknowledges that Pacific people continue to be overrepresented in negative health statistics therefore widening disparities to achieve equitable health outcomes. However, when Pacific people in New Zealand were faced with the challenges of COVID-19 in 2020, the most effective response was that from Health and Social Providers and Community groups. Robust, resilient communities that existed for decades, were empowered and provided with funding to address their needs through tailored models of care. These groups were commissioned to assist with testing, providing necessary resources to the most vulnerable, and creating mental health support opportunities where appropriate.

Recognising the importance of the community acknowledges these constructs are not done by individuals in isolation, but by families and kinship networks, which consider communal welfare and identity as critical. Pacific constructs equally work best when a safe environment is created that is familiar. Gegeo (2014) defines this best through epistemologies - a cultural group's way of thinking and of creating and reformulating knowledge using traditional discourses and media of communication, while anchoring the truth of the discourse in culture. This presentation discusses the role of the community to close health disparities for Pacific people.

152. Clashing orientations: Reflections on disparate goals in a research-NGO partnership aimed at reducing FASD in a region of South Africa

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Critical Health Psychology recognizes the importance of collaboration with other stakeholders in conducting research. These partnerships are, however, not necessarily easy, and may be fraught with differing ideological positions between partners. The partnership on which this presentation is based was between an NGO working to reduce FASD, funders, a liquor board, and us, the researchers. The particular research that I will address was a formative evaluation of the NGO's programme as it was being rolled out in a new province.

The formative evaluation aimed to assist the NGO to improve its programme, and it consisted of the following aspects: 1) literature review; 2) data gathering; 3) reports based on the literature and data; and 4) quarterly discussions of the reports and the programme with all partners over the course of three years. Data took the form of programme training material and audio recordings of different aspects of the programme, as well as individual interviews with participants. Data were analysed thematically.

Our orientation is a critical feminist one, foregrounding social justice and care, a non-individualising approach, and rigorous research, while the NGO is orientated around traditional notions of women and family, individual responsibility, providing information, and conservative Christianity. The NGO also has the unstated goal of maintaining and increasing its financial support through presenting itself in a positive light. In this presentation I reflect on the challenges of negotiating these disparate orientations, and what enabled us to complete the research with the partnership intact, and, hopefully, some positive impact.