Book of Abstracts

Tuesday, July 1

Morning workshops

Room 1: How to cultivate a realist perspective and do a Realist Review in the context of developing and evaluating complex interventions: learning to understand what works for who, why, and in what circumstances

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Complex interventions for violence span a wide variety of domains. Interventions can target a milieu of different behaviours, operate within a broad range of geographical and cultural contexts, and intend to measure different outcomes. Their heterogeneity often leaves them inappropriate for comparison through meta-analyses, and makes it difficult to truly understand what is effective and why. One approach that has been growing in popularity is a realist review. This methodology aims to understand the mechanisms of action that lead to intervention success (or failure) in a given context. Realist syntheses consider not only what works, but how and why it works and for whom or in what circumstances. This interactive workshop will begin with an outline of the key principles of realist methodologies, followed by a guided series of hands-on exercises designed to support participants to cultivate a realist way of thinking when designing programs and interventions, conducting research, and evaluating services or programs. Participants will have the opportunity to discuss and reflect on the process of two recently completed large-scale realist reviews undertaken by the facilitators, gaining insight into the methods used, as well as the underlying conceptual framework. By the end of this workshop participants will have theoretically and practically explored the following essential topics and gained skills essential for designing and conducting a realist review:

- What is a realist perspective
- How to apply realist thinking to your research and practice
- What are mechanisms of change, and how to construct them theoretically
- Methodological considerations and guidance for conducting and reporting a realist review

Room 2: Community Resilience for Population Mental Health Promotion: What is it and how does mental health in all policy support its development?

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Increasingly, research demonstrates the critical importance of context in child and youth outcomes, where changes in environment account for greater amounts of psychosocial outcomes than changes in individuals themselves. This research mirrors that focused on the social and structural determinants of well-being and upstream mental health promotion. Many of these factors are, however, shaped by historical and current policies and systems that establish and sustain boundaries of inequity. These inequities are, in turn, compounded by the siloed nature of our communities and service delivery. If we want to ensure better life outcomes for all young people, we need to expand our attention from individual and family-focused interventions to community-focused factors embedded in community resilience (CR). This shift in focus does not negate government-level policy or formal service provision targeted at individuals. Rather, it provides a grassroots anchor of supports that align contextually and culturally with community strengths and needs, from which to reshape macro context policy and resource allocation. It also asks, and informs, how all policies impact wellbeing outcomes and for greater collaboration in a whole-of-society approach. This workshop will highlight the role of CR in supporting children and family well-being outcomes, drawing parallels between CR and the social and structural determinants of health. I will then integrate the importance of a mental health in all policies (MHiAP) approach to support community resilience and upstream mental health promotion. Following this, frameworks for community resilience development and implementing MHiAP will be shared. Participants will develop an understanding of CR for well-being outcomes and how MHiAP fosters upstream mental health promotion. They will engage in reflective activities that help them align the frameworks with their own work, organizations and communities. From this, participants will gain insights into and skills for developing nuanced strategies for implementing these frameworks in diverse contexts.

Room 3: Participatory Photography and Digital Storytelling as Lines of Communication to Amplify Marginalized Voices in Critical Health Research

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Marginalized voices have historically been systematically silenced, with their lived experiences excluded from mainstream health research—a phenomenon described as epistemic injustice. In response, we have designed a workshop that challenges the borders of knowledge production by equipping participants with innovative tools rooted in epistemic justice and art-based methodologies—specifically digital storytelling and participatory photography. We will examine how these methodologies transcend traditional hierarchies, amplify lived experiences, and advance transformative, interdisciplinary inquiry in healthcare research. In this three-hour hands-on workshop session led by experienced social and critical health scholars, participants will acquire practical skills to use creative methodologies as powerful modes of communication, fostering inclusive knowledge co-production in meaningful partnerships with marginalized communities. We will begin with an introduction to the core principles and ethical considerations of these methods, followed by practical applications where participants will learn how to capture images that reflect lived experiences in their research-related contexts. The session then transitions into a series of hands-on exercises. Participants will share and analyze these photographs in small groups, exploring emerging themes and narratives. They will receive guidance on creating digital stories—multimedia narratives that integrate photographs, audio, and text—to amplify voices and foster critical dialogue.This workshop is anchored by two empirical examples of art-based research led by co-facilitators: i) digital storytelling research involving individuals diagnosed with schizophrenia and ii) community-led participatory photography research with new migrant mothers from conflict-affected regions. We will examine how these methodologies empowered participants to articulate their lived experiences, reclaim their voices, resist prevailing narratives, and share their healing journeys. By the end of the workshop, participants will acquire practical skills in participatory photography and digital storytelling, an understanding of their application in health research, and strategies to use these methods to contest epistemic boundaries and promote more inclusive knowledge production.

Room 4: Work of Stories in the World

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Since time immemorial, Indigenous peoples have cultivated storytelling as a key knowledge generating, archiving, and dissemination praxis, establishing storywork as the original research method on Turtle Island, the Anishinaabe name for what is currently known as North America. In recent years, story-based methods have gone mainstream as settler academics, policymakers, thought leaders, and those in the business world have begun to recognize the centrality of narrative to knowing and meaning-making. With this growing recognition of stories as powerful objects in cultural, economic, and political spaces, there is an urgent need recuperate story for decolonial and liberatory ends and for people to find new ways to move together in the face of rising neo-fascism, structural inequities, and the climate crisis. In this workshop, Rice and Dion offer a conceptional overview of storymaking methodologies developed through the Re•Vision Centre for Art and Social Justice, a transinstitutional research hub Rice founded over a decade ago to explore ways that intersecting equity-seeking communities can use art and story to advance social wellbeing and justice, and to forge intersectoral and coalitional alliances. Participants will also have an opportunity to engage in hands-on storymaking activities and learn about various decolonial and post-critical theoretical and methodological approaches to storywork with diverse justice seeking groups that intentionally open conversations about systemic (rather than individualized) injustices in education, health, and other sectors.

Room 5: Reflexive thinking and writing in research

Julie Spray, School of Education, University of Galway

“Reflexivity” has become an aspirational mode of engagement for qualitative researchers following the post-structuralist turn in the social sciences, but evidence of reflexive thinking often makes only superficial or tokenistic appearances in published analyses. Particularly in fields historically dominated by positivist paradigms or the scientific method, researchers may feel underequipped to recognise their own cultural or disciplinary assumptions, worldviews, and perspectives. Researchers may also be unsure how to meaningfully incorporate reflexive thinking into the analytic and writing process, especially when working within journal conventions not designed for reflexive scholarship. This workshop will support attendees to develop deeper understandings of reflexivity and skills in reflexive thinking and writing. After reviewing the purpose and goals of reflexive thinking along with common misunderstandings or misapplications, our practical activities will focus on two entry points to reflexive thinking: our positionality and our embodied experiences of the research process. Participants will explore our positionalities through a social identity mapping activity, making connections between those social identities and our lived experiences, values, perceptions, and biases. Drawing on the example of reflexively thinking through adult biases in research with children (Spray 2024) we will unpack how our subjective positioning can shape research, including the questions we ask, our ethics, the modes of expression we value, the epistemologies we consider valid, and how we interpret what we hear. With a focus on emotional reflexivity (Chileshe 2016) we will then consider how our experiences of doing the research shape knowledge production. Participants will have the opportunity to explore the links between their social positioning and/or embodied experience and their own research and get peer feedback to develop their thinking. Finally, we will analyse examples of how researchers have meaningfully incorporated their reflexive thinking into various publication formats and strategies for negotiating the constraints of journal conventions.

Afternoon workshops

Room 1: Uniting Academics to Resist the Global War on Health and Truth

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Academic freedom and international research collaboration are under increasing threat from rising anti- solidarity discourse, and populist policies that are eroding funding, censoring critical research areas, and undermining academic freedoms. Since taking office, the Trump administration has frozen billions of dollars in federal research funding, imposed censorship on studies addressing sex, gender, race, disability and other protected characteristics and withdrew from climate change and international aid commitments, illustrating a broader pattern of anti-intellectualism and attacks on global solidarity.These reckless actions not only hinder academic progress and innovation but also exacerbate inequalities in healthcare, education, and environmental policy worldwide. These are unacceptable attacks on our planet, academic freedoms, and the health and well-being of people around the world.This workshop aims to bring together academics and activists from diverse disciplines and global contexts to analyse the impact of these policies on research and how developing our capacities for scholarship of integration and engagement could guide collective responses. Through facilitated discussion, workshop participants will explore how restrictions on academic freedom affect their work and the health of their communities, to share experiences of resistance, and strategise ways to increase Global North-South academic collaboration in an increasingly fragmented geopolitical landscape. The European Federation of Academies of Sciences and Humanities (2025) has warned of the grave consequences of politically motivated interference in research, emphasising that such actions fundamentally compromise the integrity of scholarship and weaken the foundations of democratic societies. In response, academics must come together and mobilise to counteract these threats, fight for academic freedom from political control, and advocate for policies that uphold scholarly integrity. By fostering a dialogue that transcends national and disciplinary boundaries, this session seeks to develop actionable strategies for resisting the erosion of academic freedom and reinforcing global solidarity in research and health.

Room 2: Educating for Liberation: A Critical Approach to Teaching Psychopathology

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The classroom is a microcosm of society, shaped by power dynamics, structural inequalities, and dominant narratives about health and illness. This presentation will use examples from an undergraduate psychology classroom to explore how students can be invited to critically examine and challenge conventional ways of understanding, engaging with, and responding to both physical and mental health experiences. The presenter will share reflective questions that educators can use whendesigning curricula and shaping classroom practices to disrupt normative frameworks and center diverse perspectives. Attendees will be introduced to concrete strategies for fostering a liberatory approach to teaching- one that values students' experiences and knowledge, rather than reinforcing hierarchical or deficit-based models of learning. Specific attention will be given to deconstructingtraditional methods of teaching psychopathology, considering how these approaches often reflect and reproduce broader social, political, and cultural inequities. Through discussion and interactive reflection, participants will consider how to create a classroom environment that not only critiques dominant paradigms but also actively cultivates spaces for more just and inclusive understandings of health and illness.

Room 3: Uncovering Diverse Perspectives: An Introduction to Q Methodology

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This workshop provides a practical introduction to Q methodology – a powerful approach for exploring alternative explanations, opinions and viewpoints in relation to a particular topic. It uses a version of factor analysis as a pattern analytic, a technique invented by William Stephenson in 1932. A man ahead of his time, he was an inspiration to psychological theorisation, especially in highlighting the importance of abductive logic for studying human subjectivity. In contemporary terms, Q methodology can be seen as a form of discourse analysis – one that is helpful in identifying the alternative discourses operating at a particular time, place and social context. The aim of the workshop is to introduce you to the principles and techniques of Q methodology and how it is especially suited for people with limited or no prior experience of qualitative research. After the workshop you'll have an appreciation of what Q method consists of, as well as when and why using it is easy for novices to do, step by step, each one contributing to producing clear outcomes that 'make sense'. We hope this will have piqued your interest to learn more about Q and maybe even use it in your own research and/or your teaching.

Room 4: The Homeless Period: understanding experiences and how to menstruate while homeless with dignity

Stephanie Barker[1], Gabriella Orsini[2], Frances Greenway[1], & Jennifer Tarabay[1]

[1] University of Southampton

[2] Outcome Home

This workshop will inform audiences about experiences of and policy recommendations for those who menstruate whilst homeless, through presentation of photographs and qualitative data from both those with lived experience and stakeholders. The workshop will present the research and discuss application of creative methods to this important topic, including lessons learned and recommendations for translating research in creative ways.There is a fundamental gap in literature surrounding the menstruation management needs of people experiencing homelessness, this is especially true for the experiences of non-binary, trans-masculine and gender non-conforming people who menstruate while homeless. There needs to be significant efforts to understand how we can better serve people who may experience homelessness and menstruation differently. This research and workshop build upon our previous literature review, The Homeless Period: A Qualitative Evidence Synthesis, which was presented at the Street Medicine Symposium 2023. Our previous findings underscored a critical gap in research: the need to hear directly from individuals experiencing homelessness about their menstrual health challenges and what support would be most beneficial. This workshop will present findings from our ongoing research that seeks to fill this gap, focusing on the voices of people with lived experience. Our study utilises photovoice, an innovative and creative research method where individuals experiencing homelessness document their menstruation-related experiences through photography.

The workshop will create an interactive and participatory space for attendees to engage with this research and discuss actionable solutions. Participants will be invited to explore photographs and interview excerpts from our study, reflect on the barriers identified, and contribute their own expertise to discussions on improving menstrual care provision. The session will include facilitated small-group discussions, interactive brainstorming, and collaborative problem-solving, allowing researchers, policymakers, service providers, and people with lived experience to work together in envisioning more inclusive and effective approaches.

By the end of the workshop, participants will have a deeper understanding of the challenges faced by people who menstruate while experiencing homelessness and will leave with concrete strategies for implementing change in their own work—whether through policy advocacy, service improvements, or community engagement. We aim for this session to be both a platform for knowledge exchange and a catalyst for action in improving menstrual equity for all individuals experiencing homelessness. The workshop will commence with an introduction to the research, highlighting key themes from interviews and photovoice data. We will briefly discuss the gaps in menstrual health support for those experiencing homelessness and introduce the policy recommendations founded from the research.

Participants will be encouraged to participant in interactive engagement with research materials. Participants will rotate between each of the themes founded from the research, viewing photographs and interview excerpts. At each station, participants will be invited to reflect, write down thoughts, and discuss key takeaways.

Wednesday, July 2

9.00 session

Room 1 – O'hEocha Theatre- Commercial Determinants of Health Across Nations

Commercial Determinants of Health Across Nations

Commercial interests pose a significant threat to public health. In Ireland alone, industries linked to alcohol, fossil fuels, tobacco, and unhealthy foods contribute to over half of all deaths (Mialon et al., 2024). This symposium, “Commercial Determinants of Health Across Nations” addresses the pervasive influence of commercial determinants of health (CDoH) on global health inequalities, with a focus on how businesses undermine public health initiatives across diverse national contexts. The symposium aims to galvanize ISCHP members to identify and resist CDoH in their work.

The first paper, by Jankowski, examines the medicalisation of alopecia in the US, highlighting how psychology's collaboration with pharmaceutical companies has transformed a common condition into a disease for profit. The second, by Feltham-King and Macleod, analyses commercial health promotion in South African antenatal clinics, exposing how infant diaper companies exploit moral and aesthetic healthism to promote product consumption, particularly impacting marginalized Black women. Byrne’s presentation explores the pharmaceuticalisation of cholesterol management in Ireland, demonstrating how risk is medicalised and pharmaceutical interventions, like statins, are normalised. Bisht and Menon’s research details tobacco industry interference in Punjab, India, revealing tactics such as aggressive marketing, corruption of local officials, and the spread of misinformation to weaken tobacco control policies. Collectively, these papers illustrate how businesses employ covert tactics to promote their products internationally, often at the expense of public health. The symposium underscores the need for rigorous scrutiny of corporate influence, particularly in psychology, where historical and contemporary collaborations have strengthened CDoH (e.g., with Big Tobacco). Furthermore, the presentations demonstrate that commercial determinants of health constitute a global challenge, with a particularly potent impact in the Global South, where weakened infrastructure and limited public health resources, facilitate industry interference.

Room 2 – AMB-G007- Gender, Trust, and Inclusion in Health Technologies

DIGITAL INCLUSION FOR PEOPLE WITH LEARNING DISABILIITES

Lewis Goodings

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People with learning disabilities are some of the most socially excluded groups in society, being at risk of isolation, bullying, victimisation and limited access to social and institutional resources (Fogden et al, 2016; Power & Bartlett, 2018; Nixon et al., 2017). Successive government policy documents (Department of Health, 2001, 2009) stress that people with learning disabilities should have the same rights, choices and opportunities for social inclusion as others. The advent of social media and other interactive digital technologies has the potential to offer opportunities for social inclusion for this group of people and potentially alleviate wider social exclusion. Furthermore, research has found that the digital world provides valued opportunities for peer support, autonomy, knowledge gain, social connectedness, entertainment and voice (Barlott et al., 2020; Gómez - Puerta & Chiner, 2022; Heiplatz, Bühler & Hastall, 2022). However, there are a range of barriers which make it difficult for people with learning disabilities to make use of these platforms effectively. This paper discusses findings from qualitative interviews with people with learning disabilities and focus groups with family members and carers on the issue of using digital environments. The analysis focuses on the perception of risk, the introduction of AI technologies and a collective sense of the psychological ways of getting the most out of these technologies.

Configuring Women's Trust in Digital Health Technologies: A Mixed-Methods Exploratory Study

Sarah Foley, Alison Warren-Perry, Sinéad Kelleher, Ashweeja Gowda, Jennifer Cooney-Quane

Personal digital health technologies have promised to revolutionize healthcare provision, allowing for closer patient monitoring and access to tele-health services. However, it can be difficult for patient-users to establish a sense of trust in these digital technologies, as each technology is subject to different regulatory standards. Further challenges arise in establishing trust in digital technologies for women's health, due to the historic lack of research in this field. Further, there are emerging international concerns over potential misuse of intimate data by third parties, which can further erode a sense of trust in digital health tools. The aim of this study is to examine how women in Ireland construct trust in the technologies used to manage their daily health and examine the role of trust on digitally mediated experiences of women's health. A mixed methods study was undertaken. A survey exploring daily use of digital health technologies was completed by 134 women. A further 17 women took part in a follow up interview. The survey data was analysed for frequency and demographic detail. The interview data was analysed using Reflexive Thematic Analysis. Our analysis highlights the challenges women encounter when managing personal digital health across platforms, and the subsequent fragmented sense of trust that can be established in women's health technologies. Personal and societal factors, including trust in health care providers and national data breaches, impact the conceptualisation of trust in digital care technologies for women. Our analysis further details how trust in women's digital health technologies are conceptualised beyond the offerings of reproductive tracking technologies. Based on these findings, we make a series of recommendations for feminist digital health research and innovation, that considers the complicated nature of trust in women's health technologies from a socio-cultural perspective.

MANAGING DISTRESS VIA AN AI CHATBOT: CHALLENGES OF DEALING WITH POST UPDATE BLUES

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Replika is a popular AI Chatbot that is often seen to facilitate emotional support for those experiencing psychological distress (Ta et al., 2020). Users can talk to their Replika and discuss any aspect of their lives, discussing a variety of nuanced interpersonal behaviours. This paper focuses on how users manage an emotional connection with their Replika, particularly focussing on the February 2023 changes to the ERP features that removed much of the emotive language that a Replika could use. These changes were initially coined as ‘post update blues’: a phenomenon that frequently happens in human-AI interactions whereby the users experience negative changes in their AI companions in and around a technical update. However, the ERP updates that took place in February 2023 seemed to spark many users to delete the Replika app entirely and represented more than simply ‘the blues’. We analyse the experiences of Replika users as they process the meaning of these updates from 800 Reddit submissions pertaining to people’s experiences of the update. Our study finds that the update had far reaching psychosocial impacts on users and will discuss issues of loss of relationship, confronting the illusion, and challenges of maintaining an emotional connection with a machine. These themes demonstrate the changing nature of our relationships with AI and show how our experiences of health, illness and distress are mediated by these ‘extended’ changes to the socio-psychological shaping of material practices.

Making the Invisible Visible: Exposing Gender Bias in AI-Assisted Paediatric Anxiety Diagnosis

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Artificial Intelligence (AI) is increasingly integrated into mental health diagnostics. However, one of the main challenges is that it may reproduce biases embedded in clinical data, reinforcing existing health inequalities. While bias in structured health data has been widely studied, written clinical notes, where key mental health decisions are documented, remain largely unexamined. This study critically interrogates gender disparities in AI-assisted anxiety detection using paediatric electronic health records (EHRs) and explores how Large Language Models (LLMs) can surface and mitigate these biases. We analysed clinical notes from paediatric patients to investigate whether gender differences exist in AI-assisted anxiety detection. First, we examined whether male and female adolescent patients received

diagnoses at comparable rates when presenting similar symptoms. Next, we explored differences in documentation practices, analysing text length and linguistic features to assess whether variations in how clinicians describe symptoms disadvantage specific groups. Finally, we applied a data-centric de-biasing method that refines AI models by prioritizing clinically relevant content rather than replicating existing disparities in the training data. Our findings showed gender differences in diagnostic outcomes. Female adolescent patients were underdiagnosed, with model accuracy 4% lower and false negatives 9% higher than for male patients. Clinical notes for male patients averaged 500 words longer, indicating structural differences in documentation that influence AI predictions. Our de-biasing method improved equity in model predictions, reducing diagnostic bias by 27%. This study demonstrates how AI can both expose and exacerbate (if not interrogated) biases in healthcare data. AI-human collaboration can serve as a critical tool to examine inequalities in mental health records. By critically interrogating patterns of exclusion, this approach contributes to a more just and equitable healthcare system.

Room 3 - AMB-G008- Critical Methodologies in Interdisciplinary Contexts

Adventures in Action Research: Reflections and lessons learned

Michelle Lafrance
Department of Psychology, St Thomas University, Canada

Critical and feminist scholarship is committed to social change. While I have long admired and been inspired by action research, it is only recently that I have stepped into this space in my own work. In this presentation, I will outline the trajectory that brought me to action research and describe the project I undertook to provide practical support for caregivers of older adults in my community. I will reflect on the process of research, including working with policy makers and key stakeholders in my efforts to make change in the lives of caregivers. I will describe lessons learned, including the personal and professional challenges and successes I have negotiated in my commitment to this work.

Epistemic Recognition as Praxis for Interdisciplinary Health Research

Julie Spray[1] & Laura McLauchlan[2]

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Health research is commonly undertaken at the borderlands between disciplines, especially as biomedical and public health fields have increasingly recognised the social, cultural, structural, and political dimensions of health. The presence of scholars from diverse backgrounds alone does not, however, mean that all disciplinary perspectives are equally recognised and synthesised into knowledge production. The Borderlands project seeks to understand how people's disciplinary knowledge can be heard, understood and integrated, or conversely, misrecognised or silenced in interdisciplinary spaces (e.g. departments, committees, teams, projects). Deriving theoretically from the nexus of feminist and philosophical theories of recognition (Honneth 1995) and epistemic injustice (Fricker 2007), we posit that some individuals, conditions or disciplines may more easily enable "epistemic recognition" (McConkey 2004): when knowers are deemed credible and their knowledge accepted and disseminated. Taking the discipline of anthropology as a case study, we are conducting narrative interviews with PhD holding scholars from diverse disciplines, roles and countries to hear stories of what hinders and helps different kinds of knowers and knowledges to be heard and find influence. We use a feminist approach of "following the emotion" to connect the joys and pains experienced within interdisciplinary encounters with epistemic recognition or misrecognition. In this presentation we elaborate three kinds of processes that can activate or silence disciplinary knowledges in interdisciplinary spaces: social (e.g. social hierarchies, scholarly and personal identities, positionalities, communication patterns, interpersonal dynamics, emotional and psycho-social processes); structural (e.g. Academic conventions, systemic bias, economic constraints); and epistemic (e.g. the nature of knowledge and knowing, knowledge hierarchies and how knowledge is valued, psychological or cognitive aspects of knowledge acquisition). We consider how this learning might inform development of epistemic recognition as a formal practice/praxis (Kemmis 2010) for interdisciplinary health research as well as knowledge exchange across cultural and social difference more generally.

Using Photo-Elicitation Methodologies to Explore Lived Experiences of Food Insecurity and Dietary Inequalities

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Food insecurity remains a critical health challenge in low-socioeconomic communities. Access to affordable, nutritious food is often limited and subsequently impacts health behaviours and health-related outcomes, such as obesity and cardiovascular diseases. By listening to lived experiences of this population, health psychologists can gain valuable insights into what it means to live with food insecurity. This study uses photo elicitation to create a 'picture' of what the food insecure food environment looks like for those who experience it. Using a community-based participatory approach, ten participants from low-socioeconomic communities in Aberdeen City were recruited through community partners, services, food banks and food pantries. Participants documented their food access experiences with photographs of the foods available in their area and the foods they consumed, which later served as prompts for follow-up interviews where participants were asked about their eating behaviours and perceived food security These interviews were audio-recorded, transcribed, and thematically analysed. Data analysis is ongoing. Preliminary findings suggest participants would like to improve the quality of their diet but do not feel that it is feasible given their financial constraints. Participants frequently photographed fast-food outlets and corner stores in their areas explaining that they had limited local access to larger supermarkets or stores with affordable produce which further exacerbated their financial situations. They also described the impact of the ongoing cost-of-living crisis on their decisions to cook, as they had to weigh the expenses of both purchasing food and the energy required to prepare it. This study highlights the complexity of the lived experience of food insecurity and suggests some systemic barriers to healthy eating in low-income communities. This research underscores the need for interdisciplinary whole-systems behaviour change interventions and changes in policymaking to reduce health inequalities experienced by those living with food insecurity.

PHILOSOPHICAL LANDSCAPING FOR INTERDISCIPLINARY PRACTICE RESEARCH ON CLINICAL ETHICS SUPPORT

Lotte Huniche

Department of Psychology, University of Southern Denmark, Denmark

This presentation grapples with what I have termed philosophical landscaping in an interdisciplinary practice research project. The aim of the project is to explore ethical challenges and how they are managed by personnel in the emergency services in the Region of Southern Denmark. Then to develop and study in practice various forms of context sensitive

and sustainable modes of ethics reflection. In this field healthcare personnel with multiple levels of formal health education are tasked with collaborating around patient care in a tiered and geographically distributed service with overlapping organizational hierarchies. Health professional ethics are integral to the training of anaesthesiologists, and other healthcare professionals, staffing Rapid Response Vehicles and providing in-house training, but not to the vast majority of personnel staffing ambulances. Ethics reflection is new to all. The concept of philosophical landscaping is a way to aim for theoretical and methodological coherence that also extends to collaborative activities in the field. Landscaping to guide the empirical investigation of what are considered ethical challenges and how personnel deal with them as the care for patients. Landscaping to support collaborative development and trying out different forms of ethics reflection in various settings. And that can inspire for example analyses of the role of philosophical ethics and ways in which ethics come to matter in healthcare settings (the Hippocratic Oath was written before Aristotle first coined ethics as a field of study a couple of centuries BCE, but it was as late as the mid-20th century that modern bioethics proliferated). Finally, landscaping to frame mono- as well as interdisciplinary publications in a wide variety of journals. The suggested landscaping draws on philosophies that foreground practice (in psychology, anthropology, sociology, and philosophy), and philosophies that are tuned in to ethics in practice, from Aristotelian virtue ethics (emphasizing social responsibility and deliberation in concrete circumstances more so than does rule based or utilitarian ethics) to recent contributions on contextual ethics placing importance on settings and circumstances in the analysis of human deliberation and conduct. These philosophies resonate with the approach to practice research rooted in German/Danish critical psychology stressing the societal (historical, structural, political, cultural) nature of subjectivity. They also resonate with recognising and exploring values and moral conduct not just in patient care, but around training, organisational support, legislation, etc.

‘Epistemic injustice in chronic illness and the institution: an autocritical reflection on shame s the self in modern medicine, academia, and creative practice’

Dana Combs Leigh

The impacts of chronic illnesses and those who live with them are often questioned, disbelieved, and demonised within healthcare and the wider world, compounding the experiences of affected individuals and potentially bringing shame and further loss of self-identity, self-worth, and self-confidence. Additionally, although the subjective arts are often less valued than the more objective sciences in modern society, institutional authorities have evolved around each, creating tensions and hierarchies of knowledge, and delegitimising, excluding, and creating borders and barriers for many. This paper is a reflection on my experiences of pursuing a creative writing PhD with a thesis on chronic illness narratives whilst living with the multi-systemic disease sarcoidosis. It explores my struggles for acknowledgement and validation from both outside authorities and from within my own self as an ill and disabled woman, writer, and scholar, situating them within the larger contexts of institutional power and establishing how chronic illness inherently rejects medical, literary, sociocultural, moral, and psychological norms and expectations. Drawing on autoethnography, phenomenology, critical theory and disability studies, and more, I examine the effects of shame and epistemic injustice on my experiences and motivations—both initial and explicit and those which have only come to light after the fact—for my wanting to become 'Doctor' (of any sort) and for writing fiction in the third-person rather than memoir. I question the results of my behaviours and decisions, where I now find myself personally and professionally within our post-COVID, post-truth world of 2025, and conclude—with scepticism but hesitant hope—that a breaking down of borders between the subjective self and the power of the seemingly objective institutions of both the arts and sciences, whilst first establishing and recognising the significance of each, can minimise shame and epistemic injustice, thus improving experiences of chronic illness within institutions and beyond.

Room 4- AMB-G009- Biocitizenship in Diverse Contexts

The Value of Health Literacy as a Socially Constructed Concept: Recommendations for Health Literacy assessment and improvement strategies

Sonja Nicolene Mostert
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The director-general of the World Health Organization (WHO), Dr Tedros Adhanom Ghebreyesus emphasized "the burden caused by the epidemic of noncommunicable diseases (NCDs) and mental health conditions and their modifiable risk factors on people, communities and economies is a major challenge to health, well-being and sustainable and equitable development". To combat the burden of noncommunicable diseases it is necessary to improve the health literacy (HL) of the general population. Accessing, processing, and understanding health-related information and the ability to apply this information to manage health and make health-related decisions is a core feature of HL. This presentation aims to reflect on the WHO’s development plan to improve HL. In the multicultural context of South Africa (SA), health decisions are often socially constructed informed by family, communities, and culture. The author intends to discuss HL as socially constructed emphasizing the need to include social and cultural knowledge when developing initiatives to improve it. The discussion will focus on recommendations for developing HL strategies informed by what communities need and their understanding of health. The concept of health literacy must be conceptualized within a social context where local knowledge is prioritized, and behavior change strategies are community driven.

The good bio-citizen at the gym – 3,5 different ways to identify as ‘someone who exercises properly’ among ‘normal’ gym-users

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The gym is a well-known place for fulfilling the exercise duty of the good, healthistic bio-citizen, always striving towards the achievement of better personal health and the avoidance of burdening the public health system. Using people’s attitudes towards the meaning-imbued landscape of physical and non-physical pains experienced at the gym (comprising all kinds of pains from sore muscles to stigma) and their identification with and delimitation from other gym-users, this study aims at describing different ways of constructing an identity as ‘someone who exercises properly’, as experienced by ‘normal’ gym- users. 24 semi-structured in-depth interviews with active, dedicated, reasonably healthy (= normal) adult recreational gym-users have been analyzed using qualitative content analysis. This study draws on a socio-constructionist understanding of identify formation. The participants described three (and a half) different ways of constructing oneself as ‘someone who exercises properly’: The ‘get fit or die trying’ exerciser strive for enhancement in constant competition with other gym-users whereas self-reliant ‘no bullshit’ exercisers focus on doing their best as a necessary evil to obtain wellbeing and maintain one’s capacities, and prosocial ‘best self’ exercisers push oneself and others towards becoming stronger mentally and physically while trying to avoid breaking exercise norms and becoming ‘the odd one out’. The half ‘exercising anyway’ identity is a reported not an experienced one (in contrast to the other three), describing norm-breaking gym-users who do not feel at home in the gym but exercise nonetheless out of necessity. All participants were dedicated to making a rational, responsible and health promotive, enhancement-focused exercise effort and hence represent model bio-citizens, although their different approaches may demand different ways of addressing them properly at the gym.

Exploring power and influence in online sperm donation using “visual social-ecological power narratives”: Insights and reflections

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People looking for sperm (‘recipients’) and people providing sperm (‘donors’) are increasingly connecting via informal online platforms, such as ‘connection websites’ and social networking sites. Little is known about how people involved in online sperm donation initiate, negotiate, sustain or end their relationships with each other, how power or influence operates within this context, or what the impacts of these influences might be. *The Online Sperm Donation Project: New Ways of Creating Families* is a four-year multidisciplinary project, funded by the Economic and Social Research Council in the UK. The aims of the Project are to, firstly, explore the interpersonal relationships, power relations and potential abuses of power across the social ecology of online sperm donation, and secondly, harness this new knowledge to explore the imagined ideal futures of those involved in online sperm donation and to work with them to start to realize these futures. The project comprises two-year qualitative longitudinal research, following the lives of prospective recipients, donors, and their partners via life story interviews, visual socio-ecological power narratives, and interaction logs; a one-year digital ethnography of five online sperm donation sites; and action research workshops with recipients and their partners, donors and their partners, and platform owners. In this paper, we share the visual method we developed to explore power and influence – visual social-

ecological power narratives, which is adapted from qualitative network maps and sociograms. We also share some of our preliminary insights from this method - drawing on visual summaries of the data and qualitative examples to illustrate the wide-ranging ways in which power operates in online sperm donation. Lastly, we reflect on the possibilities this method afforded, the challenges it raised, and the implications for using VSPNs to explore power in health contexts.

Microbiomes and critical health psychology: Social equity, culture, and environments

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Human microbiome science has developed rapidly over the last 15 years. The importance of microbiomes in health and illness is now well established. However, despite promising paradigmatic shifts in biomedicine, dominant approaches in microbiome science largely fail to examine implications on levels beyond the individual. Microbes transcend social and political borders, and yet their effect on health is highly political. Accordingly, studying the connections between microbiomes and health requires overcoming disciplinary borders, bridging natural sciences, critical social sciences, and public health. The purpose of this presentation is to demonstrate the relevance of microbial ecologies to several areas of interest to critical health psychologists: social equity and social determinants of health; culture and health; environmental health. I begin with a brief overview of the role of microbiomes in human health. I then note shortcomings of dominant biomedical approaches to studying human microbiomes. I examine the role of culture and social determinants in shaping microbiomes and subsequent health outcomes, and I discuss gender and race as illustrations of the ways in which microbiomes are implicated in social equity considerations. I conclude by introducing the

concept of microbiome stewardship as a possible foundation for bringing microbiomes into health policies.

Room 5- AMB-G0010 – Spatial Determinants of Health

The psychosocial effects of Cyclone Idai and COVID-19 on vulnerable communities in Chimanimani, Zimbabwe

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This phenomenological study investigates the compounded psychosocial effects of Cyclone Idai and COVID-19 on vulnerable communities in disaster-prone Chimanimani, Zimbabwe - a region inherently prone to recurring environmental disasters. Drawing on Bronfenbrenner's ecological systems theory, which posits that human development is influenced by nested environmental systems, we sought to understand the experiences and perceptions of residents and identify drivers of resilience. Our objective was to generate actionable insights for strengthening community coping mechanisms. Thematic analysis of participant narratives revealed that resilience is intricately shaped by the complex interactions of trauma, social dynamics, and economic instability. This study argues for a contextualized resilience framework that integrates community-led initiatives, economic empowerment, and robust policy support. By applying Bronfenbrenner's theory, our findings underscore the importance of theoretically grounded, multi-level interventions for fostering resilience in the face of layered adversity, particularly in vulnerable geographic contexts. This research contributes to the literature on adversity resilience by demonstrating how Bronfenbrenner's theory can guide the development of context-specific interventions that address the intricate interplay of individual, community, and broader systemic factors.

Understanding the relational value of public space: Inequalities, social connection and access

Laura McGrath

Among many long-term policy questions raised by the COVID-19 pandemic, renewed energy has been given to arguments about the importance of material environments in shaping heath,

mental health and wellbeing. The public health responses to COVID-19 inadvertently produced new evidence on the ways in which people’s relationships are spatialised, by limiting the range of material relational contexts to which people had contact to the immediate household. In this paper we draw on interviews conducted with 46 Australians during the later period of COVID-19 restrictions (2021-2022). We describe the impact of losing access to incidental, routine interactions, as well as shared copresence and being-with-others (or nature) in space as contributing to experiences of health, connection and belonging. Findings will be discussed in light of the ways that existing inequalities inflected these spatialised impacts of COVID-19, falling more harshly on already marginalised participants.

Health Beyond Deficit: Common Health Assets in under served UK regions

Jack Rendall

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The CommonHealth Assets project investigates the impact of community-led organisations (CLOs) on health and wellbeing in underserved regions across Scotland, Northern Ireland, and England. Aligned with the conference theme of "Contesting Borders," this research challenges deficit-based approaches to health by adopting an asset-based framework, emphasising "doing with" rather than "doing to" communities. In a context marked by rising inequalities, climate change, and economic crises, this project examines how CLOs, situated at the intersection of social prescribing and community support, mobilise local knowledge and resources to address health disparities. Employing a realist evaluation methodology, this study develops and refines working theories of "what works, for whom, in what circumstances." Through in-depth engagement with 15 CLOs, researchers utilize a multi-method approach, including stakeholder interviews, participatory photography, policy and funding stream analysis, stakeholder workshops, Q methodology, and longitudinal surveys. This comprehensive approach captures the nuanced realities of CLO operations, their impact on communities, and the experiences of service users. Collaboration is central to this research. Defining CLOs as place-based, community-owned, and governed entities operating in areas characterised by poverty and poor health outcomes, the project underscores their vital role in providing diverse services and fostering community resilience. A crucial aspect of this co-creation approach is the Lived Experience Panel, comprised of community members from participating CLOs, which ensures that the research remains grounded in lived realities and directly informs the evaluation process. By highlighting the strengths and contributions of

CLOs, this study seeks to evidence the power of community assets to challenge the borders of health inequalities in the UK.

Toxic air under toxic authorities: The ambiguous health risks of contamination of air and soil after the Grenfell Tower fire

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In the aftermath of disaster, trust in authorities is in tatters, risks loom large and ambiguous. When the responsibility for the recovery process lies with government authorities who are themselves considered culpable for the disaster, relationships between community and authority become fraught, even toxic. In June 2017, a catastrophic fire consumed a residential tower block in West London, resulting in the loss of 72 lives, hundreds of people made homeless and thousands affected. This paper addresses the long, ongoing aftermath of controversies over the contamination of air, household surfaces, and soil with the toxic products of the fire, in a context of scientific uncertainty over the risks and appropriate actions, and a de-legitimised local authority. We ask how different interest groups (residents / different authorities) represent the risks, their severity and degree of urgency, how their understandings interact over time, and the impact on the recovery process. We draw on 2 years of ethnographic research on the community experience of the disaster aftermath and an archive of documents including newsletters, meeting minutes, news articles, and scientific reports. The issue of health risks of toxic smoke and dust was raised energetically by local residents and survivors, in requests for air quality monitoring, residential and street cleaning, attention to an unusual “Grenfell cough”, bio-monitoring of affected people, and investigations of soil contamination, often backed by science and public authorities. The responsible authorities used standard public health advice, science language and “scientific uncertainty” to justify inaction. Their reassurances did not reassure, with the issue repeatedly returning to the foreground of public concerns, eventually triggering concrete actions. We explore the difficult process of contesting, living with, addressing and suppressing ambiguous risks post-disaster, aiming to contribute to increasing acknowledgement of the difficult, always imperfect work of weighing risks, and living with ambiguity.

The Mental Cost of Urban Living: A Study of Spatial Deprivation

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With growing population in urban regions, the local ecosystem and urban environment plays an increasingly important role in public health and the health care system. According to WHO, urbanization is also linked to high rates of depression and other mental health outcomes. The aim of this study is to determine the actual impact of the environment on depression. The data from the RKI's GEDA survey (2019) was used, with 20,773 participants representative of the German population. To answer our research question, we examined how spatial deprivation (GISD) in the different types of districts (cities, urban districts, rural districts, and sparsely populated districts) affects the people living there. The GISD was added to the survey data at county level. Depression was measured using the PHQ-8. We performed polynomial regression analysis with neighborhood deprivation as an interaction term for all county structures. Further analysis to understand the impact of migration background on depression was also conducted. The results of the analyses show significant results, especially for cities, in interaction with the equivalent household income of the individuals. People from lower income structures suffer significantly more from deprivation status of the neighborhood (b=-.20[-.17; -.03], *p*=.001). Similar trends were found for migration status. The results show that particular attention should be paid to neighborhood structures in urban areas in the course of urbanization and urban design. Our findings emphasize the role of geostatistical characteristics on mental health disparities. Future study designs to disentangle the interplay of environmental influence and mental health will be discussed.

11.00 session

Room 1 – O'hEocha Theatre – Structural barriers to lived-experience engagement: addressing systemic challenges

STRUCTURAL BARRIERS TO LIVED-EXPERIENCE ENGAGEMENT: ADDRESSING SYSTEMIC CHALLENGES

Brett Schol [1,2] Rachel Flottman[1] Jaq Ball[2] Aron Harold Pamoso [1] Zijian Wang [1]

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Lived experience leadership is strongly recommended as a baseline requirement by the people sincerely aligned with it as a movement across health, education, and social systems. While there are attempts to adopt this recommendation, barriers created by or embedded in many of these systems, including power imbalances, frequently undermine authentic integration of lived experience leadership, leading to tokenism and failed attempts at the intended change. This symposium brings together five studies from Australia and the Philippines that examine these common challenges across different contexts, highlighting potential solutions. The first presentation examines academic reporting of lived-experience engagement, revealing how researchers may claim participatory approaches while lacking transparency about actual practices, potentially perpetuating tokenism. The second presentation investigates how teachers with limited structural power can support children's participation rights to participation navigating through institutional constraints. The third presentation explores how trauma-informed care devolved from a lived experience-conceived social justice movement into a poorly understood yet “implemented” psy-practice. The fourth presentation examines how Filipino gay and bisexual men with HIV overcome epistemic and systematic oppression by becoming leaders in their communities yet empowering others. The fifth study addresses a "tokenism loop" in palliative care where consumer involvement faces institutional limitations. Together, these studies illustrate the ways lived experience leadership is both considered valuable and restricted. Through cross-sectoral discussion, these works explore strategies to move beyond symbolic inclusion, challenging power imbalances and advocating for practices that support genuine participation. The exchange of methodologies and insights across sectors including education, healthcare, and public literacy can initiate meaningful innovations that might otherwise remain isolated within disciplinary silos. By creating deliberate spaces to discuss power dynamics between different fields, future research, educators and policymakers can identify transferable approaches to lived experience leadership integration, ultimately strengthening implementation frameworks and fostering more user-centred and efficient service across all sectors.

Room 2 – AMB-G007 – Academic activism: Community and coping with the pursuit of Social Justice

Academic activism: Community and coping with the pursuit of social justice

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University scholars have historically played an important role in social justice and social change but the current neoliberal version of higher education has been accused of dragging its heels in relation to some of the most pressing societal challenges of today. Nonetheless, there is important work being carried out from within universities that uses higher education's resources to promote social justice and social change. This symposium will explore academic activism, a critical movement where scholars use their expertise, knowledge, and academic platform to engage in social issues, actively integrating scholarship with social and political activism. We will begin with the role that health psychologists can play in promoting equality, diversity and inclusion within academic contexts and beyond. We will explore how integrating EDI into health psychology education enhances learning experiences, stimulates critical thinking, and prepares future psychologists to address the diverse needs of society. We present examples of research and teaching that are themselves forms of activism and we look at the benefits and challenges this can pose. We show how research can make long-term contributions to bridging academic and community mental health by creating a model for academic-community partnerships in mental health advocacy. We present examples of university students and staff engaging in climate activism as well as staff and students who are not activists. We look at potentially positive and negative implications for activist physical and mental health, for example where climate action may act as a coping mechanism for distress, or where activist intragroup conflict may contribute to emotional distress. We hope that this symposium and ensuing roundtable on academic activism will stimulate discussion for those who already identify as academic activists as well as delegates who would like for the contribution they make to teaching, research and community engagement to become more engaged with social justice.

Room 3 - AMB-G008 – Decolonial and Indigenous Approaches to Health Psychology

THE WORLDING DIFFERENCE KNOWLEDGE PLATFORM: TRANSFORMING HOW PSYCHOLOGY MEETS DIFFERENCE

Carla Rice

Re•Vision Centre for Art and Social Justice, College of Social and Applied Human Sciences, University of Guelph, Canada

In this presentation I introduce the Worlding Difference Knowledge Platform, a lively, digital-born, multi-media platform that seeks to reimagine disability and difference by building accessible microworlds where difference can thrive. I highlight how our critical approach to accessibility strives to meet the access requirements of the full diversity of non-normative communities, creating an online world-building space for the transnational sharing of disability, Deaf, fat, Mad, and aging experiences and cultures. Featuring over 800 artful audio, visual, and textual artifacts by close to 200 Indigenous, Black, Brown, crip, queer, and white settler artists, activists, and scholars, the difference-designed platform showcases publicly available, rhizomatic digital making, research, exhibition, and pedagogy spaces for making, presenting, teaching, and learning about difference otherwise including from a critical psychology vantage, and incorporates a suite of applications/assets supporting these activities and orientations. Situated in the settler-colonial context of “Canada” on Turtle Island, the platform advances a decolonial frame, aiming to decolonize disability from the perspective of the Original Peoples on whose land we work and with whom we move in partnership. Our borderless reach extends the impact of the platform globally, becoming a pedagogical tool available to postsecondary institutions, arts and community organizations, and policy makers, leaders, and influencers that enables multiple publics to teach and learn about nonnormative life outside life-limiting frames and to thus to come to know nonnormative communities differently—as artistic, creative, agentic, political, and filled with vitality.

Cancer as a manifestation of colonization and intergenerational trauma: Perspectives from Inuvialuit Settlement Region

Gifford, W., Uriarte, R., Larocque, C., Al-Chami, M.H., Wazni, L., Gandy, E.

Inuit experience disproportionately higher prevalence and mortality for almost all cancers relative to the Canadian population. While causes are complex and include low screening rates and late-stage diagnoses, more pervasive reasons stem from ongoing colonial practices

which have created, maintained, and perpetuated structural racism, intergenerational trauma, and erasure of Inuit ways of life. Researchers from University of Ottawa and Pauktuutit Inuit Women of Canada are conducting a study with Inuit living in the Inuvialuit Settlement Region, (the most western of the four Inuit homelands in Canada) to understand how cancer care can be strengthened and reimagined according to Inuvialuit needs and ways of being. We held two focus group discussions with Inuit cancer survivors, family members, and Elders in Inuvik Northwest Territories in November 2023 (n=8) and July 2024 (n=8). Analysis was guided by Inuvialuit values and knowledge rooted in the land, culture, and a collective purpose and belonging. We conducted qualitative thematic analysis, as outlined by Braun & Clarke (2006; 2020). Preliminary findings were taken back to the community for refinement and validation. Cancer is a manifestation of embodied trauma and fractured connections between the body, land, culture, and community. Participants explained how ongoing colonial violence continues to alienate them from their traditional lifeways and values, erasing Inuvialuit understandings about health and healing. They spoke about developing their own grassroots, community-based cancer care services to reflect the needs of the community. Findings emphasize the importance of Inuvialuit self-determination in the development and provision of cancer care anchored in Inuvialuit values, knowledge, cultural norms and practices. Without addressing colonial harms and systemic racism, cancer will continue to be a manifestation of colonization and intergenerational trauma in Inuit communities.

Interrogates the Complicity of Psychology in Colonial Violence While Advancing a Fanonian and Freirean Framework That Centres Political Consciousness, Collective Struggle, and Transformative Action

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Psychology in the settler-colonial context of Gaza must refuse neutrality and instead align with resistance, liberation, and decolonial praxis. This paper interrogates the complicity of psychology in colonial violence while advancing a Fanonian and Freirean framework that centers political consciousness, collective struggle, and transformative action. Drawing from lived engagements as psychologists embedded in Gaza's community mental health center, this work exposes how psychological distress is not an individual pathology but a weaponized consequence of occupation, blockade, and systemic erasure. Psychological interventions that ignore the colonial condition only reinforce submission, depoliticization, and adaptation to oppression. Instead, this study insists on a liberatory psychology that cultivates critical awareness, mobilizes resistance, and reclaims mental health as a site of decolonization. Methodologically, this work is grounded in qualitative reflection and decolonial engagement. The authors, working in solidarity from Italy and South Africa, reject the colonial gaze of Western psychological frameworks and instead center the voices, struggles, and resistance strategies of the people of Gaza. Through clinical supervision, training, and research, this praxis-driven inquiry demonstrates how psychology can be mobilized as an insurgent discipline—one that disrupts rather than accommodates colonial domination. Psychological suffering in Gaza is inextricable from structural violence, military aggression, and forced displacement. Western psychological models that pathologize individuals obscure the reality that mental health is a political terrain. This work exposes how mental health professionals can either uphold the status quo or become accomplices in dismantling oppressive systems. The necessity of a radical, engaged psychology emerges as both an ethical imperative and a survival strategy. Implications extend beyond Gaza, calling for a global reckoning with psychology's role in neocolonial governance. Liberation psychology must be embedded in political struggle, recognizing that healing is not found in adjustment but in collective resistance. This paper challenges mental health professionals to abandon neutrality, weaponize their practice against oppression, and stand in unwavering solidarity with colonized peoples.

DECOLONISING THE HEALTH PSYCHOLOGY CURRICULUM: A SCOPING REVIEW AND REFLECTIONS

Jan Smith

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Decolonisation attempts to challenge, change and reverse the impact of colonial practices on people from minority groups. In the United Kingdom, large scale organisations including health care institutions and educational systems have protocols in place which typically operated through a western lens. As with numerous disciplines, educational practices, interventions and theories within psychology often begin with a westernised Eurocentric perspective, which appears initially engrained and integrated into the psychology discipline. With an increasingly diverse populations supported by health interventions, it is important that specialisms within psychology such as the health psychology educational curriculum are developed according to the needs of students, trainees and the broader health psychology workforce. This research will present the findings of an initial scoping review of strategies and approaches that have been applied to explore decolonisation in psychology more generally. Next, this research reports on a number of strategies, reflections and approaches within a doctoral health psychology training programme that could be used to explore how decolonisation in health psychology could be implemented across health psychology training providers and health psychology practice. To conclude, there are unexplored and exciting prospects for scholarly work and critical health psychological perspectives before exploring considering the scope and impact of decolonising the health psychology curriculum. Such work would push the disciplinary boundaries of critical health psychology; help produce more inclusive health psychology curriculum; offer distinctive contributions to critical health psychology perspectives, alongside enhancing sensitivity to psychological, social and cultural issues related to health and wellbeing.

Room 4- AMB-G009 – Inclusion and intersections within LGBTQI+ Communities

Feeling “not enough” or “too much”: Exploring how LGBTQ+ adults experiencing disability navigate Canadian health contexts

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Disability and LGBTQ+ communities experience healthcare disparities, however, most research has looked at these communities separately which erases the unique health experiences of people who belong to both. This project sought to explore intersections between gender, sexuality, and disability within Canadian health contexts through three life-story interviews with 7 adults (aged 25-35; 21 interviews total) who identified as LGBTQ+ and experiencing disability. Thematic narrative analysis resulted in interrelated themes associated with axes of self-identification that demonstrated how participants navigated tensions between being perceived as not disabled, trans, and/or queer ‘enough’ or ‘too much’ within healthcare settings. Participants relayed stories of strategically omitting and/or sharing aspects of their intersectional identities with healthcare providers to receive the care they needed. Many participants acknowledged how the carceral history of Western medicine’s approach to mental health underpinned their healthcare experiences and manifested as an overarching fear of being perceived as ‘too disabled.’ When seeking gender-affirming and/or reproductive healthcare, where LGBTQ+ experiences were more difficult to withhold, participants were especially aware of the potential to be perceived as ‘too disabled’ to receive care, and strategically obscured their disabilities when possible. Contrastingly, when seeking care for their disabilities and support for their general health, participants often did not disclose their sexuality and/or gender to healthcare providers to minimize the likelihood of discrimination. Within our project, East Asian participants also spoke about the difficulties associated with navigating intensified power dynamics, ethnic stereotyping, and intergenerational trauma when working with white healthcare providers which further complicated these tensions. This study, in demonstrating some of the difficult compromises and decisions LGBTQ+ adults who experience disability navigate to access healthcare, highlights how ableism, cis-heterosexism, and racism intertwine to shape medical systems.

A qualitative exploration of the intersectional experiences of LGBTQIA+ young people with visible differences

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Existing research suggests that young people who identify as LGBTQIA+ may be more at risk of negative body image than their heterosexual, cisgender peers. Similarly, having an appearance-affecting condition or injury (or ‘visible difference’) in adolescence has been linked to low self-esteem, and increased anxiety and depression. It can be argued that LGBTQIA+

young people with visible differences may be at greater risk of negative psychosocial outcomes compared to cisgender, heterosexual young people with similar visible differences. However, little research examines the unique, intersectional experiences of this population. Therefore, the aim of this study was to explore the lived experiences of LGBTQIA+ young people (aged 15-27 years) with visible differences. Data were generated using online qualitative surveys and 75 young people with a range of gender identities, sexualities, and visible differences took part. Three themes were generated using reflexive thematic analysis: 1) The weight of multiple marginalisation; 2) Pride and (visible difference) prejudice; and 3) LGBTQIA+ spaces as safe(r) havens. This study provides valuable insight into the unique experiences of this underrepresented population, which may be used to guide the development of support resources as well as future research focused on addressing the health and social inequalities they face.

“I actually thought that if I had to go back to pretending to be straight… that I would actually die”: The Perception and Experience of ‘Straight Passing Privilege’ By Bisexual+ Women

Tara Pond

Independent Researcher, Aotearoa New Zealand

A system of heteronormativity privileges heterosexual behaviour, cultures, and identities while perpetuating the marginalisation of queer identities. ‘Straight-passing privilege’ constructs bisexual+ people as benefiting from the protection of heteronormativity when they are in a relationship that is viewed as heterosexual. However, there is debate within queer

communities about whether this assumed privilege is protective or harmful for people with bisexual+ identities. Using a social constructionist epistemology, informed by intersectionality and critical feminism, this study employed an exploratory mixed-methods approach. Data were collected through interviews (n = 20) and a quantitative online survey (n = 994) with women attracted to multiple genders in Aotearoa New Zealand. Data were analysed using critical thematic analysis and descriptive statistics. This study concluded that participants drew on both dominant and counter-discourses in contradictory and fraught ways to understand their experiences and sexual identities; Heteronormativity was framed as oppressive and restricting. Interviewees had issues with heteronormativity as a system, and many problematised heterosexuality as an identity. Included in this critique of heterosexuality was a dislike of gendered socially accepted behaviours in relationships that came from essentialist beliefs about gender, such as fulfilling socially enforced roles as a wife and mother. However, for some bisexual+ women, being seen as heterosexual was also positioned as enjoyable because of the ‘socially valuable’ position it places them in without worry about overt discrimination. These ‘benefits’ of being bisexual+ with ‘straight passing privilege’ were conditional on being in a relationship with men; Bisexual+ women were also highly aware that their inclusion in LGBTQIA+ communities was conditional on being recognised as queer. This fear of erasure influenced their behaviour and identity expression. The presentation explores the contradiction within how many bisexual+ individuals believe they have ‘straight passing privilege’ yet invisibility of their sexual identity was something interviewees were uncomfortable with experiencing and often actively worked to make their queer sexual identity more visible.

Power through Online Algorithmic Structures and the Effects on LGBTQ+ Health and Wellbeing

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The internet and social media play a vital role in shaping LGBTQ+ health and wellbeing. My research on LGBTQ+ online engagement highlights the effects of platform structures on how users encounter and interact with content, with direct implications for their physical and mental wellbeing. LGBTQ+ users engage with a wide range of content online for social, entertainment, and informational purposes. A key focus of my research is how LGBTQ+ users experience online health content, particularly regarding mental health, diet and fitness, and alcohol and drugs. Participants reported that online platforms frequently spread harmful material, including misinformation, stigma, and damaging health narratives, making it difficult to access affirming and reliable information. This content also had considerable negative effects on wellbeing, including impacts on self-perception and health behaviours. Furthermore, harmful content online extends well beyond health-related topics. LGBTQ+ users are frequently exposed to divisive political discourse and anti-LGBTQ+ rhetoric, reinforcing both external marginalisation and internal division within LGBTQ+ communities. Despite navigating harmful, algorithmically recommended content, LGBTQ+ individuals are not passive recipients. They actively curate their engagement by selecting, critiquing, and avoiding content. Nevertheless, online activities occur within broader systems of oppressive platform control that prioritise engagement over accuracy and wellbeing. The decline of smaller, community-driven platforms in favour of an interconnected online conglomerate has left LGBTQ+ users increasingly reliant on corporate, algorithmically curated spaces. The internet's structure has reduced autonomy over digital engagement, exposed LGBTQ+ communities to rising hostility and tension, and reinforced existing inequalities. As an LGBTQ+ researcher similarly engaging online, I also reflect on how my position shapes my interpretations. This presentation will discuss the nuances of online engagement for LGBTQ+ internet users, its intersection with LGBTQ+ health, and my own experiences as both a researcher and community member.

"IF IT'S FOR ALL, IT'S NOT FOR ME": LGBTQ, IMMIGRANT-BACKGROUNDED AND NEURODIVERGENT YOUNG PEOPLE EVALUATING A GROUP-BASED MENTAL HEALTH INTERVENTION

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The prevalence of mental health problems among young people belonging to different minority groups is higher than among majority youth, yet the mental health interventions targeting them often fail to adhere to principles of inclusivity and intersectional sensitivity to best meet their needs. Our study, conducted as a part of IMAGINE-consortium (The Strategic Research Council's YOUNG-programme 2022–2028, decision 352700), examines inclusion and equity in low-threshold mental health services targeting young people in Finland. The presentation uses data from five focus groups with 18–29- year-old LGBTQ, immigrant-backgrounded and neurodivergent young people (N=18). Theoretically we draw on literature on intersectionality, cisheteronormativity and neuroableism to understand how living at the margins shapes a person's relationship with mental health interventions and their approach to mental wellbeing. The main research question in this presentation is how LGBTQ, immigrant-backgrounded and neurodivergent young people evaluate a group-based mental health intervention (Groups for Health) in terms of its fit with their specific needs. Our analysis draws on reflexive thematic analysis. In our presentation, we discuss our preliminary analysis, which has yielded three themes: 1) Sense of difference and deviance, 2) Criticism of diversity-blind health interventions and 3) Reversing positions of authority. Together, these themes illuminate the social and societal elements that constitute an experience of alienation and exclusion, and suggest practical means by which the inclusivity of mental health interventions can be developed.

Room 5- AMB-G0010 – The borders of Therapy and Psy Disciplines

EFFECTIVE MANAGEMENT OF DEPRESSION AMONG PATIENTS WITH CANCER (ENHANCE): A HYBRID SYSTEMATIC REVIEW AND (ATTEMPTED) NETWORK META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

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The optimal intervention(s) for depression among people with cancer are unknown, as all available approaches have not been compared to date. This hybrid systematic review aimed to identify the (a) most effective and (b) most acceptable intervention(s) using network meta-analysis (NMA). Randomized controlled trials (RCTs) of depression interventions among adults with cancer experiencing depressive symptoms were identified from database searches for previous systematic reviews and more recent RCTs. Screening, data extraction, Risk of Bias (RoB2) and Research Integrity Assessment (RIA; for descriptive rather than screening purposes) were performed independently, in duplicate. Primary outcomes were change in depressive symptoms (efficacy/effectiveness) and the % who discontinued (acceptability). As the planned NMA was not appropriate, a narrative critical synthesis was performed. 70 RCTs (6,831 participants) were included (43 psychotherapy, 14 pharmacotherapy, 8 complementary and alternative medicine, 7 collaborative care, 4 exercise, and 3 combination therapy interventions). No significant differences regarding acceptability were evident. Reliable efficacy/effectiveness comparisons using NMA were not possible due to RoB (1.4% Low, 44.3% Some concerns, 54.3% High RoB). Only 10 RCTs had no integrity concerns. Integrity issues included no pre-registration (n=56/80%), insufficient reporting on randomisation (n=27/38.6%) and ethics (n=32/40%), and questionable effect sizes (n=26/37%). The most reliable evidence was for collaborative care. The literature on depression interventions for people with cancer is at risk of bias, pointing to an urgent need for high- quality research. Until

such evidence is available, treatment decisions should continue to be based on evidence from other patient groups and clinical expertise. To safeguard the integrity of systematic reviews and prevent the perpetuation of findings from trials that are vulnerable to bias, review authors should include measures to assess research integrity in their protocols and exclude trials that do not satisfy quality indicators.

Who Own the Mind? How the Hearing Voices Network is Challenging the Borders of Psychiatry

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Unlike colleagues in other fields of medicine, psychiatrists have no biological tests, scans, or chemical assays on which to base their diagnoses; instead, they must rely on rhetoric and persuasion in speaking to patients or their families – by quoting the DSM in definitive tones, using biological language as if it weren't metaphoric ("chemical imbalance"), dismissing objections as unfounded, and discrediting patients as too sick to offer any meaningful framework for understanding or coping. But despite energetic attempts over two centuries to establish their claims as authoritative, psychiatrists have continually faced challenges from patients, who have formulated their own ways of making sense of bewildering or frightening experiences and their own approaches to lessening the distress such experiences can cause. The most significant challenge in the past 20 years has come from the Hearing Voices Network (HVN) – an international collaboration of people who hear voices, their families, and clinicians and researchers like us who work as professional allies. HVN has developed an innovative and emancipatory approach to understanding and coping with voice hearing and other anomalous states, and the peer-support groups it has pioneered have spread to 30 countries across five continents. Many of those who attend Hearing Voices Groups (HVGs) have found traditional psychiatric approaches unhelpful or worse and are astonished by the possibilities these groups offer to reframe their experiences and mitigate their distress, even when longstanding. Our research team has spent eight years analyzing in detail how HVGs work, and we want to offer colleagues in critical health psychology an opportunity to learn more about them. We also want to highlight the benefits of creating a research team that included voice hearers from the start – not as "consultants" or occasional contributors, but as core members, whose lived experience has informed every stage of the work.

Mental Health as a Gateway to Social Change: Developing a "Psychosocial Peacebuilding" in Colombia

Eric Frasco

University College London, United Kingdom

In 2016, Colombia began a process of social change following a historic Peace Accord with the FARC rebel group, ending over 60 years of conflict. Mental health is an essential component of this process, not least through congruencies with Law 1616 of 2013. This law established mental health as a fundamental right for all people, and that - crucially - the community has a right to participation in the development and implementation mental healthcare. However, mental health access, outcomes, and financing remain poor. Interventions remain individualised, rather than community-based, and participation is minimal. This begs the question, where is mental health in the context of Colombia's peace? Exploring these issues, I conducted 1.5 years of fieldwork in Bogotá, Colombia using Participatory Action Research (PAR) with young people. Conducted alongside partner Voces Globales Colombia, we used methods of critical community psychology to co-produce a model for "psychosocial peacebuilding", or integrated interventions that bridge mental health services and peacebuilding. In the process, participants explored what mental health and peace mean to them, the barriers and facilitators to achieving them, and how to take action. My presentation will explore "psychosocial peacebuilding" conceptually and detail a preliminary model for interventions. It will also explore participant conceptions on how the structural drivers of poor mental health and social-psychological drivers underpinning conflict are mutually reinforcing, arguing that to hold mental health as a fundamental right requires acknowledging that mental health does not exist in a vacuum. Rather, that it is a political issue at the root of peacebuilding, as well as a gateway to broader social change. Or as more strongly voiced by participants, that mental health and peace are equally individual, socio-structural and political; concepts that are equally rooted in the social fabric, and in their words, could even be conceptualised as *the same thing*.

Reclaiming Rogers’ radicalism? Contesting borders of humanist/posthumanist counselling theory

Elizabeth Peel

School of Social Sciences and Humanities, Loughborough University, United Kingdom

This talk makes the argument for a reconceptualization of person-centred theory which shifts the theory from its humanistic roots to novel contemporary grounding within posthumanism – a perspective which decentres human agency, autonomy and exceptionality. Rather than the human-centric essentialism associated with person-centred theory, I advocate for more distributed and dynamic forces through which human growth, flourishing and stages of change occur. In particular, I spotlight the potential influence of more-than-human actors, namely dogs, within therapeutic encounters. In so doing, I illustrate how person-centred theory could be reimagined as posthumanist counselling theory (and practice), which diffuses the human and foregrounds nature connectedness. I suggest that posthumanist counselling theory fittingly builds on Rogers' approach, reinventing counselling theory for current times.

Honoring Spirituality and Holistic Practices in a Evidence-Based Therapy

Richard Zamora

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Traditional evidence-based therapies (EBTs) emphasize structured interventions grounded in empirical research. With the resurgence of spiritual practices in mental health, it is essential for psychologists to explore how culturally adapted therapies can enhance inclusivity in clinical spaces. For Latinx clients, healing traditions such as curanderismo, a long-standing Mexican folk healing practice which offers vital sources of emotional, physical, and spiritual well-being, has gained a lot of popularity. Curanderas, or traditional healers, integrate herbal medicine, energy work, prayer, and ancestral wisdom to address ailments that extend beyond the Western biomedical model. Ethically, psychologists must recognize the importance of allowing clients to process trauma through cultural, spiritual, and ancestral frameworks. In this presentation we will examine common misconceptions, ethical considerations, and practical strategies for incorporating culturally significant spiritual practices while maintaining scientific integrity. Attendees will gain insights into navigating cultural humility, the role of espanto, generational trauma, and how to build bridges between Western psychology and indigenous healing wisdom.

14.30 session

Room 1 – O'hEocha Theatre – Academic Activism: Making it work (roundtable)

ACADEMIC ACTIVISM: MAKING IT WORK

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Rather than the usual format of a discussion between experts, followed by Q&A, we want this session to be much more open and participatory, by making it a series of activities. The main aims of this Roundtable are to get people talking about their own activism and/or that of others in terms of its potential benefits as well as the dilemmas it raises; also, to encourage future collaboration and mutual support among the delegates who attend. Critical Health Psychology research and scholarship, is by its foundational values, carried out in order to 'do good' – reduce health inequalities, make healthcare accessible, improve policy and practice, and so on. The session will begin with delegates introducing themselves and outlining their own activism. Discussions in small groups will then be used to identify the issues that need to be tackled to enable our activism to be effective and ethical, and the people and organisations we need to influence. In this way we will generate a set of "messages" we want to send (such as about the support we need) together with a list of people we want to send the messages to (such as our managers, research funders and HR). Next all delegates will respond to the suggestions that have been made, ticking those with which they agree, crossing those they don't, and putting a 0 for those they think are irrelevant or unimportant. In this way we can identify consensus items – that is, the most popular suggestions. These can be taken forward, with the messages sent to the targets to whom they are aimed.

Room 2 – AMB-G007 – Challenging the medicalisation of sexual health (Symposium)

Challenging the Medicalisation of Sexual Health

Gabriela Gore-Gorszewska1,2, David Field3, David Comer4, & Chris Noone 4

[1] Masaryk University, Czechia
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[3] Aberdeen University, Scotland
[4] University of Galway, Ireland

Sexual health research has traditionally been shaped by biomedical and risk-based frameworks that often neglect the social, cultural, and subjective dimensions of sexual wellbeing. Through diverse qualitative methodologies—including reflexive thematic analysis, interpretative phenomenological analysis, story completion, and critical discourse analysis—these papers interrogate how individuals navigate sexual health, construct meanings of “risk”, and engage with healthcare systems. The first paper explores sexual wellbeing in late midlife, revealing how individuals in their 50s and early 60s often perceive themselves as "too young" to worry about age-related sexual health concerns. It questions whether sexual health promotion for this group of people should align with diagnostic criteria related to symptomology or prioritise the impact of sexual function on quality of life and lived experiences of sex. The second paper examines partner notification among gay and bisexual men following STI diagnosis, highlighting the complex interplay of stigma, morality, and blame in shaping disclosure decisions, again providing much evidence of the discursive manoeuvres that people sometimes use to avoid addressing their sexual health. The third paper employs an interpretative phenomenological approach to examine how Irish gay men attribute meaning to STI and HIV risk, illustrating how perceptions of risk are shaped not just by the prevalent discourses outlined above, but also by social interactions in one’s community and within the healthcare system. The final paper focuses in on the healthcare system by critically analysing research on national HIV pre-exposure prophylaxis programs, exposing how dominant medicalisation discourses reinforce moralising understandings of sexual health. Together, these papers challenge narrow biomedical and behavioural approaches to sexual health and demonstrate ways in which they can perpetuate blame, stigma. This symposium invites discussion on how sexual health research and practice can move beyond deficit models and instead advocate for a more nuanced, person-centred, and critically engaged perspective.

Room 3 –AMB-G008 – Relational Practices: Care, Conflict and Friendship

The role of identity in an intragroup conflict among activists and other socially engaged groups - a case study of conflict in a youth trade union

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The following work examines an intragroup conflict, based on a case of an occupational strike organized by a youth trade union for the cause of housing security. The qualitative study aims to critically analyze the interplay of multiple, sometimes conflicting identities within individuals and groups, and their role in the onset and course of the conflict. The research also explores subjective perspectives on the conflict that led to splitting of the group. The case study draws on 12 semi-structured interviews, fieldnotes from participatory observation, documents from internal communication and external media communication related to the strike, and two books written by the strike participants. The collected data were submitted to critical realist thematic analysis (Wiltshire & Ronkainen, 2021). An inductive-deductive approach to analysis was adopted with social identity theory (Tajfel & Turner, 1986) and a multiple identities approach (Phinney, 2014) as theoretical frameworks. Preliminary findings suggest that conflicting identities within socially engaged groups, even those united by a common goal, can lead to significant divisions, splitting of the group, conflicting goals and worsened well-being. Such conflicts, especially in high-stress, value-driven, and politicized contexts, can have detrimental effects on mental and physical health. Participants reported acute stress, somatic symptoms, and intense emotional distress related to the conflict, even months after the main event. These findings emphasize the need for strategies to mitigate conflict and support activists in maintaining their well-being during demanding collective actions. As many activists report, the experience of severe in-group conflict can lead to mass withdrawal from activism, suggesting that work on effective conflict resolution methods may be a highly important goal for the field of political psychology and studies of activist engagement.

Whanaungatanga in the academy: Exploring the joys, tensions, and transformative potential of academic friendship in Aotearoa New Zealand

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Within increasingly corporitised tertiary institutions, academics are encouraged to connect with their peers to expand their networks and develop research collaborations, but are rarely supported to build relationships for the sake of relationships themselves. An emerging body of literature argues that academic friendship promotes collective action to resist neoliberalism within the academy (Enslin & Hedge, 2019; Oliver & Morris, 2022), but presents challenges of demarcating relationship boundaries (Emmeche, 2015) and nurturing connection in an environment marked by competition and hyper-productivity (Enslin & Hedge, 2019). A few studies have interviewed academics about friendship at work (Emmeche, 2015; Oliver & Morris, 2022); however, to our knowledge, no empirical research has done so *within* the

context of the friendships themselves. Through thematic analysis of qualitative interviews with pairs of academic friends in Aotearoa New Zealand, we explore how these relationships navigate both joy and tension. Guided by decolonising methodologies and an ethic of care, our study foregrounds the lived experiences of academics across career stages, disciplines, and cultural backgrounds. Specifically, we explore how academics in Aotearoa enact *whanaungatanga*, an Indigenous Māori concept describing the process of building, maintaining, and strengthening meaningful relationships. Rooted in *whānau* (family, broadly defined to include extended and chosen family), *whanaungatanga* emphasises relational closeness developed without specific outputs or goals. This presentation aligns with the conference theme of "Contesting Borders" by interrogating the borders between Western and Indigenous knowledge systems, academic and personal identities, and systemic and relational approaches to wellbeing. We seek to understand the transformative potential of academic friendship to create a more inclusive, supportive, and hospitable academic environment.

Multispecies dementia: A critical conversation?

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Drawing on the 'Dog Talking and Walking Project', this talk focuses on the so called 'pet effect' and considers some of the subtleties of dog facilitated social interaction. Maintaining social interaction is particularly important for vulnerable groups such as people living with dementia. In examining interview data with people living with dementia in conversation about their relationships with their dogs I suggest that dogs may be especially enabling for those with dementia, both as a non-verbal interlocutor and as a catalyst and meditator of interaction between people. I suggest that relationships with non-human animals are important borders to examine to understand dementia in a multispecies way, and for critical health psychology to explore the more-than-human.

Friendship Relationships, Care in Minoritized Social Groups, and Well-Being: Mixed Experiences Between Research and Autoethnography

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Friendship has been a recurring theme in cultural works, associated with feelings such as affection and tenderness, as well as concepts like power, alliances, and morality. Despite its broad recognition in various social contexts, friendship remains a concept that is not fully defined or extensively researched. Romero (2015) suggests that the challenge in studying friendship lies in its affective and informal nature. Research highlights the significant sociopolitical role of friendship among socially marginalized groups. For example, in the context of mental health and older adults, the importance of friendship in fostering a sense of belonging and visibility is evident. However, the scarcity of theoretical and empirical research on friendship complicates the understanding of its social dynamics. This article presents the findings of two studies focused on friendship in two marginalized groups: female scientists and individuals with rare diseases. These studies, based on microethnographic and narrative practices, explored the diverse perceptions of friendship among participants. The findings reveal that for female scientists, friendship is crucial for gaining relevance, developing a positive professional identity, and enhancing subjective well-being within these groups. In the case of patients with rare diseases, friendships play a fundamental role in managing complex health issues, strengthening community ties, and exchanging essential information for decision-making. The studies conclude that friendships provide a means to cope with social disadvantages in both groups.

Room 4 –AMB-G009 – Methodological developments and dilemmas

"I Never Actually Thought About It": a Novel Dialogical Elicitive Member Reflection Approach to Qualitative Interviewing with Men with Crohn's Disease

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In this presentation I will explore a novel approach to member reflection interviewing developed as part of our longitudinal research exploring men's social media stories of Crohn's disease. Informed by Bakhtinian dialogism and integrating audio-visual elicitation materials based on researcher interpretation of participant-generated social media data, we used this approach to go beyond method borders and illuminate how interviews with and analyses by the researchers reshaped participants' illness narratives and understandings of themselves. Based on the social media narratives of three men with Crohn's disease, and led by myself, a woman researcher also with Crohn's disease, I will show how this method fostered transformative dialogue, produced fresh understandings and generated new perspectives for both the participants and us as researchers. I argue that this innovative form of interviewing encouraged compassionate and mindful interaction, offering the potential to enhance the depth and significance of participant involvement and challenging the boundaries of participant-researcher consensus.

STABILIZATION WORK AND IMBRICATING MULTIPLICITES: A POST-QUALITATIVE, ONTOLOGICAL TURN IN HEALTH PSYCHOLOGY

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Recent shifts in qualitative health research include a growing focus on post-qualitative, ontological turn that reconfigures how realities are understood and studied. Amidst conventional qualitative research generally framing reality as singular and stable, work from science and technology studies (STS) and new materialisms accentuate multiplicity, not only of subjects and objects, but of realities themselves. This paper uses multiplicity as a framework for examining the reality-making practices underlying conventional qualitative research in health psychology. I argue that thinking with multiplicity destabilizes dominant epistemologies in health psychology by expanding what counts as valid knowledge. Central to this argument is the recognition of stabilization work or how researchers coordinate and solidify a particular version of reality out of a field of ontological plurality. Addressing this matters because dominant knowledge claims are bound to practices that marginalize other ways of knowing and being. Reorienting towards multiplicity aligns qualitative health research more closely with the ontological turn, facilitating intricate understandings of diverse textures of lived experience.

Presenting a novel critical scoping review methodology for mapping and interpreting research literature

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This paper presents a novel critical theory-informed scoping review method for mapping and interrogating research literature. Within a burgeoning methodological literature on different kinds of review studies, what is notable by their absence are scoping review studies that centre critical theory. Believing that critical theory gives us insightful analytical concepts that should be leveraged in review methods, we created a critical scoping review (CSR) methodology, which we outline in this paper, providing explanation and examples. We start with Foucault's concept of problematisation. Problematisation offers a methodological lens to examine "the ensemble of discursive and nondiscursive practices that make something enter into the play of true and false and constitute it as an object of thought (whether in the form of moral reflection, *scientific knowledge*, political analysis, etc.)" (Foucault, 1988, p. 257, our emphasis). Problematisation also shows how knowledge shapes our understandings of appropriate practice since "different solutions result from a specific form of problematisation" (Foucault, 1994, p. 118). Researchers have used problematisation to ask higher-order questions about how a field conceptualises an issue, but not developed a methodology for reviewing a body of literature through this lens. Addressing this gap, we developed our CSR, the steps of which include (1) identifying relevant literature; (2) theming the literature based on problematisation; and (3) analysing the articles categorised within each problem in relation to: (i) institutional discourses providing the conditions of possibility for the problematisation; (ii) subject positions evoked, that is, the kinds of people and their associated roles, ways of behaving, and levels of agency; (iii) research paradigm and epistemology; (iv) desired outcomes; and (v) absences. Speaking to each of these steps, we show how this novel method can map, and interpret, a heterogeneous research literature that enables us to imagine new ways of thinking and directions for innovative research.

WHERE DOES THE POWER LIE IN THE DATA SHARING ‘DEBATE’? CONSIDERATIONS FOR CRITICAL HEALTH PSYCHOLOGY RESEARCH

Gareth Treharne

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Recent years have seen increasing calls for blanket data sharing across all research, which is particularly problematic in critical health psychology because of the nature of qualitative data about health. The idea of blanket data sharing has a strong appeal for mainstream health psychology as a solution to the replication crisis, which is aligned with the ideology of objectivism that permeates psychology. Data sharing raises distinct issues for critical approaches to health psychology research where reflexivity, positionality, and interrogation of power are central. In this talk I will outline key considerations for the range of people with a stake in the data sharing ‘debate’, drawing on qualitative research with participants from lifecourse research. Participants and the communities they represent are rarely consulted about their views on data sharing and have concerns about who benefits from data sharing, but participants often consent based on their trust in the researchers. University ethics committees tend to be risk-averse about data sharing, and consent for data sharing cannot be sought from participants after they have already taken part in the study. Funders are often cited as the origins of calls for blanket data sharing, but funders’ policies cannot trump ethics and privacy for participants. Publishers and editors of journals have increasingly attempted to follow the apparent mandate from funders for blanket data sharing, but this has implications for qualitative research when considering what counts as the raw data and what can or cannot be shared from any given study. Critical health psychology researchers have a crucial role in resisting calls for blanket data sharing when designing our studies, when supervising postgraduate students, and when reviewing manuscripts where authors may feel pressured to saying the data can be shared.

AI MODELS FOR QUALITATIVE ANALYSIS: AN EVALUATION FRAMEWORK

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Artificial Intelligence (AI) is increasingly used to analyse large-scale qualitative data, including social media, discussion boards, and user-generated content. These sources offer valuable insights into structural inequalities, marginalisation, and lived experiences—key concerns for critical health psychology. However, AI models have significant limitations: they efficiently process vast datasets but often struggle with context, interpretation, and theoretical meaning. This study critically evaluates different AI models to assess their strengths, weaknesses, and the indispensable role of human expertise in qualitative analysis. Using a structured evaluation framework, we compare traditional topic modelling methods (LDA, BERTopic) with large language models (GPT-4, LLaMA) on the same dataset. We assess their ability to identify themes, maintain coherence, and capture relevant social meanings. Preliminary findings reveal stark differences: topic models produce structured yet overly simplistic themes, while LLMs generate more nuanced interpretations but frequently overgeneralise or introduce fabricated patterns. Rather than identifying a single best model, we argue that different models serve distinct functions at various stages of analysis. This study highlights AI's potential as a tool for critical health psychology while emphasising the threats to the loss of agency. AI can surface broad patterns and amplify overlooked voices, but theoretical framing, meaning-making, and reflexivity must remain human-led. We propose a balanced approach in which AI complements qualitative research, ensuring that the human remains in control of the process and the results.

Room 5- AMB-G0010 – Migration and Health: From Oppression to Belonging

Asylum, Disability and Identity in the Healthcare Setting: the case of Cyprus

Eleni Anastasiou (PhD candidate) & Assoc. Professor Irini Kadianaki, University of Cyprus (UCY)

Past research suggests that individuals who experience the intersection of race and disability are often perceived as non-citizens and deemed as invisible due to ableist attitudes and actions by authorities and institutions in their host societies. However, social-psychological research exploring the experiences of asylum-seekers with disabilities in the healthcare setting remains scarce. These individuals face unique challenges related to their double minority when interacting with healthcare providers. This PhD research aims to explore the

experiences of asylum-seekers with disabilities in Cyprus when accessing and utilising healthcare services. It examines what aspects of their intersecting identities emerge in their relationship with the healthcare system and how these aspects influence their experiences of seeking support. The process of identity formation and transformation will be explored through the analysis of how thoughts unfold during talk (Kadianaki et al., 2015). Fifty-one semi-structured interviews were conducted with asylum-seekers with disabilities (*N* = 22), healthcare providers (*N* = 17) in statutory health services, and other key stakeholders (*N* = 12). Interviews were transcribed verbatim. Reflexive thematic analysis (Braun & Clarke, 2022) and dialogical analysis (Gillespie & Cornish, 2010) have been employed to examine participants' experiences and perspectives. The research is in the early stages of analysis. Preliminary findings concerning the experiences and views of asylum-seekers will be presented up to the point of completed analysis. It is anticipated that this research will provide new knowledge and data that can be used for future evidence-based advocacy for asylum-seekers with disabilities. It will also contribute to policies and practices aimed at enhancing social participation and disability inclusion, expand the literature on access and utilisation of healthcare by asylum-seekers with disabilities, and support the development of holistic, culturally sensitive, and inclusive healthcare services in Cyprus and beyond.

Community gardens as inclusive spaces: Examining the role of formal and informal gardens for refugees and asylum seekers in Ireland

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In recent years Ireland has experienced a significant increase in asylum seekers, raising concerns about the country's ability to provide adequate support amid resource constraints and social tensions. Community gardens have emerged as potential spaces for inclusion; however, research on their impact in promoting social integration and addressing occupational (in)justice remains limited. This study explored the role of community gardens in shaping the experiences of refugees and asylum seekers in Ireland, focusing on their contributions to occupational justice and broader social inclusion. Using a multiple case study approach, this research examined two distinct community gardens: one formal and one informal. Data collection involved interviews and focus groups to assess the role these spaces play in supporting asylum seekers and refugees. A structured framework analysis, guided by the Community Capacity Dimensions, was applied to identify key themes.The study highlights the complex and dynamic role of community gardens in fostering inclusion for refugees and asylum seekers. Three core themes emerged: (1) Community empowerment: fostering belonging through active participation and leadership; (2) Collective capacity: strengthening communities through networks, skill-sharing, and resource exchange; and (3) Transformative community building: rethinking history, power dynamics, and values to drive collective change. Community gardens play a vital role in addressing occupational injustices and enhancing social inclusion for refugees and asylum seekers. The findings emphasise the importance of sustained support and policy initiatives to maximise the impact of such spaces in building more inclusive and resilient communities.

Permeable Borders: Immigration, Wellbeing, and State Violence Through Life Narrative

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The violence of immigration seeps through skin, reshaping cells and psyches in ways psychology has often failed to acknowledge or address. This presentation examines the permeable borders of our bodies—how state policies, cultural exclusion, and institutional stigma become embodied realities that fracture wellbeing. Drawing on life narrative methodologies and autoethnographic approaches, I trace my mother's experience as a political refugee, examining how her writings documented the psychological impacts of displacement from Transylvania to Western Michigan in the United States. When we arrived, I witnessed isolation, exclusion, stigma, and abuse seep into her skin—a collective shattering

that psychology's individualistic frameworks could not adequately hold or heal. This work extends my exploration of what it means to "Madden" spaces dominated by Eurocentric paradigms that have pathologized displacement and distress while ignoring their sociopolitical roots. Psychology has historically functioned as an arm of the state, reinforcing borders between "normal" and "pathological," between citizen and refugee, between those who belong and those perpetually marked as Other. Through qualitative analysis of my mother's poetry, embroidery, and journals— creative acts of survivance as Indigenous scholar Gerald Vizenor has offered—I illustrate how alternative knowledge forms capture truths about immigration and mental health that conventional psychological frameworks systematically erase. By engaging with Robin Kelley's concept of "freedom dreaming" and Karen Barad's understanding of intra-action, this presentation argues for psychological approaches that recognize how borders— geographical, institutional, and epistemic—become inscribed on bodies while also acknowledging the radical possibilities for resistance and world-building that emerge when we honor diverse ways of knowing and being. As our current moment is shaped by war, climate change, and increasing inequality, this work invites critical health psychologists to reimagine how we might contest the borders that fragment both communities and our understanding of wellbeing.

Exploring the Intersection of Urban Nature, Belonging, and Mental Wellbeing: A Qualitative Study with Latin American Immigrants in Vancouver

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Urbanization increases mental health issues, which can be alleviated by spending time in urban nature. However, current approaches to increase the accessibility of green spaces fail to acknowledge that i) mental health relies on personal experiences in spaces, and ii) these experiences vary between people, spaces, and times. Marginalized communities, including Latin American immigrants in Canada, often face exclusion from greening efforts due to language barriers, economic challenges, and limited access to key networks, despite relying on public natural spaces for well-being and belonging. Our study examines how urban nature impacts their mental health, supports or hinders belonging, and the barriers they encounter in accessing and enjoying these spaces. We conducted 30 semi-structured walking interviews in Spanish/English in a place of the participant’s choosing to reduce researcher-participant power imbalances and facilitate place-based narratives. Results reveal key pathways through which urban nature enhances mental health, emphasizing especially the impact of conscious self-care. Participants reported that engagement with nature was not solely about intentional immersion but also about having easy access to nature, whether during daily routines, or community activities. Furthermore, a sense of belonging emerged through different processes including active exploration of natural environments and their stories, adaptation to local customs, and organisation of community activities within these spaces. However, participants also faced structural and cultural barriers, such as limited access to transportation, unfamiliarity with local climate and outdoor practices, and perceptions of urban nature as exclusionary. This study highlights the intersection of mental well-being, immigration, and urban environments. By centering the experiences of Latin American immigrants, it challenges dominant paradigms of urban greening that often overlook diverse cultural relationships with nature. Findings suggest the need for inclusive urban planning and policies that recognize nature as a crucial component of mental health and social integration for immigrant communities.

Thursday, 3 July

09.00 Session

Room 1 – Symposium: Justice and Power in Digital Health

Justice and Power in Digital Health

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As digital health technologies—ranging from wearables and AI-driven diagnostics to telemedicine—continue to transform healthcare, they are often framed as tools for increasing accessibility, efficiency, and patient empowerment. However, these innovations raise urgent concerns regarding justice, power, and inequality. Digital health systems are embedded in broader socio-political structures that shape their development, implementation, and impact, often reproducing or exacerbating existing disparities. Key issues include data governance, surveillance, algorithmic bias, and the neoliberalization of health, all raising fundamental ethical and political questions. Who controls health data, and what are the implications for autonomy and patient rights? How do digital health interventions empower or disempower different communities? In what ways do these technologies reinforce social and economic inequalities, particularly for marginalized groups, including disabled individuals, racialized communities, and those with limited digital literacy? What tensions emerge between digital health initiatives and the principles of disability justice, which center on lived experience, accessibility, and self-determination? This symposium seeks to bring together researchers in critical health psychology to interrogate the power structures, ethical dilemmas, and socio-political consequences of digital health. The idea is to explore how digital health technologies shape lived experiences, reinforce or challenge inequalities, and offer opportunities for resistance, trying to produce interdisciplinary perspectives that critically engage with issues of capitalism, colonialism, and systemic oppression in the context of digital health. This symposium will be chaired by Dr. Sarah Riley, and it aims to deepen our understanding of the political, ethical, and social dimensions of digital health and explore pathways toward more equitable and just health futures by fostering a nuanced and critical discussion.

Room 2 – Roundtable: Borders and Birthing: Health Injustices Produced by Canada's Health Care and Immigration Systems for Displaced Women

BORDERS AND BIRTHING: HEALTH INJUSTICES PRODUCED BY CANADA'S HEALTH CARE AND IMMIGRATION SYSTEMS FOR DISPLACED WOMEN

Shokoufeh Mondaloo [1*], Liquaa Wazni [2], Wendy Gifford [3], Zahra Hakimi [1]

Kaveh Shakouri [4], Anne-Maire Sanchez [5], Mahin Ghasemiyani [6], Claire McMenemy [7], Denise Harrison [8] , Selma Tobah [5], Craig J Phillips [3], Abe Oudshoorn [1], Susana Caxaj [1], Christina Cantin [3], , Anushka Ataullahjan [8], , Mahdokht Ghorbani [10], Britney Glasgow-Osment [1]

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Displacement and resettlement exacerbate health inequities, particularly among migrant women from war-torn countries in Canada. These injustices manifest in increased postpartum mental health challenges, maternal mortality rates, and congenital complications. Contributing to these issues are systemic discrimination, cultural insensitivity, and mistrust within the healthcare system, which is further complicated by the intersectionality of immigration and healthcare systems that often lack coordination and equitable access. This roundtable will explore the Mom2New Co-Care Project, community-led participatory research grounded in Intersectional and Critical Discourse frameworks. We examine the interplay between displacement, the immigration system, and healthcare for new migrant women by engaging displaced women, service providers, policymakers, and advocacy groups as knowledge co-creators. We analyze how these systems support or exacerbate discrimination by using arts-based approaches like Photovoice to foster self-expression and community engagement.

Four presenters will analyze key phases of the project:

i. **Building Trust and Sustainable Partnerships** – Strategies for fostering collaborative relationships with marginalized communities and knowledge holders across immigration and healthcare systems.
ii. **Insights from Arts-based Research with Displaced Women** – Findings from Photovoice project highlighting lived experiences
iii. **Perspectives From Service Providers**– An intersectoral analysis of how the immigration and healthcare systems intersect to shape care experiences.
iv. **Co-developing Action Plan with Key Informants:** findings from the advisory group and synthesis of evidence to inform integrated and equitable practices.

Key discussion questions will include:

How do the intersections of displacement, immigration, and healthcare systems shape maternal-newborn care experiences for new migrant women?

What are the critical gaps in trauma-informed and violence-informed care for this population, and how can intersectoral approaches promote equitable care?

How can community-led participatory research using art-based methodology amplify this population's voices to dismantle systemic discrimination issues?

Room 3 – Resisting stigmatising practices

“He was, of course, antisocial” and could only be controlled by force: Nurses’ reactions to The Méndez Report

Jean-Laurent Domingue

In 2013, at the United Nations Human Rights Council, the Special Rapporteur on torture and other cruel, inhuman, or degrading treatment or punishment, Mr. Juan E. Méndez, published a report wherein he establishes that “all coercive and non-consensual measures” (CNCMs), including restraints, solitary confinement, and forced treatment of “people with psychological and intellectual disabilities” in places of confinement, such as psychiatric hospital, may be akin to torture and therefore must be banned in “all places of deprivation of liberty, including in psychiatric and social care institutions” (p.14). This presentation will focus on the results of a critical qualitative study wherein nurses working in an urban Canadian city’s psychiatric unit were asked, considering Méndez’s report, about their practice of implementing CNCMs, inclusive of physical, environment, mechanical and chemical restraints. When presented with the content of Méndez’s report, nurses were taken aback and quickly rationalized their practices of CNCMs by relying on the “dangerous,” “antisocial” and “unpredictable” profiles of their patients, as well as the so-called “caring” intentions underpinning the use of such measures. In effect, nurses were unable to imagine their professional nursing practice without the use of CNCMs. We interpret these results using a theoretical framework rooted in the works of Judith Butler (non-grievable lives), Jonathan Metzl (the protest psychosis) and Michel Foucault (state-based racism), and conclude that nurses justify the use of CNCMs as part of their professional practice because they do not consider psychiatric patients as ontological ‘humans,’ whose lives are worth living and grieving.

Contesting Borders: Mental Health Campaigns in Ireland and the United States

Joe Drolette

University of Galway, Ireland

Mental health stigma hinders access to care in both Ireland and the United States. Campaigns such as “Let’s Talk About Mental Health” in Ireland and “Make It OK” in the U.S. aim to reduce stigma through awareness, education, and open dialogue. These initiatives recognize the interconnections between mental health, physical well-being, socio-economic factors, and cultural histories; challenging and addressing community divisions shaped by shared colonial legacies with a goal to foster meaningful change. This presentation evaluates how the initiatives confront health research boundaries, revealing divisions that sustain health inequalities and highlighting opportunities for interdisciplinary collaboration; comparing culturally specific strategies targeting rural populations, entrenched stigma, and generational trauma linked to colonialism.

Key Discussion Points:

1. Contesting Borders in Health Research:

Both campaigns advocate for interdisciplinary approaches to tackle mental health stigma and systemic inequities. For example, the “Make It OK” campaign targets rural stigma in Minnesota, while “Let’s Talk About Mental Health” collaborates with local organizations in Ireland.

2. Highlighting Health Divisions in Communities:

Both initiatives address stigma's divisive effects on communities. In rural Ireland, traditional values limit support, while the U.S. campaign bridges gaps through training and community engagement.

3. Colonial Histories and Health Inequalities:

Shared colonial histories have enduring impacts on health equity. Both campaigns aim to promote openness and equity in mental health care.

4. Areas for Improvement and Collaboration:

Opportunities for growth include interdisciplinary collaboration, cultural sensitivity towards marginalized groups, and global learning between Irish and American initiatives.

In conclusion, challenging health discipline borders and acknowledging systemic influences, these campaigns serve as models for equitable and culturally sensitive mental health initiatives.

Conceptualising Cognitive Healthism to Contest the Borders of Cognitive Health

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The present moment is marked not just by a shift to healthism, but specifically by a shift to what I am theorising as *cognitive* healthism. If you have ever felt like you ought to eat some more walnuts, drink more berry juices, eat (more) oily fish, get better sleep, and/or one of a myriad of other things, *in order to* protect or enhance your (future) cognitive health, wellbeing, and performance, you are experiencing this shift. In contemporary 'Western' contexts, cognitive health now signposts productivity, longevity, and moral citizenship. In this talk, I argue that theorising our contemporary focus on cognition, cognitive enhancement, and (future) risk prevention as a specific version of healthism is essential to understand why these imperatives are suddenly so intense, to disrupt an intensification of ableist and eugenicist understandings that inform contemporary cognitive health, and to contest the borders of what it means to be cognitively "well". Drawing on and developing Crawford's (1980, 1994) foundational work on the formation of the responsibilised neoliberal subject who self-surveys, self-controls, and self-manages their individual health, I will argue that cognitive health has become a responsibility or duty in a context where our cognitive presents and futures are always under threat and improvable. Individuals are expected to be biomedically-informed consumers who *purchase* 'health' technologies (e.g., supplements for memory performance, activity monitors, sleep regulators…) and orient their lives towards cognitive health maintenance, enhancement, and risk-management and reduction (Pirie, 2016). Under healthism, cognitive health is constructed as a product of individual effort, (biomedical) knowledge, personal investment, and merit. Rather than health-enhancing, I provide a critique of cognitive healthism as stigmatising, colonising, profit-propagating, moralising, and normativising, as well as resting on the illusion that cognitive health is fully controllable and a symbol of merit.

“GET ORGANIZED, BECAUSE WE WILL NEED ALL OF OUR STRENGTH”. SOCIAL MOVEMENTS AS A PLACES OF RESISTANCE: A COLLECTIVE EXPLORATIVE INQUIRY ABOUT CRITICAL MENTAL HEALTH PRACTICES IN EUROPE

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Historically, mental health has been a topic discussed and analysed from a political perspective, especially within the contexts of Critical Psychology and Psychology of Liberation. There is a vast literature in Psychology and Psychiatry that highlights the relations between mental health and socio-political issues such as marginalization, class struggles, housing crisis, unemployment rates, and discrimination based on gender, race, and class. Also, in clinical settings -inside and outside healthcare institutions- psychologists reflect on the limits of a biomedical approach. In particular, social movements have contributed to creating social clinics and mutual aid groups to respond to marginalized populations' needs in a non-formal context. Furthermore, starting from their clinical experiences, they try to lay the foundation for a critique of current economic and social health policies. Despite the knowledge that it is fundamental to integrate a political lens into the clinical discourses, Academic research in mental health seems to favour researches that focus only on a biomedical approach to mental health instead of deconstructing some biased views that psychologists and psychiatrists' communities have on psychological sufferance. For this reason, the current work aims to explore the reflections about clinical practices that arise in formal and non-formal contexts, viewed from an academic perspective. Through qualitative interviews involving 10 European professors and researchers in the field of human sciences, this research deepens the connections between theory and practices in critical psychology, analysing the meaning of political mental health and questioning the role of communities in developing practices to respond to people's needs. Furthermore, it collects reflections on the evolution of research in mental health and the difficulties encountered by social movements working on psycho-social support to be recognized as stakeholders in the academic debate.

TRANSFORMING THE HABITUS TOWARDS FAMILY MEALS IN A DISADVANTAGED AND STIGMATISED CLASS: A CONSTRUCTIVIST GROUNDED THEORY STUDY

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The presentation outlines research developing a 'Theory of Habitus Transformation', asserting that sustainable dietary behaviour change depends on fundamental shifts in existing food-related habitus, which is deeply shaped by social meaning. Poor nutrition remains a key contributor to non-communicable diseases, obesity, and widening health inequalities in the UK. With increased reliance on out-of-home calorie dense meals linked to poor dietary outcomes, disproportionately affecting socioeconomically disadvantaged communities. While shared family meals are associated with improved dietary behaviours and nutrition, traditional interventions often overlook deep-rooted social and structural influences that shape food practices and hinder change. Many existing approaches rely on universal behaviour change models, failing to address class-based disparities in dietary health, limiting their effectiveness. A constructivist grounded theory approach was adopted to develop a theoretical understanding of dietary health, situated within classed social structures. A pilot mealtime intervention acted as an inception point to critically evaluate and theorise effective behaviour change within this at-risk population. Data were collected from 34 participants in Northeast England through a small-scale mealtime intervention pilot (n=16), qualitative longitudinal evaluation (n=13), and theoretical sampling (n=18, with 10 follow-up interviews). Data sources, including 41 semi-structured interviews, 9 participant diaries, 18 written stories, and participant scrapbooks, were analysed using constant comparative analysis. Findings highlighted that habitus transformation was influenced by class-based constructs of place, identity, and power, which shaped eating behaviours, impacting participants' ability to adopt and sustain family meals. Three key theoretical categories were central to the process of Habitus transformation: ‘Accessing a new place’, ‘Revaluing the classed self’ and ‘Renegotiating classed power’. By centering structural, social, and identity-based processes in behaviour change, this theory underscores the necessity to consider class-sensitive transformations. This research provides a necessary evidence base for developing effective interventions that reduce class-based inequalities that support, rather than impede, behaviour change.

Room 4 – Neurodiversity

Adult ADHD in cultural-ecosocial niches

Jesse Ruse

Attention Deficit Hyperactive Disorder (ADHD) is often considered either a reified individual neurocognitive disorder, or as a politically/financially-driven social construction with little agreement between the two camps. This talk examines bridges these competing perspectives by considering adult ADHD through the lens of cultural eco-social niche theory (Kimrayer, 2023); exploring how both cultural-discursive and individual-cognitive forces synergistically shape the phenomena. I suggest that contemporary sociocultural shifts—including evolving gender norms, neoliberal value systems, and post-pandemic workplace structures—accommodate specific cognitive dispositions in individuals. And that individuals modulate the socio-cultural environment – such as through the creation of the ‘neurodiversity’ discourse, or by re-arranging their material environment or interaction patterns – such that it further exploits certain cognitive profiles. Through interviews with seven Australian women recently diagnosed with adult ADHD, I explore how ADHD symptoms both shape socio-cultural, and are shaped by, different social forces.

The study identifies three key levels of social influence:

At the micro-social level, participants often experienced social isolation and awkward interactions, leading them to attempt complex tasks alone rather than seeking help. However, they thrived in environments with structured, brief social interactions, such as fast-paced work environments. Many found their symptoms diminished when working alongside others, highlighting the importance of social scaffolding. At the meso-social level, participants often struggled with gendered social expectations, particularly around being agreeable and undertaking emotional labor. Rather than conforming, many found niches in environments that valued independence and direct communication. They often excelled in occupations that required quick thinking and adaptability, such as emergency services or child protection. At the macro-social level, participants existed within a broader cultural context that increasingly accepts neurobiological explanations for behaviour. This manifested in two key ways. First, participants often understood their behaviours through a neurochemical lens, attributing them to dopamine deficiency or brain wiring. Second, many embraced the emerging neurodiversity paradigm, which reframes ADHD not as a disorder but as a natural variation in cognitive style. This newer paradigm allowed them to maintain the legitimizing power of biological explanation while rejecting the deficit-focused language of disorder. I conclude by discussing how cultural development can be incorporated into clinical perspectives of the disorder.

THE MARKETIZATION OF AUTISTIC CARE: CONSTRUCTIONS OF TREATMENT AND AUTISTIC PERSONHOOD IN ABA PROMOTIONAL MATERIALS

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Since the emergence of the neurodiversity movement in the 1990s, autism is often understood as a way of being that is not inherently pathological. That is, autistic differences in thinking, sensory processing, body movement, and communication are not inherently unhealthy or undesirable. As a result, emerging therapeutic approaches are informed by lived experience of autistic people and emphasize nurturing safe, inclusive spaces for autistic identities. However, this shift brings significant conceptual and ethical tensions with the applied behavioral analysis (ABA) therapy industry. ABA was developed based on operant conditioning principles and punitive practices. Historically, researchers promoted this treatment as the only hope to “recover” children from autism. Although some treatment practices have changed, ABA’s underlying principles, evidence, and ethical approaches are strongly contested. Yet, the ABA service industry enjoys popularity and government endorsement in places such as the US and Ontario, Canada. For my project, I aimed to understand what sustains the ABA industry in the face of significant tensions and growing accusations of harm to autistic people. In addition to conducting a historical analysis, I analysed promotional material of Ontario's six largest ABA service providers. I argued that on the surface, ABA promotional content appears to support values of neurodiversity and concerns for social justice. However, this content also perpetuates problematic assumptions about autistic personhood, and does so implicitly. Furthermore, my analysis shows sophisticated marketing and product development practices drawn from for-profit businesses. I problematize the objectification of autistic people as a "site" for advanced product development and discuss implications for scholarly work on ABA treatments in the era of marketization of care.

The Health and Wellbeing of Young Adults with ADHD

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In recent years, Attention-Deficit/Hyperactivity Disorder (ADHD) has become more well known by the general population, with many individuals sharing that they have ADHD. Despite this, strength-based or holistic understandings are underrepresented in existing scholarship; often due to research being uninformed by perspectives of lived experience. Stigmatising representations of ADHD are compounded for young adults, in particular, due to structural inequalities and a lack of agency to share their experiences. In my research I seek to develop more holistic conceptions of young adults with ADHD (aged 18-24) by exploring how they understand and make sense of their ADHD in relation to their wellbeing, broadly defined. In the first phase of this research, I conducted 11 individual interviews with participants based in

Aotearoa (New Zealand), before analysis using Interpretative Phenomenological Analysis. My participants spoke about how their ADHD: relates to their values, strengths, and spirituality; uniquely impacts their transition into young adulthood; and is perceived by those around them. I shall elaborate on my analysis, and discuss and how my inferences make sense in the context of Aotearoa, wider conversations about ADHD, and further research for my PhD.

IDENTITY IN RELATION TO AUTISM: WHO GETS TO MAKE SENSE?

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Exploring one's identity in relation to the concept of autism – asking questions like 'Am I autistic? Am I on the spectrum?' – is an increasingly common phenomenon, which can have widely varying impacts. This presentation reports on a constructivist grounded theory research study that aimed to explore how and why the impact of this identity exploration varies. 'Autism' is conceptualised in a myriad of contested ways, with no consensus on what this thing is, and no reliable or undisputed way to differentiate autistic people from non-autistic people; this study, therefore, included people who have been excluded from previous research in this area, such as those who have not been diagnosed, those who experience confusion and/or ambiguity, and those who describe their identities in ways that do not fit neatly into a dichotomy of yes-autistic/no-not-autistic. Critical theorists and activists have criticised deficit-focused and degrading conceptualisations of autistic people, and my research findings support the assertion that negative conceptualisations of this concept are problematic for those exploring their identity. Conversely, those who conceptualised autism as a way of being felt that the concept of autism offered them language to make sense to those around them and to make sense of themselves and their world. Unfortunately, many were denied access to this potentially empowering concept by the perception that only clinicians (who often held negative and stereotyped conceptions of autism) had the authority to apply this concept. These people struggled because there is a lack of language around autism that differentiates between ideas of biology and disorder (where clinicians are seen as experts) and ideas of identity and the way one experiences the world (where people may be seen as experts on themselves).

Creating a safe space for untold health stories: The development of Wāhi Kōrero

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Critical stories about healthcare experiences and unmet needs often remain hidden, shared only in safe spaces away from professional scrutiny. This presentation introduces Wāhi Kōrero, an innovative story-sharing platform developed to capture these hidden narratives. The platform moves beyond conventional research approaches, enabling participants to share their experiences without researcher intervention. Incorporating te ao Māori principles and high accessibility standards, Wāhi Kōrero creates a culturally safe space where traditionally marginalised people maintain control over their narratives. Two projects demonstrate its effectiveness: a study of Well Child nurse interactions that revealed patterns of fear-driven disengagement and an exploration of whakamā (shame, embarrassment) in healthcare settings that uncovered barriers to healthcare access. By keeping stories publicly available, Wāhi Kōrero creates a democratic space where community voices speak directly to healthcare providers and policymakers, challenging research hierarchies and providing immediate, unfiltered insights into healthcare experiences. This transformative approach prioritises excluded voices and works towards a collectively determined agenda for health system improvement. The presentation will outline the platform's development process, key design features, including ethical safeguards and cultural responsiveness, and findings from two initial projects.

SOCIAL PSYCHOLOGY AND NARRATIVE MEDICINE: ANALYSIS OF SOCIAL PROCESSES IN PATIENT NARRATIVES AND CARE PATHWAYS

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Social Psychology and Narrative Medicine approaches can interact fruitfully, offering valuable contributions to individual and collective health and well-being. This interdisciplinary interaction is particularly relevant in supporting healthcare professionals caring for patients with different health conditions. On the one hand, narrative medicine examines the co-construction of personalized and shared care pathways (illness narratives). On the other, narratives concerning illness trajectories reflect not only patients' individual experiences but also the social, cultural, and relational contexts in which such narratives are formed (the "sickness" dimension of illness). While patient narratives are already employed in clinical practice, a psychosocial approach enables their even more effective and in-depth utilization. For instance, this involves studying the social construction of illness, social identification processes and other group dynamics in healthcare settings, stigma and prejudice toward patients and healthcare professionals, and the influence of social factors on treatment compliance. What practical implications does understanding these processes have for patient care? This discussion will address this question by drawing on theoretical frameworks from Social Psychology and Narrative Medicine and research findings conducted at national and international levels.

‘I felt too whakamā to go to the doctor’: Understanding the role of shame in unmet health need in older age

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As people age, the impact of a lifetime of health service interactions accumulates. This can support or hinder access to timely health care which shapes health outcomes. Understanding why healthcare is *not* sought is a powerful way to understand and address factors that produce systematic inequities in healthcare access for marginalised groups. This paper analyses stories submitted to an anonymous online story sharing platform *Wāhi Kōrero* in response to a prompt asking people to describe times they were too ashamed to seek health care. The prompt invited people to tell stories of times when they ‘felt too whakamā to go to the doctor’:

Whakamā is the te reo Māori (indigenous language of New Zealand) word for a sense of shame, embarrassment or self-doubt. Twenty-seven stories submitted by older people were analysed using narrative analysis and life course theory to understand health care access in later life. Older people described shame as reflecting an accumulation of previous health care interactions; these experiences were layered over health identities developed in childhood. Older people drew on sociocultural explanatory frameworks such as racism, sexism and denigration of people in poverty to understand why they received indifferent or disparaging care. These experiences were also shaped by changing power dynamics in health care over their lifetime that promised patient empowerment but often delivered denigration and dismissal. Examining these experiences from a life course perspective is vital for health professions to acknowledge that patient history and social and historical forces underpin every health care interaction for older people.

Exploring how health inequalities are conceptualised and measured in patient experience surveys in acute care: a scoping review

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A comprehensive examination of whether and how health inequalities are measured in patient experience surveys has yet to be completed. The various ways in which these surveys conceptualise health inequalities may have important implications for how information about inequalities in patient experience is reported and used to plan quality improvement in health services. This review aimed to map measured and overlooked health inequalities in patient experience surveys in acute care and to explore the potential consequences of different conceptualisations of these health inequalities. Papers that contain materials relating to patient experience measurement in any acute care context were included. A search strategy was developed. Grey literature searches were completed in collaboration with relevant experts. Two independent reviewers completed title and abstract, and full-text screening. The extracted data will be analysed using Critical Discourse Analysis, a qualitative method used to examine how power, dominance and inequality are enacted in text. 141 studies were included for data extraction. To-date, data from 91 studies have been extracted. Notable findings include, 66% of studies were conducted in the USA, in 90-97% of studies measurement of disability status, social capital, socioeconomic status, or occupation in patient groups was not reported, with measurement of sexuality not reported in patient groups in any studies. A critical discourse analysis of included studies is underway. This review will provide stakeholders involved in designing, implementing and responding to patient experience surveys with further insights into how health inequalities may be currently overlooked in these surveys.

11.00 Session

Room 1 Symposium: Governing the Bloody, Unruly, Unknowable Embodied Self

Governing the bloody, unruly, unknowable embodied self: Feminist discursive and new materialist analyses of technology, health and healthcare experiences related to reproductive health.

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In our first paper, Siobhán Healy-Cullen et al., presents research examining the complex relationship between the embodied perimenopause, feminist ideals, and menstruation tracking apps (MTAs) in Aotearoa New Zealand. Two key discursive dilemmas are identified; resisting the "hysterical woman" stereotype while acknowledging the embodied challenges of aging, and, expectations to control the inherently unpredictable nature of perimenopause through technology. This research exposes how MTAs can reinforce individualistic and commodifying views of women's bodies and calls for a new feminist language to empower perimenopausal people. While Sarah Riley et al. shift our focus to the possibilities of new materialist approaches - using cooperative inquiry groups and assemblage analysis - to explore the experiences of 28 perimenopausal individuals using MTAs. This research contrasts the current experiences of participants within a "perimenopause assemblage" to imagine a potential future where MTAs shift beyond functional empowerment to the facilitation of self-actualizing growth and promotion of collective care. Emily Young and Heather Semper's work goes on to focus on health care experiences discussed on online discussions (Reddit) about heavy menstrual bleeding (HMB). Feminist-influenced critical discourse analysis finds that a reproductive-imperative discourse both prioritised future fertility over quality of life and produced alienating, feminised standards around bleeding and pain. However, a counter and contesting discourse around HMB's as collaborators and activists created a rally for emancipatory action. Finally, Imogen Collier explores the under-researched experiences of 22 UK-based people with multiple sclerosis (pwMS) as they navigate menopause. Preliminary findings from this study utilising interviews and discourse analysis are presented. These findings highlight how 'liberating' societal discourses (e.g., neo liberalisation of health, healthism, postfeminist sensibility, and 'feelings rules') responsibilise pwMS for health outcomes. The symposium aims to utilise discourses and materialist understanding of differing reproductive health journeys to enable deeper, critical analysis of reproduction health of the governing and regulation of the embodied self and possibilities for emancipatory futures.

Room 2 – Power Dynamics in Healthcare Systems

CRITICAL PERSPECTIVES ON INDUSTRY-PATIENT INVOLVEMENT

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Patient and public involvement is increasingly advocated in health policy, research and practice, with democratic and/or technocratic rationales underpinning these efforts. Patients and people with lived experience, carers and the general public should have a say in how policy is generated, how services are delivered and how research is conducted. While much has been written on power dynamics within patient and public involvement, specifically between patients or members of the public and professionals and/or researchers, less attention has been paid to other power relations, namely those regarding industry or commercial influences within patient and public involvement. Patients and patient organisations play important roles in policy and research processes internationally, and independence from commercial influence is needed. It is timely to discuss the nature and extent of commercial influences in such activities, the (un)anticipated consequences of industry–patient interactions, including conflicts of interest and motivated bias, and how we might better manage, or negate, such interactions. While many support increased interactions between the pharmaceutical industry and patients in this regard, it is important to—at a minimum—acknowledge conflicts of interest and to put adequate, and independent, procedures in place to manage such conflicts. Further research is needed to examine the interactions, and consequences of pharmaceutical industry interactions with patients, as part of efforts to address the undue influence of commercial actors more broadly. Several practical steps can be taken in the interim, however, such as independent evidence-based training and funding, mandatory disclose of industry funding and limiting direct patient-industry interactions. Structures, processes and supports, which are fit for purpose, are needed to ensure independence, power and legitimacy within patient and public involvement activities, and that patient advocates have their voices heard, and ultimately acted upon.

APPLYING SYSTEMS THINKING TO WHISTLEBLOWING IN HEALTHCARE

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Whistleblowing is often a psychologically burdensome experience that can have negative consequences for the whistle- blower, including repercussion and discrimination. This paper applies systems thinking to whistleblowing which has mainly been studied in silos from the perspective of whistle-blowers, particularly in the context of healthcare. Systems thinking is a holistic approach, potentially illuminating the complexity of sociotechnical systems such as healthcare. It allows holistic examination of interconnected dynamic relationships between multi-level stakeholders and whistleblowing. Systems thinking has been applied successfully in healthcare research, though not in the context of whistleblowing. In healthcare, whistleblowing is affected by complex social interrelationships of people as healthcare professionals and other stakeholders as well as the mechanisms. Although the central person in whistleblowing is often the whistle-blower, the one who has witnessed wrongdoings, there are multiple other stakeholders involved with their processes. Namely the wrongdoers, the service users (patients), the work community and bystanders. Recipients of the disclosure include line managers and senior executives inside the organization and external channels trade unions, supervisory authorities and police, among others. As a last resort, the media plays a crucial role in exposing wrongdoing to the public attention. Finally, there are the policymakers who are accountable for establishing legislation, strategies and policies for whistleblowing. Additionally, whistleblowing often involves technology. Thus, there are multiple interconnections between these stakeholders including human-computer interaction, collaboration among the members of the work team and the whistle- blower-recipient interaction. In addition, there are potentially conflicting individual values and values and principles of professional ethics, management ethics, and governance ethics. In future, research is needed to explore whistleblowing holistically by using systems thinking to gain a broader understanding about this phenomenon. This could be beneficial in developing and implementing effective whistleblowing strategies that promote accountability and public trust in health services and lead to ethically sustainable healthcare.

From early warnings to whistleblowing by nurses: Exploring liminal spaces in healthcare organizations

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This presentation extends liminality theory—traditionally used to analyze transitional social states—to the understudied phenomenon of nurse whistleblowing in healthcare settings.

Liminality describes periods when established social structures, roles, and hierarchies are suspended, creating an “in-between” state that is fluid and ripe for transformation. In the context of whistleblowing, nurses face conflicting positionalities: they remain loyal employees while simultaneously challenging organizational wrongdoings, thereby risking social and professional alienation. In this paper we explore how such duality may yield positive outcomes, including enhanced organizational learning and the empowerment of the whistleblower, or negative repercussions like identity fracture and the reinforcement of hierarchical power dynamics. Furthermore, we explore an innovative expansion of the theory by examining liminal spaces that precede acts of whistleblowing. In healthcare, critical incidents are often preceded by a series of early warning signals—alerts predominantly raised by nurses whose concerns are frequently dismissed due to ‘legitimacy deficit,’ structural misogyny, and competing managerial priorities in healthcare organizations. The disregard of such early warning signals not only contributes to organizational crises, as seen in cases like Mid Staffordshire, but also forecloses opportunities to harness liminal spaces for proactive organizational transformation and the prevention of avoidable patient, worker and organizational harms. Timely attention to these signals could foster risk mitigation, process improvements, and a more responsive organizational culture. Our framework repositions nurse whistleblowing within a broader systemic context, shifting the focus from isolated post-event acts of disclosure to the underlying structural and cultural factors that precipitate them. By doing so, we address growing calls from whistleblowing experts to re-center organizational accountability in creating environments conducive to constructive change. This theoretical exploration aims to offer new insights for both academic debate and practical interventions that can foster more upstream interventions consistent with effective safety and integrity cultures in healthcare.

INTEGRATING PATIENT AND EXPERT VOICES IN THE ASSESSMENT OF COGNITIVE AND NEUROPSYCHIATRIC EFFECTS OF TARGETED THERAPIES FOR LUNG CANCER

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The DRACONIS project aims to (1) characterize cognitive and neuropsychiatric disorders that may arise following the treatment of ALK/ROS1 fusion lung cancers, and (2) explore the impact of its side effects on patients' quality of life. This interdisciplinary project (social psychology, oncology, neurology, psychiatry, neuropsychology) follows a collaborative approach involving the ALK/ROS1 Lung Cancer France Association. The association has been involved in shaping the project from its inception, particularly in securing funding. A collaborative workshop was organized with association members, researchers, and clinicians to collectively define the research objectives and the scope of the assessment of cognitive and neuropsychiatric disorders and their effects on quality of life. A mixed scientific committee, composed of researchers, clinicians, patients, and caregivers, was established to support the project's progress and ensure the sustainability of its collaborative dimension. This participatory approach has enriched the research by integrating experiential knowledge, which has played a key role in developing a methodological framework that is both rigorous and acceptable to patients. By placing patients at the center of the decision-making process, the collaboration enhances the project's relevance through transparency and empowerment. From a methodological and organizational perspective, interdisciplinary partnership, along with representatives from the association, presents specific challenges, particularly in managing expectations and timelines, balancing roles, and adapting tools and language.

“I Pulled It Out”: An Exploration Of Healthcare Providers’ Narrated Accounts On Decision-Making And Power Differentials In The Prescription Of Long-Acting Reversible Contraceptives

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Long-Acting Reversible Contraceptives (LARC), *viz.,* intrauterine devices, subdermal implants, and injectable contraceptives, are highly effective, long-term contraceptive methods

that limit user action. Alongside the decrease in fertility rates achieved through their mass provision has been their coerced administration to marginalised women. Not much research has explored how contraceptive decision-making within clinical interactions shapes LARC uptake despite usage increasing in South Africa. Using a reproductive justice framework, I studied health providers' narrations of LARC prescription and the power relations that reinforce or undermine reproductive rights. Purposive sampling was used to obtain 21 healthcare providers who participated in the study. Semi-structured interviews were used to collect the data. Data from healthcare providers showed that non-use for young and postpartum women was not an option. In addition, healthcare providers either formed alliances with the LARC users themselves or concerned parents to support or push for contraceptive provision. Supportive alliances enabled secret uptake or ongoing contraceptive usage among some contraceptive users, thus resisting pronatalism or one-sided intentions for childbearing within intimate partnerships. These healthcare providers considered themselves as empowering contraceptive users. Alliances that pushed for contraceptive uptake were formed with guardians/parents upon menarche or in case the of rape. These healthcare providers also considered themselves as empowering/protecting contraceptive users. In overriding consent within these alliances, healthcare providers avoided being rendered responsible or blameworthy for early pregnancies in the face of the constructed risk used to frame young women. This over-commitment to providing contraceptives has differing implications for women's sexual agency and sexual health interventions.

Room 3 – The Gendered Nature of Wellness Discourse

Unpacking Gendered Wellness: Psychological Impact and Health Inequalities

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The intricate relationship between gender identity and psychological wellbeing is a critical area of investigation within health psychology, particularly as it pertains to understanding systemic health inequalities. Despite growing recognition of the intersectional experiences of marginalized groups, traditional health paradigms often overlook the psychological complexities stemming from societal norms around gender. This study aims to bridge this gap by examining how gender influences psychological experiences and health outcomes. Utilizing an intersectional qualitative research approach, this study involved in-depth interviews with a diverse group of participants representing various gender identities. A

purposive sampling strategy was employed to ensure a comprehensive understanding of how societal pressures related to gender affect health experiences. Thematic analysis was utilized to identify key patterns and insights from participants' narratives regarding their psychological wellbeing and health access. The analysis revealed that participants faced significant psychological distress stemming from societal expectations and discrimination related to their gender identity. Many reported feelings of isolation, stigmatization, and economic disparity as significant barriers to their mental health and overall wellbeing. These distressing experiences underscored the necessity of an integrated approach that encompasses both psychological and socio-political factors influencing health. This research contributes to the critical health psychology discourse by advocating for an intersectional framework that challenges traditional borders between psychological and health research. By centering the narratives of marginalized gender groups, the study highlights the urgent need for inclusive health policies that address the psychological impacts of gendered experiences. The findings underscore the importance of collaborative efforts among researchers, practitioners, and policymakers to foster social justice and equity in health outcomes. Ultimately, this study calls for a re-examination of health psychology practices, urging stakeholders to engage with diverse perspectives to enhance the health and wellbeing of all communities.

“DOUBLY CRAZY”: WOMEN WHO USE PRACTICES ASSOCIATED WITH “MAGIC” FOR PSYCHOLOGICAL SUPPORT AND THE RISKS OF EPISTEMIC INJUSTICE

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There has been growing international attention to what is sometimes termed the “spiritual” dimension of mental health, at the same time as what “spiritual” might refer to, in a health context, remains inherently mysterious. In my PhD research I have investigated how women have used “magic” (as a form of non-religious spirituality) to help support their mental health and to help themselves feel more connected, creative, and hopeful. While magic was generally understood as a supportive resource, the women who used it reported facing ontological and epistemological risks related to being subject to negative judgment and stigmatisation. I argue that this is because magic has been marginalised and supressed systematically in the West for centuries, and under Westernised modernity, women who use magic are easily understood as irrational, pathological, superstitious, or “crazy”. My research investigated how “magic” might offer possible ways of making sense of difficult psychological experiences without only

relying on biomedical or dominant ‘psy’ explanations and discourse. I interviewed 26 women living in Aotearoa New Zealand about how they used magic, what magic meant to them, and how and if they had experienced it as psychologically supportive. I used feminist social constructionist methods and critical mental health lenses to analyse and theorise their experiences. My research suggests that even though discourses relating to what has been termed the “spiritual” aspects of mental health have entered mainstream parlance, this is perhaps a dangerous message, because it is likely unsafe for women to talk about their spiritual experiences in situations where authoritative discourse – such as biomedicine and ‘psy’ discourses – are present. This was risk known by and anticipated by almost all the women I spoke with. I draw on Fricker’s concept of “epistemic injustice” to theorise how forms of secrecy seemed to animate their descriptions of their experiences.

UNEQUAL PANDEMIC NARRATIVES: HOW GENDER AND SOCIOECONOMIC INEQUALITIES SHAPED COVID-19 EXPERIENCES

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The COVID-19 pandemic exposed and deepened existing inequalities, disproportionately affecting individuals from lower socioeconomic backgrounds. While research has highlighted disparities in mental health and work-life balance, less attention has been paid to how these inequalities were expressed. This study applies topic modelling to examine how pandemic experiences were framed in open-ended survey responses about mood and well-being. We analysed pandemic-related free-text responses using computational text analysis, comparing themes across gender and socioeconomic status (SES) groups, categorized using the Index of Multiple Deprivation (IMD). We explored which topics were most frequently discussed and how respondents from different backgrounds framed their experiences of mental health, work, and social life during lockdown. Men’s responses emphasized “time,” “work,” “exercise,” and “lockdown,” with mentions of “government” and “lack” suggesting concerns about external restrictions. Women also highlighted “work” and “lockdown,” but with more references to “family,” “husband,” “wife,” and “child,” indicating a stronger focus on caregiving. Lower SES respondents focused more on isolation and economic hardship, using words like “lockdown,” “problem,” and “social.” Higher SES respondents emphasized family roles and well-being, with words like “child,” “husband,” “seeing,” and “worry,” highlighting caregiving and mental health concerns. This study shows how structural inequalities shape not only lived experiences but also how people articulate them. Gender and SES influenced the framing of pandemic struggles, reinforcing disparities in caregiving and emotional labour. While AI-driven methods like topic modelling can bring to light hidden patterns, they require critical interpretation to avoid reinforcing dominant narratives. These findings highlight the need for intersectional public health policies that address unequal burdens across gender and class.

COMPLICATING THE ‘WORRIED WELL’: UNDERSTANDING WOMEN’S ENGAGEMENTS WITH ‘WELLNESS’

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The notion of the ‘worried well’ has been a feature of psychological and medical discourse in the UK and elsewhere for decades, used to describe a cohort considered overly or unnecessarily preoccupied with their health. This framing frequently prefigures commentary on contemporary ‘wellness’ culture, encompassing a range of practices and products geared towards health-enhancement. In such cases, the pursuit of wellness is dismissed as in some sense baseless, if not actively vain and narcissistic. Grounded in detailed ethnographic research encompassing interviews with more than fifty women who participate in the wellness sphere in Britain, this paper documents the wide variety of health complaints they experience, including: exhaustion and insomnia; anxiety and depression; eating disorders and disordered eating; substance abuse issues and alcohol problems; and a range of chronic conditions. It demonstrates that engagement with wellness is most often not about ‘optimising’, but instead about finding ways to cope and sustain oneself, to endure and become resilient. Informed by scholarship on the political economy of health, I outline the variety of forces that conspire to produce gendered forms of *illfare*, that is, patterned permutations of ill-health and un-health among women. I further demonstrate that while wellness is often understood as an ‘alternative’ sphere whose adherents are resistant or even hostile to biomedicine, virtually all my participants had sought support from conventional medical and psychological sources. These encounters were, however, very often dissatisfactory if not outright alienating, as women found themselves only half-listened to in rushed appointments, or unable to access services at all owing to resource constraints and rigid diagnostic criteria. Locating these experiences within the managed decline of the UK's National Health Service, I explicate how the rise of wellness is inextricably linked to the decline of welfare in late twentieth and early twenty-first century Britain.

Room 4 – Exploring Sex, Sexuality and Desire in Contemporary Society

YOUNG WOMEN'S CONSTRUCTIONS ON HETEROSEXUAL CASUAL SEX IN NORTH MACEDONIA

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In this presentation I reflect on the challenges of conducting research on a culturally sensitive topic—heterosexual casual sex among young women—in Skopje, North Macedonia. My talk focuses on the reflexive process and the insider/outsider boundaries negotiated throughout the research as a North Macedonia-born but New Zealand-raised researcher. I discuss how my dual identity shaped my approach, the relationships I developed with participants, and the broader discourses I was embedded in as both a researcher and a diasporic woman. My presentation explores how moments of reflexivity challenged the boundaries of my own assumptions and research practices, pushing me to critically engage with power relations within the cultural context I was studying and the research process itself. This talk contributes to conversations about the role of reflexivity and positionality in critical health psychology research, reflecting on the possibilities and limitations of conducting critical research in culturally complex and underexplored contexts.

Resisting normative sexual subjectivities: A discourse analysis of how feminist "alternative" media re-shape constructions of women's sexual desire.

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Mediated representations of sexual desire and pleasure shape understandings of what is considered acceptable or healthy sexual practice. Research on specifically "mainstream" media representations (e.g., *Glamour* magazine, *Cosmopolitan.com*) highlights that women's sexual agency and embodied pleasure is limited, with significant implications for sexual health and wellbeing. Such limitations occur when mainstream media tether women's sexual desire to male pleasure, prioritise heteronormativity, exclude diverse identities and bodies, and frame women's desire as an individualised project of the self. What is not known, is if feminist "alternative" media disrupt and resist these normative constructions of women's sexual desire, how they might do so, and with what possibilities for readers' agentic sexual subjectivity construction. Addressing these questions, we conducted a discourse analysis of 55 online articles from self-proclaimed feminist, "alternative" publications (e.g., *Gal-Dem*, *Salty*), examining how women's sexual desire was constructed within them. We identified two dominant constructions of desire: desire as diverse, and desire as political. The former speaks to a significantly expanded understanding of who can be sexually desiring, and how, in comparison to mainstream media. The latter refers to a reframing of desire away from a purely embodied individual experience to a tool for collective liberation and social change. We argue that texts in this alternative feminist media space have promising potential in broadening possibilities for women's sexual agency and sexual subjectivity construction but are limited by the reproduction of neoliberal discourses of individual self-work and self-improvement.

Foucauldian Discourse Analysis as a method for studying Empowerment in Sexual and Reproductive Health Interventions

Cassandra Robertson-Ormston, Tracey Feltham-King and Catriona Ida Macleod.

A plethora of sexual and reproductive health (SRH) interventions promote empowerment as a means to achieve sustainable developmental goal no. 5: namely, gender equality and empowerment for all women and girls. Qualitative research has typically focused on young women's experiences of empowerment interventions while examining the barriers and successful outcomes of interventions. Much of the existing research that explores

empowerment rests on an assumption that empowerment is a static as opposed to a fluid and dynamic process. In keeping with the traditional discourse of knowledge as power, empowerment is achieved through transfer by being given, gained, or lost by young women. As a result, traditional research tends to evaluate empowerment by examining the outcomes mostly categorised into knowledge transfer, individual behaviour change and self-efficacy of young women. This paper proposes a Foucauldian Discourse Analysis (FDA) and key concepts such as problematisations, technologies, and subjectivities as an alternative method of exploring empowerment within SRH interventions. Drawing on a Foucauldian post-structuralist understanding of power, it argues that empowerment is not only a resource to be transferred but includes relational and discursively constructed processes. Drawing on examples from my PhD, how FDA can be beneficial in highlighting constraining and liberating discourses that operate in tandem is illustrated. For example, the discourse of risk, protection, and rescue positions young women as vulnerable subjects who require external intervention to become empowered. Simultaneously, the discourse of resilience positions young women as self-sufficient and responsible for overcoming challenges through internalised strategic planning. Employing an FDA can show how young women participating in SRH interventions negotiate, comply and resist taking up empowerment in various ways.

“It makes sex less scary for young people”: A qualitative content analysis on audience meaning making from sexual consent promotion theatre.

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Live theatre may be an effective health behaviour change intervention, helping audiences adopt positive behaviours and translating research into practical knowledge. *Active* Consent, a sex positive sexual violence prevention programme in Ireland, has used theatre to engage over 6,000 young people (18-25) since 2014. This study explores how adolescent audiences perceive and interpret a sexual consent-focused play and how their reception influences attitudes toward consent, violence, and harassment. Using a qualitative, two-phase content-then-thematic analysis, the study examines written audience responses collected after live performances of a research-based play titled *How I Learned About Consent*. Stuart Hall's Encoding/Decoding theory (1983) serves as the analytical framework, categorizing audience reception into dominant, negotiated, and oppositional typologies. The research questions explore:

1. How do audiences receive the play within Hall's typologies?
2. What meanings are constructed regarding sexual consent attitudes, beliefs, and behaviours?

Analysis demonstrated that 52% of audience members were dominant readers, 37% negotiated, and 11% oppositional. Thematic analysis identified key themes: *New or Improved Understanding of Sexual Consent, Influences on Ability to Consent, Nature of Non-Consensual Sexual Experiences, and Prosocial Support for Survivors.*

Room 5 – Wellbeing within LGBTQI+ communities

Balancing Pleasure, Community Connection and Hard: How Lgbtqi+ Communities Construct 'problematic' Alcohol and Other Drug Use

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Alcohol and other drug (AOD) use among LGBTQ+ populations is informed by unique sociocultural forces. Crucial among these is the role of AOD in connection to community, identity affirmation and pleasure. While most AOD use among LGBTQ+ people occurs without harm, sometimes it does, yet little is currently known about how LGBTQ+ people conceptualise and recognise AOD harm and how this is shaped by their unique socio-cultural contexts. Semi-structured interviews with LGBTQ+ persons (n=40) with experiences of AOD; focus groups and interviews with (n=28) professional stakeholders working in the AOD sector in Victoria, Australia. Discussions explored LGBTQ+ individuals' understandings of drug harm, constructions of what constitutes 'problematic' use, points of recognition and harm reduction strategies. Data were subject to a Braun and Clarke reflexive thematic analysis. At one and the same time, connection to LGBTQ community was seen as facilitating access to alcohol and a range of other illicit drugs, distorting perceptions of what constitutes 'normal' means or modes of drug use, and enabling cultures of care regarding harm reduction. Key themes emerged from LGBTQ+ persons relating to subcultural stereotypes, temporalities of harm and reframings of connection to community. Among professional stakeholders, concern was raised regarding ‘late-stage’ engagement with AOD services and missed opportunities for earlier intervention. Pathologisation of AOD use was commonplace among professional stakeholders and while many emphasised the importance of understanding motivation, they often struggled to reconcile this with cultural forces that shape AOD use. In the last decade, we have sought to raise awareness of heightened AOD use among LGBTQ+ communities to enable health resource allocation while also seeking to depathologise LGBTQ+ lives. Data from the current study speak to change in striking this balance in ethical and sensitive ways that still deliver safe and inclusive services for those who need them.

Barriers and Facilitators of Help-Seeking for LGBTQ+ Survivors of Sexual Violence

Buckley Ciara

LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer, Plus.) individuals are known to experience similar or higher levels of sexual violence compared to heterosexual cisgender individuals. Despite this, research on sexual violence has largely focused on cisgender heterosexual female survivors of male perpetrated crime. Thus, unique needs and help-seeking patterns of LGBTQ+ survivors are poorly understood. This review addresses this gap by systematically exploring literature on barriers and facilitators to help-seeking for LGBTQ+ survivors of sexual violence. Four databases (PsycINFO, CINAHL, MEDLINE and Web of Science) were searched to identify relevant material, with 35 articles (30 qualitative, 1 quantitative, and 4 mixed-methods) meeting the inclusion criteria. Data was extracted and analysed using a narrative synthesis. The topic was investigated almost exclusively cross-sectionally, with research primarily conducted in the USA. Barriers included discrimination experiences, myths and stereotypes, feelings of shame and self-blame, and rejection of victim status. Additional barriers were reported by survivors who hold multiple minority identities, in particular LGBTQ+ people of colour and sex workers. Facilitators to help-seeking included the intrinsic need to connect with others, social encouragement and empowerment, and positive disclosure experiences. The Power Threat Meaning framework provides insight into these findings by presenting help-seeking behaviours as adaptive responses to increase a sense of safety following a traumatic experience. The analysed data indicates several implications for the development and improvement services to support LGBTQ+ survivors of sexual violence. It underscores the importance of meaningful collaboration between support services and minority groups, and highlights the need for additional robust research, conducted with an intersectional lens, to further explore the needs of LGBTQ+ survivors of sexual violence.

Contesting Borders in Intersex Studies: Socio-Cultural Factors and Well-Being of People with Variations of Sex Characteristics

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The CHRISALIS project is a comparative project applying a critical psychology lens to investigate the socio-cultural factors influencing the lives and well-being of intersex people in Italy and Ireland. Intersex variations, or Variations of Sex Characteristics (VSC), challenge normative definitions of male and female bodies, creating medical and social complexities. While human rights frameworks advocate for postponing medically unnecessary interventions, cultural and social factors remain unaddressed, affecting clinical management and individual well-being. CHRISALIS addresses this gap by: (1) exploring cultural meanings and social representations of intersex bodies; (2) developing knowledge of ethical and moral considerations in clinical care; and (3) providing comparative insights to support intersex activism and policy. The project employs qualitative methods, including newspaper analysis, 18 stakeholder interviews, and 5 focus groups with health professionals in both countries. Preliminary findings reveal key differences between Italy and Ireland. In Ireland, advancements in LGBT+ rights have fostered a more structured approach to intersex policies, while Italy's fragmented and conservative stance on LGBT+ issues hinders unified advocacy. Intersex is often framed as a medical issue in Italy, limiting its recognition as a human rights

concern, whereas in Ireland, it is sometimes subsumed under the broader LGBT+ agenda, overshadowing specific intersex needs. Additionally, there is a lack of communication between the medical management of VSC and current social and policy approaches, further complicating intersex individuals' experiences. Advocacy efforts face challenges due to a lack of specialized expertise, financial resources, and institutional support, relying heavily on a small number of activists. CHRISALIS aims to de-silo disciplinary boundaries by fostering a multidisciplinary approach to intersex studies. The project seeks to improve policies and healthcare outcomes while addressing the psychological, social, political, and cultural influences on intersex health. By promoting social justice, equity, and inclusion, CHRISALIS fosters international collaboration and advances intersex activism.

Negotiating multiple minoritised identities: An Interpretative Phenomenological Analysis (IPA) exploring the complex intersection of sexual orientation, gender identity, and suicidality among transgender and gender-diverse young adults

Emma Rebecca Wallace, Siobhan O’Neill, Susan Lagdon

Transgender and gender-diverse young adults, the vast majority of whom identify as lesbian, gay, bisexual, or queer, encounter considerable health, social, and systemic inequalities, resulting in increased rates of discrimination, marginalisation, and suicidality compared to their heterosexual and cisgender peers. The complex relationship between sexual orientation, gender identity, and suicidality has thus generated much discussion, primarily from quantitative studies focused on ‘vulnerable’ or at-risk narratives, rather than an individual’s lived experiences or specific healthcare needs. The aim was to explore the lived experiences of transgender and gender-diverse young adults, encompassing identity development, family and peer relationships, navigating multiple minoritised identities, unmet healthcare needs, encounters with suicidal distress, and access to mental health services and gender-affirming care. Six young adults from Northern Ireland (UK) took part in semi-structured interviews which were analysed using Interpretative Phenomenological Analysis (IPA). Five group experiential themes were identified: 1) Delicate peace, delicate progress; 2) Queer suffering, safety and otherness; 3) Queerness shaping ones’ worldview; 4) Unresolved trauma, and unmet healthcare needs; 5) Suicidal distress, and recovery. The findings elucidated two central narratives; the psychosocial impact of negotiating multiple minoritised identities in a heteronormative and cisnormative society and navigating suicidal distress by regaining a sense of control over your life. Suicide was framed as a response to the increasingly unbearable psychological pain of *‘being othered’*, to the *‘collective struggle’* experienced, perceived risk of victimisation and chronic threat-vigilance. Many young adults also expressed that *'suicide was an escape'* from traumatic experiences of *'queer suffering'*, existential rejection, bullying, and thwarted belongingness. The findings provide valuable insight into the unique lived experiences and specific healthcare needs of this population. Clinical implications are discussed, including the importance of cultural competence among practitioners, tailored suicide prevention strategies, and accessible gender-affirming care for transgender and gender-diverse young adults in Northern Ireland.

14.30 Session

Room 1 – Multiple Positionalities; Multiple Perspectives Roundtable

Multiple Positionalities; Multiple Perspectives: Exploring the tension that lies between consumer's expertise and their (perceived) vulnerability across four contexts

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A key dilemma common to critical health and human studies is the tension that lies between consumer's autonomy alongside their right to, or perceived need for, protection. Through a Roundtable conversation we use real-life vignettes gathered from research across palliative care, early childhood education and care, trauma informed care and HIV preventative care to sketch out commonalities, illuminate key principles and connect ideas across disciplines to generate new understandings and ways of approaching this complex transdisciplinary issue. In our discussion, we ask:

- **What should consumer access to information look like?** – is informed decision-making and ensuring accessible information enough?
- **Can agency be a burden? –** Is someone else having the answer at times a good thing?

- **Do practitioners need power to share power?** – What is the impact of regulation, professional standards and practitioner autonomy on a (often) marginalised workforce?

Our Roundtable features four PhD Scholars who represent multiple identities, positionalities and disciplinary training who regularly meet to share perspectives.

Room 2 – Roundtable: Neurodiversity: Radical Alternative, Or Trojan Horse?

NEURODIVERSITY: RADICAL ALTERNATIVE, OR TROJAN HORSE?

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The concept of neurodiversity is usually said to have first been formalised in Judy Singer's 1997 masters' thesis, to describe an inclusive social movement in which all human differences, especially those sometimes described as high-functioning autistics (or 'Aspies', from Asperger's Syndrome) are accepted and valued. For Singer, neurodiversity is a feature of our species, precisely as biodiversity is a feature of our planet. More recently, the concept has evolved and is now said to encompass two broad groups. There are the *neurodivergent* minority, who differ from prevailing standards of cognitive functioning. Then there are the *neurotypical* majority, upon whose cognitive capacities societal norms are based. Neurodiversity understands forms of neurodivergence – e.g. diagnoses of autism, or ADHD - as describing enduring differences in being human. Rather than medical or psychiatric disorders, these collections of traits are understood as more-or-less stable characteristics of persons. But because these traits are misaligned with (neurotypical) societal norms, their possessors are disadvantaged. While the movement is undoubtedly based on worthy aims, a closer look raises questions. These include:

- Why *neuro*diversity – why not just 'diversity'?
- The distinction between neurodivergence and neurotypicality can't be observed or measured: what implications does this have?
- The concept of neurodiversity is endorsed by parties across the political spectrum, by multinational corporations, and powerful institutions such as the UK's Royal College of Psychiatry. So, what *are* the political potentials of neurodiversity, and how does neurodiversity relate to neoliberal capitalism?
- Is the neurodiversity movement a radical challenge to dominant oppressive norms or, in practice, a way of reinforcing existing power structures?

These and other questions were addressed by Lucy Johnstone, John Cromby and a third author (a therapist who needed anonymity) in four blogs published on 'Mad in The UK' in 2024. In this session, Bridgette Rickett will discuss neurodiversity with Lucy and John, exploring their answers to these and other questions and drawing out the implications for critical health psychology.

Room 3 – Neoliberalism and its implications for Health

FRACTURES OF NEOLIBERAL RATIONALITY IN WORKER WELL-BEING COACHING

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This presentation proposes that on the level of subjectivity, we may exist on a boundary between neoliberalism and becoming something else. In the global north especially, individuals are encouraged to cultivate themselves as entrepreneurial, neoliberal subjects. Conversely, worker well-being has been casted as responsibility of individual workers despite of the well- established understanding of structural causes of health risks at work. However, in the current political situation, the neoliberal rationality is increasingly challenged on multiple fronts. In social sciences, the transformation and the potential downfall of neoliberalism has been theorized as post-neoliberalism (Davies & Gane, 2021), zombie neoliberalism (Kotsko, 2020), and mutant neoliberalism (Callison & Manfredi, 2019). Based on a PhD research project exploring subjectivation dynamics of worker well-being practices, the presentation focuses on the ways in which neoliberal subjectivity is fracturing at this current crisis-prone state of neoliberal capitalism. Informed by critical psychology's understanding of neoliberal subjectivity as locally negotiated and open to contestation, this presentation explores the ways in which the boundary between neoliberalism and becoming something else is constituted in accounts of well-being coaches utilizing self-tracking technologies in their professional practice. As the particular topic of this research, self-tracking technologies have been critiqued for cultivating neoliberal ways of relating to oneself by reducing well-being into individualized projects of rational calculation. These technologies are increasingly integrated into worker well-being interventions in the pursuit of optimizing well-being and productivity as well as managing stressful working conditions. Based on discursive analytic reading of 9 interviews of well-being coaches, cultivating neoliberal subjectivity through self-tracking is, however, realized as a conflictual and fragile practice. The presentation suggests that analytic focus on the fractures of neoliberal subjectivity, rather than on the inevitability of neoliberal governance, may be useful in imagining alternatives to neoliberalism at this cultural moment.

Health Rationales and Housing Policies: how evictions can inform the study of housing as a Social Determinant of Health (SDH)

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This presentation examines the historical use of health discourses to justify evictions in Rio de Janeiro (Brazil), shaped by colonialist housing policies that expel low-income, predominantly Black populations from downtown areas. I briefly explore my experience researching a squat eviction that was framed by government around sanitary and physical health risks. One of the outcomes of my research was revealing factors overlooked by housing policies: the health impacts of police operations, protective health dynamics within the squat, and the post-eviction effects on dwellers. These experiences inform this discussion on eviction health narratives. Traditional SDH literature on housing emphasizes biological, chemical, and physical housing aspects. However, some emerging urban and housing studies focus on eviction-related health impacts. There is a need to integrate these insights into the SDH framework. Besides that, there is still a further need to address potential dwelling-related health protective factors in insecure housing situations, as strengthening of social networks, proximity to workplaces, emotional attachment to places, access to specific resources because of the dwelling. While health studies of housing as a SDH are advancing, interdisciplinary integration and incorporation of lived experiences are critical to prevent health data from being co-opted to justify harmful policies driven by real estate interests. Furthermore, policy impact evaluation studies can play a crucial role in addressing these issues by providing evidence-based insights into the broader consequences of housing interventions.

Precarious Work and Precarious Health: The Potential Role of Decline of Labour Conditions to Disease and Deaths of Despair in the United States

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In the United States between 1999 and 2022, approximately 3.1 million people have died from overdoses, alcohol-related-diseases, and suicide, collectively labelled Deaths of Despair. The most common victims are working class individuals without college degrees that have experienced increased difficulty in the modern labour market. Two common factors behind Deaths of Despair are long term economic hardship and lack of social connection. Since the late 1970s, the US has undergone seismic socio-economic shifts. Union density, job quality, and social capital have declined as a partial result of deindustrialization and the rise of neoliberalism. All of these are strongly associated with Deaths of Despair. With the rise of precarious work, employment is no longer a reliable site of identity formation and is no longer a source of 'ontological security' which has contributed to a decline of many American's overall mental wellbeing. Furthermore, the growth of precarious work has created a polarized labour market which has exacerbated social exclusion and alienation in American society. These changes coupled with the decline of many American communities has allowed Diseases of Despair to fill the void. Furthermore, many attempts to build social citizenship in the US have been undone. This paper will draw on several psychological theories of addiction which indicates it stems from a sense powerlessness and emotional pain. It will argue that through labour solidarity along with improved realization of labour rights, social capital and social citizenship can be rebuilt which in turn may be used as a supplementary public health tool to help decrease these deaths.

PSYCHOSOCIAL HEALTH OF INDIVIDUALS MANDATED TO APPLY FOR MEDICAL REHABILITATION: A COMPARATIVE ANALYSIS OF PENSION INTENTIONS, FINANCIAL CONCERNS, AND REFERENCE VALUES FROM OTHER PATIENT GROUPS

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In Germany, statutory health insurance providers or employment agencies can require individuals with long-term illnesses to apply for medical rehabilitation to maintain their eligibility for social benefits. Qualitative evidence suggests that individuals mandated to apply often experience stress, exacerbated by social and structural inequalities. This research investigates the psychosocial health of individuals mandated to apply for medical rehabilitation, comparing those with and without disability pension considerations and those with and without financial concerns. The objective was to test whether psychosocial health differs by disability pension considerations and financial concerns. An anonymous survey was distributed to 4,000 insured individuals from three regional German pension funds mandated to apply for rehabilitation and whose applications had been approved. The response rate was approximately 20% (N = 792). Psychosocial health was measured using four modules of the HEALTH-49 instrument, covering psychological and somatoform complaints, self-efficacy, activity and participation, and social support and strain. Group differences were analysed using t-tests and ANCOVAs. Results showed that individuals with disability pension considerations reported significantly higher distress across all assessed psychosocial health domains, except for social support and social strain. These findings were corroborated in a second study involving over 1,000 participants, in which financial concerns were also assessed. Participants reporting financial worries (n = 458) showed significantly higher levels of distress across all psychosocial health domains. Additionally, individuals mandated to apply for rehabilitation reported greater distress than other population groups. These findings point to structural deficits in the health services system and the rehabilitation process, leading to inadequate support. The study underscores that psychosocial stress among individuals mandated to apply is closely linked to social and structural inequalities. Early, holistic, and targeted interventions addressing psychological, social, and financial burdens, alongside a critical examination and reform of the healthcare system, are essential to promote equitable, needs-based support.

Room 4 – Applications of Intersectional Theory

DECONSTRUCTING PERSONALITY TESTS: UNVEILING INEQUALITIES THROUGH CRITICAL DISCURSIVE PSYCHOLOGY AND INTERSECTIONAL THEORY

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Personality is an academic and commonsensical concept that is often taken for granted. Personality is typically studied through personality tests, which quantify individuals' feelings, thinking, and behaviour. Personality tests are widely used, particularly in working life, where personality testing has become a growing industry. In academic research, the dominant approach to personality tests is quantitative and psychometric, while critical empirical studies remain scarce. In this paper, I introduce an innovative research setup in which personality tests are studied from the perspective of critical social psychology and intersectional inequalities. The data consists of 24 interviews in which participants reflect and comment on personality test questions. During the research interviews, test takers are asked to talk aloud,

how they interpret test questions and decide to answer them. Rather than studying the personality traits or cognitive processes of test takers, I analyse how the test takers construct personality tests and themselves. From the framework of critical discursive psychology and intersectional theory, I analyse how personality test takers position themselves in relation to the tests, and how their intersectional positions shape their possibilities for engaging with the test questions and the implicit view of personhood embedded in them. The analysis demonstrates that personality tests reinforce normative assumptions about subjectivity, exacerbating intersectional inequalities. The study sheds light how inequalities can affect people's well-being at work and in general. By critically examining the individualistic and psychologized concept of the subject in quantification-based psychology, the research challenges the widespread and often uncritical use of the concept of personality.

THE GREAT OVERLOOK: A PILOT STUDY ON INTERSECTIONAL DISCRIMINATION AMONG STUDENTS AND FACULTY AT THE UNIVERSITY OF MILANO-BICOCCA

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Despite growing awareness of intersectional discrimination in academia, research in Europe—and particularly in Italy—remains focused on gender-based discrimination, neglecting critical inequalities related to socio-economic status, ethnicity, sexual orientation, and disability. This narrow scope limits understanding of discrimination’s impact on well-being in academia. While universities have intensified their commitment to inclusive policies addressing gender-based discrimination, little attention is given to how multiple forms of inequality may compound academic careers and well-being. For instance, socio-economic status and disability, although acknowledged in institutional frameworks, remain underexplored in terms of their intersecting effects. This pilot study examines these gaps by analysing the impact of overlooked factors on well-being, comparing student and faculty experiences within the Department of Human Sciences for Education at the University of Milano-Bicocca. The study employed an explanatory sequential mixed-methods design. In the first quantitative phase, a large- scale questionnaire (N=319 students; N=50 faculty) assessed how discrimination affects work-life balance using the Work and Family Conflict Scale (WAFCS), quality of life via the WHO Quality of Life-Bref Scale, and overlapping discrimination experiences through the Day-to-Day Discrimination Subscale (InDi-D) from the Intersectional Discrimination Index. In the subsequent qualitative phase, focus groups explored dimensions not fully captured by the survey. Findings highlight the importance of considering different areas of discrimination and their impact on well-being in target groups: while faculty report gender-related career barriers, students primarily experience discrimination linked to disability and sexual orientation. Focus groups reveal an overlooked factor: precarious employment, tied to socio-economic status and gender, significantly impacts quality of life and work-related experiences. These results could provide the groundwork for the development of more inclusive and detailed institutional policies. However, the predominantly white, able-bodied sample poses a limitation of the study design, while also reflecting broader structural barriers to academic participation, reinforcing the need for more inclusive institutional regulation.

DECOLONIZING AND LOCALIZING FEMINISM: MUSLIM FEMINIST IDENTITY IN TÜRKİYE

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Western feminist narratives have historically marginalized Muslim women, often framing the hijab as inherently oppressive. This study challenges such reductionist views by centering the lived experiences of hijabi Muslim feminist women in Türkiye. Through in-depth qualitative interviews with eight participants, analyzed using thematic analysis, this research explores how Muslim feminist women navigate identity integration, challenge dominant feminist discourses, and construct localized feminisms in Muslim contexts. Findings indicate that participants navigate identity integration by redefining feminism within an Islamic context while also relying on feminist and religious networks for social support. Solidarity spaces—both informal and institutional, such as Havle Women's Association, the first Muslim feminist organization in Türkiye—play a crucial role in shaping discourse and providing support networks. The existence of such organizations highlights the growing visibility and agency of Muslim feminist voices in Türkiye and represents the localized and decolonized feminism practices among women. These findings highlight the importance of decolonizing feminist discourse by recognizing pluralistic, context-specific feminist movements that empower rather

than exclude Muslim women. By bridging feminist psychology and critical social research, this study highlights the need for intersectional approaches that validate diverse feminist experiences, support the resilience and identity integration processes of Muslim women navigating their intersectional identities.

Exploring intersectional inequalities in wellbeing during 2.5 years of the COVID-19 pandemic: a longitudinal intersectional MAIHDA (Multilevel Analysis of Individual Heterogeneity and Discriminatory Accuracy) approach

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The COVID-19 pandemic was a defining moment for public health and the way we understand wellbeing. While the pandemic illuminated the resilience of many, it also revealed stark vulnerabilities its psychosocial impacts on certain demographics. Such disparities have been traditionally studied along one axis of identity failing to recognise the complex realities that shape lived experience when these vulnerabilities intersect. Intersectionality provides a framework for understanding how concurrent (dis)advantages longitudinally shape wellbeing outcomes during the pandemic. This study leverages the intersectional Multilevel Analysis of Individual Heterogeneity and Discriminatory Accuracy (MAIHDA) approach to explore the role of intersectionality in explaining variation in average levels and trajectories of loneliness and mental health. 26,145 participants were included from a Dutch cohort study spanning 2.5 years (20 waves) of the pandemic. Intersectional strata were defined as the unique intersection of social categories living situation, sex, education, and nationality/migration, resulting in 48 distinct intersectional strata from which the participants and their observations were nested. Controlling for age, step-wise models evaluated the discriminatory accuracy of the intersectional strata for average levels (intercepts) and trajectories (slopes) of loneliness. Intersectional strata demonstrated a modest amount of explanatory power for average loneliness throughout the COVID-19 pandemic. However, the variance in trajectories of loneliness could only be minimally attributed to the intersectional strata. Findings highlight the dynamic nature of pandemic wellbeing and the utility of an intersectional framework, while also reiterating the complexity within this phenomenon. The intersectional strata's small explanatory power does not negate the presence of disparities; rather, they suggest that wellbeing is influenced by a myriad of factors at various levels, with individual variation being a primary and often expected source of differences. Upcoming analyses will seek to disentangle the mechanisms of intersectional effects and highlight sources of inequalities for both loneliness as well as mental health.

An intersectional approach to bridge the gap: A systematic scoping review of research on digital interventions for people with asthma and COPD

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This presentation discusses results from a systematic scoping review that explored reporting practices of research on digital self-management interventions for asthma and COPD. This scoping reviewe aims was to understand how different patient groups with asthma and COPD engage with digital interventions. This is accomplished by exploring how studies report demographic characteristics, outcome measures, and usage data – and understanding how these types of data are combined in analysis. We adopted a two-phase set of exclusion-inclusion criteria. Firstly, we included research was identified that includedwith three types of data: demographic, clinical, and usage. The usage data in these studies wasWe then then reviewed these to focus on 'meaningful' measures, namely measures that could be compared across interventions (usually numerical). Additionally, we conducted thematic synthesis of discussion and conclusion sections. Results were discussed with Patient and Public Involvement representatives. Twenty studies were included in analysis. Eleven (55%) reported at least two types of outcome measure (i.e. asthma/COPD-self-reported, physiological, or other self-reported measures). Age, disease severity, and sex were reported in all studies. Just six studies reported ethnicity (30%), and eight (40%) reported socio-economic status. Thirteen studies (65%) did not combine different types of data in analysis. Abductive thematic synthesis presented three underdeveloped areasreenforced the findings on reporting practices, specifically that there was; (1) limited consideration of how different people engaged with the interventions and, (2) the use of demographic characteristics was typically tothat implyied sample homogeneity and occasionally spot, but could rarely explain, differences in engagement/outcomes., and (3) underdeveloped understandings of how healthcare professionals could support patient engagement. Positive reporting practices of outcome and usage measures could be developed to enable more comprehensive analysis. Reporting and analysis of demographics requires substantial development. Overall, to identify patterns of engagement and develop more rigorous analysis of effectiveness, across subpopulations, accessible datasets are required. We highlight improvements at each stage of the research process with two priorities; (1) expand reporting of demographic characteristics to help bridge the gap between 'health research' and 'research on health inequalities'; (2) more comprehensive analysis that combines different types of data. Addressing these priorities in tandem should increase sensitivity of analysis and encourage an intersectional analysis. The findings highlight gaps in current reporting practices and how these might be overcome using an intersectional framework. Recommendations cover the research cycle and converge with existing framework but we focus on three areas; (1) open reporting practices of metadata to enable greater understanding of usage patterns; (2) bridging the gap between 'health research' and 'research on health inequalities' with an intersectional approach; and (3) conducting analysis that combines different types of data to appreciate different forms of engagement amongst subpopulations, to understand how engagement impacts outcome measures.

Room 5 – Becoming a parent

Discursive management of add-ons and lack of evidence during IVF consultations: implications for good clinical practice when discussing add-ons with patients

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Add-ons are non-essential procedures additional to In Vitro Fertilization (IVF) which lack both robust clinical evidence and clear guidance regulating their usage. The information regarding add-ons is often misrepresented by the clinics where the procedures are consequently oversold to infertility patients, making this a critical health decision. In the UK, add-ons are not covered by NHS funding and can be very costly, making this an issue that can divide communities, separating out rich from poor. Add-ons are commonly offered by clinics and requested by patients but what is unknown is how clinicians and patients negotiate such decisions in situ. Our paper considers how clinicians at one UK clinic manage this lack of evidence when discussing add-ons within infertility treatment consultations. The data comprised video-recorded infertility consultations between six clinicians (3 men, 3 women) and thirty- four patients, (17 heterosexual couples) with various types of infertility at a UK infertility clinic using a pre-set camera without the presence of the researcher. In total, twenty-two consultations (13 hours 19 minutes long) were recorded. Discursive Psychology was utilized to investigate the interactive practices that the clinicians employed with their patients when discussing add-ons. The analysis revealed prominent employment of hypophora, rhetorical questions and formulations involving “have a think”. Hypophora and rhetorical question enabled the clinicians to discuss the evidence for the add-ons in general terms, thus making them relatable. The use of hypophora additionally enabled the clinicians to display their knowledgeability of the matter. The last device “have a think” was employed to allow the patients time to find additional information about add-ons and to postpone the decision regarding their use. The findings illustrate examples of good clinical practice and thus are beneficial to improvements in dealing with add-ons.

Contesting Borders: Exploring Miscarriage Experiences in Collectivist and Individualistic Communities using Body Mapping

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Health research often exists within rigid disciplinary, cultural, and societal borders, limiting holistic understanding and inclusive care. This study challenges these boundaries by exploring the under recognised and deeply personal experience of miscarriage across cultures through the lens of **Body Mapping**, an arts-based research method. While biomedical perspectives dominate miscarriage research, there is a lack of focus on the **emotional, cultural, and social dimensions** of pregnancy loss. By engaging women from both **collectivist and individualistic cultures**, this study examines how cultural norms shape experiences of miscarriage, including grief, self-blame, and maternal identity (re)construction. In my research I found that in while self-blame, inadequacy and silence was felt by women across both cultures, in collectivist settings, miscarriage remains shrouded in **stigma and silence**, exacerbating isolation and reinforcing societal pressures on womanhood. Women expressed exclusion from social circles due to their perceived “incompleteness.” In contrast, in individualistic settings, disappointment majorly stemmed from healthcare providers’ lack of sensitivity and emotional support. Women in Individualistic cultures expected compassionate care but often felt dismissed, amplifying their distress. Women who could self- advocate got the care they needed but largely were left alone. While partners played the role of silent supporters, they struggled to fully grasp the depth of the experience, leaving women feeling emotionally unacknowledged. With families often geographically distant, greater expectations were placed on healthcare providers, yet these expectations were largely unmet. Body Mapping provided participants with a **creative and reflexive medium** to visualize their embodied experience—juxtaposing the joy of pregnancy with the grief of loss. Recurring themes of **emptiness, shame, and invisibility** emerged, illustrating the disenfranchised nature of miscarriage grief. By contesting disciplinary, cultural, and societal borders, this research advocates for an **interdisciplinary, empathetic, and culturally sensitive approach** to miscarriage support. It urges healthcare providers and policymakers to acknowledge the complexity of pregnancy loss beyond its biological implications, fostering a more inclusive discourse that validates women’s experiences and ensures no one suffers in silence.

For Mothers and Birthing People, the Birth of a Baby Requiring Admission to a Hospital’s Neonatal Intensive Care Unit

Hooberman, Laura

For mothers and birthing people, the birth of a baby requiring admission to a hospital’s neonatal intensive care unit (NICU) is likely a traumatic experience. Separated from their babies, who may be housed in NICU incubators for days, weeks or months after birth, they endeavor to engage in relationships with their babies marked by closeness, grappling, simultaneously, with the heavier than is typical hand medical professionals play in the early development of NICU babies. My dissertation research looks at infant feeding in the NICU as a site in which these tensions and turmoil play out. Specifically, in analyzing interview narratives of mothers and birthing people on their experiences of breastfeeding in the NICU, I explore how physical intimacy between birthing parent and child emerges within, and is disrupted by, the highly medicalized environment of the NICU. My presentation focuses on the following themes, emergent from qualitative data gathered through this research: 1. Knowledge. I discuss when and how NICU parents assert themselves as harboring knowledge about themselves, their babies, and their bodies, and the contexts in which parents find their knowledge challenged by external authorities, or difficult to access or articulate; 2. Discourses of the body. I discuss how the lactating body is constructed and discussed by parents, exploring the, at times, contradictory 'meaning' made of the body while breastfeeding (the body, for instance, may be described simultaneously as an empowered vehicle for closeness with one's baby across distance, and, when pumping, a mechanized form in need of management); 3. Navigating the sytem. I discuss how parents navigate relationships with medical professionals, exploring when and how parents resist medicalized authority and instances in which the system 'pushes back.' In exploring these parents' experiences, I frame the NICU and breastfeeding as important areas of inquiry in the fight for reproductive justice.

THE INVISIBILITY OF MOTHERING WITH RHEUMATOID ARTHRITIS: THE IMPORTANCE OF RELATIONAL ETHICS FOR PLANNING A QUALITATIVE STUDY

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The early stages of motherhood can be a demanding time for mothers with rheumatoid arthritis. Little is known about mothering with rheumatoid arthritis, contributing to social invisibility surrounding these mothers' experiences. Studies on mothers with chronic health conditions in general have focused on psychosocial risk to the mother and/or child. The mother- child relationship has been overlooked in these studies, as well as the critical importance of culture and whānau/family. In this ongoing study we are examining how mothers with rheumatoid arthritis experience the mother-child relationship, especially in relation to their own health needs. We are also exploring how mothers experiences of support, including support from whānau/family, shape their wellbeing in relation to children. Grounded in the context of Aotearoa New Zealand, we are exploring the needs of mothers with rheumatoid arthritis who are Māori (the Indigenous peoples) or non- Māori. This talk will outline our relational ethics approach, guided by *Te Ara Tika – Guidelines for Māori Research Ethics*. We are taking a Māori-centred, qualitative visual methods approach. Thirty mothers with a child (aged 0-5 years) will participate in an interview, photography exercise and follow-up interview. Purposive sampling will be employed to ensure participation of Māori mothers, in addition to Pacific peoples, single and partnered mothers, mothers with multiple children, and first- time mothers to ensure inclusion of culturally unique knowledges and practices, in addition to variability of mothering experience among people with rheumatoid arthritis. Our reflections to-date demonstrate the importance of applying relational ethics when planning a qualitative study that prioritises understandings of the mother-child relationship for mothers with rheumatoid arthritis and takes account of culture. We conclude with some recommendations for future research with mothers who have a chronic health condition like rheumatoid arthritis.

16:30 Session

Room 1 - Pecha Kucha / 5-minute Challenges

The Personal Experiences of Parents of Children with Acquired Brain Injury

Louise Cooper, Cooper L. Dr. Matheson, D. & Dr. Danks

I am doing this PhD as a mother of a child with acquired brain injury (ABI). It is a constant reminder of the traumatic birth my son David endured, and I witnessed. I want this study to make a difference where professionals dealing with families like mine listen and act upon the wishes of the families. Professionals I have met whenever during David's life so far have tended to act on their own assumptions in that they thought they had the answers on how to cope with David. I was rarely asked for my ways of coping with him as they thought their textbook knowledge was the best for David. I can tell you that this wasn't the case. The constant remark when they visited us was 'Oh! I understand!' which was very superficial as how could they if they didn't have to go home to similar circumstances themselves. Our lives changed once we took David home and his brain injury impact became apparent to us. No-one after the birth implied that he was injured, and we thought everything was OK then suddenly I remembered the traumatic birth and the realisation set in. All I wish this PhD to do is inform the professionals that their approach needs to change, whereby the family is the main determinator of what happens in their child/family member with ABI and the professional facilitates these actions. The family knows their child or family member with ABI the best and needs to be determining what is needed for them not the professional assuming what they think is best. I hope this PhD improves the liaisons between professionals and families and everyone involved acts in the best interest of the family and listens to the family members, as they know best of all.

Breaking Down Barriers: A Critical Review of Digital Mental Health Apps for Marginalized Populations

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igital mental health platforms and apps often promise universal access, but how universal are they in reality? Drawing on a critical health psychology perspective, this research examines design and implementation patterns that can inadvertently exclude those most in need—people with low digital literacy, individuals in low-resource settings, or communities affected by ongoing social and political conflict. We present findings from a literature synthesis and app review, focusing on the extent to which developers address language diversity, cultural appropriateness, and accessibility standards (e.g., large touch targets for users with motor impairments). Through real-world vignettes, we highlight success stories where co-design with underserved groups led to culturally sensitive, linguistically accessible, and user-friendly applications. Yet, we also reveal how many commercial apps neglect critical concerns like privacy, data security, and cost barriers, potentially exacerbating existing mental health inequalities.

Disrupting Power in AI-Driven Digital Mental Health: Exposing Algorithmic Bias and Social Inequalities

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While AI promises personalized, scalable mental health interventions, critical health psychology urges us to question how algorithmic tools are conceived, developed, and deployed. This research addresses the systemic inequalities baked into data sets, the potential marginalization of non-dominant cultures, and the ethical ramifications when tech companies—rooted in profit-oriented models—drive “solutions” for global mental health issues. Using examples from chatbot-based counseling, predictive analytics for suicide risk, and AI-driven triage systems, we reveal how seemingly neutral algorithms can perpetuate or even amplify existing health disparities. Evidence from recent audits shows that minoritized groups—due to underrepresentation in training data—experience mismatched or erroneous risk assessments, fueling mistrust. We discuss emerging frameworks for “explainable AI,” fairness, and participatory design that strive to mitigate these issues, but also highlight tensions around intellectual property, resource allocation, and regulatory oversight.

Vaccine Hesitancy and Confidence Research Programme: Qualitative and Critical Research Approaches with Vulnerable Groups

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Vaccine hesitancy, delays and or refusals to be vaccinated despite the availability of a vaccine, are a global problem. Since the Covid-19 pandemic there are declines in most vaccines indicating a crisis in confidence about medicine and science. Meanings of vaccinations are local and context-dependent. In this pecha kucha we showcase a programme of vaccination research that has focused on vaccine hesitancy amongst vulnerable and hard-to-reach groups for the Human papillomavirus (HPV) vaccine including: boys/young men; cultural diversity; sexual minority and people with an intellectual disability. Using a range of qualitative and critical research approaches that are tailored, vulnerable groups can be included and can participate in decisions about their health. We synthesise collective research findings to inform recommendations for vaccination.

Crafting a Memory Landscape: Feminist Ways of Knowing in Diaspora

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Indigenous psychologists have long argued for the preservation of community practices of healing which resist American individualism and instead, center the interdependence of all beings (Gone, 2009, 2014; Linklater, 2014). To promote an integrative, holistic approach to health and healing requires attention to the practices of everyday people seeking to address historical and intergenerational trauma shaped by colonialism and systemic oppression. In this presentation, I will utilize visual narrative to tell the story of the *Trees of the Little Caribbean* exhibit at the Brooklyn Botanic Gardens, curated by two Caribbean women interested in memory-making and community-building through the garden space. The presentation will be based on an interview I conducted with these curators on how they transformed the space of the botanic garden to craft a memory landscape for generations of people with ro(u)tes in the Caribbean as a practice of love, belonging, and intergenerational connection. More specifically, I will explore the ways in which participants theorize the garden as an exercise in memory, as teacher, and as a therapeutic landscape. Furthermore, I will connect this work to a set of oral history interviews between Indo-Caribbean women across generations and their efforts to remember and narrate the past and their experiences of gender-based violence in New York City. The presentation will walk viewers through the landscape of the exhibit, connect the plants found in the exhibit to the colonial history that brought them to the Caribbean, and include visuals from gender justice organizing in New York City by Indo-Caribbean women and gender expansive people.

"Under Pressure": Social Disidentification from Groups Impacts Cardiovascular Stress Reactivity

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Social disidentification, the active detachment from a social group, may have significant consequences for stress regulation and health. This study investigates the causal effects of social disidentification on cardiovascular reactivity (CVR), exploring how disidentification contributes to dysregulated physiological stress responses. Given the link between dysregulated CVR (whether exaggerated or blunted) and adverse health outcomes (e.g., cardiovascular disease, obesity), understanding the health consequences of disidentification is increasingly relevant in a world shaped by social divides, contested identities and exclusion. The presentation will introduce the concept of social disidentification and its potential health implications through visual metaphors illustrating social dis/connections, stress and cardiovascular effects (Slides 1–6). The study methodology will be depicted using intuitive graphics, outlining the between-subjects experimental design with 124 healthy university students, the disidentification manipulation (distancing from participants’ university identity), the Trier Social Stress Test, and real-time CVR monitoring using the Finapres NOVA device (Slides 7–11). Key findings will be presented through simple graphs, showing attenuated CVR differences between disidentified and control participants, highlighting the physiological impact of identity-based stress (Slides 12–16). The final section will contextualize these results within broader societal challenges, emphasizing how disidentification can shape health disparities and stress-related illness (Slides 17–20). By bridging social psychology with health research, this study provides new insights into the physiological consequences of social disidentification. These findings have broader implications for understanding how identity-based conflicts and stressors contribute to health inequalities in diverse societal contexts.

The Exponential Growth of Patient Involvement: Much Ado and Not Doing Much

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Over the past decade, health research has seen an exponential rise in published studies claiming to use participatory approaches such as co-production, co-design, and patient and public involvement. Some scholars even suggest we are in a "participatory era." However, as these initiatives multiply, so too do tokenistic practices that exclude people working from lived experience perspectives from meaningful decision-making and agenda-setting roles in health policy, services, research, and education. Ironically, the growing emphasis on patient "involvement" appears to obscure a decline in approaches that genuinely challenge power imbalances. In this PechaKucha, I trace the history of lived experience movements in health. I share my ambivalence about some recent developments (such as *The Lancet Psychiatry*'s lived experience engagement statements) that both call attention to participatory approaches, but echo exclusionary and tokenistic practices if incorrectly applied. I argue that, in our rush to appear truly participatory, we risk deepening power disparities rather than dismantling them.Despite these concerns, this PechaKucha ends on a hopeful note. I propose concrete ways to ensure that people working from lived experience perspectives lead decision-making, shape research priorities, and author lived experience statements—rather than being relegated to roles with no real influence over epistemic or practical processes. I want to see more lived experience leadership opportunities and fewer initiatives that limit people with lived experience perspectives to menial tasks such as advisory roles or priority-setting exercises. A truly lived experience-led health sector is possible, and as critical health psychologists, we can help create space for lived experience leadership to thrive.

Materializing Privilege: Re-Weaving to Withdraw from an Aesthetic Status-Quo in the Yoga Industry

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This pecha kucha will involve a performative reading of one narrative from my doctoral thesis, using images to further diffract the creative processes that materialize privilege and power in yoga practice. Psychologized interpretations of yoga remain committed to individualism, often disregarding social forces and inequity. White, affluent, able-bodied women clad in branded clothing re-produce colonial, neoliberal imperatives through an aesthetic that extends beyond bodies and into the "things" of yoga practice. This aesthetic contradicts a core philosophical intention of yoga: withdrawal of the senses (pratyahara). Paradoxically, pratyahara is only possible in direct contact with the material world. By drawing upon theory which privileges the agency of the material world, I explore pratyahara as a conceptual tool in order to question conformity to the yoga industry's aesthetic status-quo.I re-configure privileged identities with diffractive auto/ethnography. Drawing upon Barad's "cutting together-apart," reflections, observations, interview transcripts and objects collected from 250 site visits are literally and figuratively woven together into three narratives and a make-shift yoga mat. These creative processes materialize an interplay of whiteness, body-centricity, and neoliberal feminism that otherwise operate invisibly in day-to-day experiences in spaces of yoga practice. In making these power structures visible and tangible, this process of self-study prompts a shift in my scholarly and yoga teaching practices. By engaging with the more-than-human world, power takes a different form, one that can begin to be withdrawn from. Pratyahara thus enables a framework for critical praxis from positions of power.

'Serious Risk' or 'Just A Phase'? Discourses of Sleep and Adolescence in the Online News Media

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Sleep is vital for healthy function and development and the sleep habits of young people is a topic of perennial concern. Young people are viewed as 'at risk' of unhealthy sleep patterns and these messages proliferate through mainstream news media. To understand these messages, we used discourse analysis to examine 36 articles from New Zealand's free online news source Stuff.co.nz. Articles were identified by searching terms related to adolescence and sleep. Two discourses were identified. Firstly, sleep disturbance was described as "just a phase". Sleep disturbances were viewed as a normal developmental progression for adolescents that reflected physiological and social changes at this age, including school schedules, use of technologies for entertainment, and social activities. Conversely, sleep was also constructed as a "serious risk" with sleep disturbances having

profound consequences for the health and wellbeing of young people. Sleeplessness during adolescence was described as a cause and a consequence of mental health issues. Together these discourses create complicated messaging, with sleep disturbance presented as both a normal physiological pattern and as a warning sign of severe mental distress. The intended audience of these media articles appeared to be parents and caregivers. As the audience of these messages, caregivers were positioned as guardians of the health and wellbeing of young people. They were both instructed to avoid unnecessary worry about sleep changes *and* instructed to monitor and intervene to optimise adolescent sleep health. Such media reporting of sleep leaves parents and caregivers in the unenviable position of being warned about the detrimental effects of sleep whilst being cautioned not to overreact to normal changes at adolescence.

Centring Social Justice in Health Psychology Teaching

Tracy Morison[1,2] & Gareth Terry[1]

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Explicitly integrating social justice into health psychology education can equip students to engage with the discipline in ways that are both theoretically rigorous and practically relevant. I propose that educators reframe social justice not as an add-on but as fundamental to understanding health itself. The aim of this session is to kickstart a discussion of how we as can contest the borders of what health psychology can—and must—be. In this 5-minute challenge, I examine how educators can engage students with critical perspectives while navigating the resistance and discomfort often accompanying them. I begin by offering some examples from our MSc Programme of approaches such as problem-posing, application-based learning, and multimedia case studies, which allow students to critically examine health inequities and their own assumptions. I then consider how teaching from this perspective is not without challenges. Some students struggle with the scale of systemic issues, while others resist framing social justice as integral to health psychology. Educators may also face critiques (from students and institutions) that such approaches are ‘too political’ or ‘beyond psychology’s scope.’ I offer some suggestions for how we can disrupt these narratives. This is not just a pedagogical challenge; it is a call to action for all of us in health psychology. How do we ensure that the next generation sees social justice not as an option, but as an imperative?

Grenfell: ‘Why are there still no answers?’

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For 8 years, since the Grenfell Tower fire, in June 2017, we have been documenting the community experience of the aftermath of the disaster. Some of this experience we captured in photographs of street art and graffiti that appeared as the streets of North Kensington became a public canvas in the early days and weeks after the fire. These early artworks, demanding truth, remembering, justice, and investigations proved prescient, remaining totally on point 8 years later. We have also collated an archive and timelines of over 1,000 events and activities comprising the community response over the years, representing the trajectories of the aftermath. In this pecha kucha we aim to convey the temporal experience of the disaster aftermath, which includes the endless wait for justice, and the determined sustaining of memories, demands, and mutual support. We tell the story of the frustrating fight for recovery and justice, illuminated by local residents’ graffiti and art works.

Friday, July 4

9.00 Session

Room 1 – Intimate and Gendered Violations

INTIMATE AND GENDERED VIOLATIONS: INSTITUTIONAL AND INDIVIDUAL UNDERSTANDINGS, EXPERIENCES AND RESPONSES

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Currently, social and political stances on issues of sexual rights, gender identities and sexual violations are starkly polarised. In recent years, there have been several online, international movements aimed at breaking the silence around such violations, as well as national movements advocating for legal reforms regarding gender- based and sexual violence in many countries. At the same time, digital forms of violence and vastly spreading anti-gender, anti-feminist and manosphere rhetoric continue to act as opposing forces to increased awareness around issues of gender-based and sexual violence and gender and intersectional inequalities in general. These opposing forces create a contradictory cultural atmosphere in which to navigate and make sense of issues of gendered and sexual violations and rights. Our symposium taps into these discursive and lived contradictions by tracing the conditions of existing practices, and possibility for developing new practices, of intervention in various forms of sexual, gendered and intimate violations in different national contexts. Further, we seek to map out current possibilities for critical analyses of these dynamics, working at the intersections of a plurality of discourses and practices that may sustain or disrupt normative understandings of gender and sexualities and their relations to violent practices and efforts to collectively resist them. We address questions such as: how do different positionalities inform experiences of sexual and gendered violations? How are such violations institutionally encountered, intervened in or prevented? How do structural and institutionalised discourses shape the practices of naming, identifying and intervening in sexual and gendered violations? And, how do these intertwine with or clash with personalised meaning-making, embodied experiences and affective responses to violation?

Room 2 – Psychosocial Cancer Care Roundtable

Psychosocial Cancer Care: The Benefits and Challenges Encountered by Socially Excluded Patients Living with and beyond Cancer in Ireland

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Globally, cancer survival rates are improving, and people are living longer with and beyond cancer. However, as people live longer, they face ongoing challenges related to treatment effects and survivorship. Psychosocial support and evidence- based interventions are critical to the wellbeing of people impacted by cancer. There is international recognition that psychosocial care is a universal human right and should be available across the cancer continuum, from before diagnosis through palliative care and bereavement (Tack et al., 2022; IPOS). Despite this, there are groups known to more often be socially excluded and vulnerable (e.g., older people, migrant populations, people with intellectual disabilities), resulting in inequitable access to services. In this interactive roundtable, participants will discuss critical issues in providing psychosocial cancer care to patients living with and beyond cancer in Ireland. The roundtable will be framed around two representative case studies highlighting the rich intersectional identities of patients. One case will examine the experience of a rural patient facing end of life; the other will discuss the experience of an immigrant coping with a new cancer diagnosis. Participants will address bio-psycho-social-cultural aspects of cancer care in Ireland. Common issues that arise in providing treatment include health disparities, survivorship concerns, and ethical considerations. Participants for this roundtable are clinical and counselling psychologists of three nationalities (Irish, American, and South African) who have worked in cancer care in many settings and cultural contexts. Audience participation will be encouraged; possible questions for discussion include:

- How can we improve equitable psycho-oncology care in Ireland and other countries?
- What concerns should we highlight as Ireland's next National Cancer Strategy is being developed?
- How can we, as psychologists, influence public policy to decrease disparities in health and healthcare?
- How can clinicians and researchers in Health Psychology increase collaboration to tackle issues of social exclusion?

Room 3 – Regulation Bodies: Fatness, Race, and Clinical Gaze

BEYOND THE SCALE: UNPACKING INTERSECTIONAL ANTI-FAT BIAS IN PSYCHOLOGICAL THERAPY

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In current Western society, fat is a visible status subject to significant stigma and bias. Weight-based discrimination is widespread and pernicious, including in health care. This impacts access to health care, quality of care, and treatment outcomes of fat* people. Significantly, it intersects with other forms of prejudice such as racism, classism, sexism, and ableism; and disproportionately affects marginalised populations. Because anti-fat bias is often socially sanctioned, it can exacerbate intersectional harms for already marginalised groups, compounding the effects of systemic oppression across multiple axes of identity. However, this is an underexplored area of study, and there is little to no research exploring the ways intersectional anti-fat bias operates in the practice of psychology. Psychologists have influence over how people enact values around health, worth, and wellbeing. They are told to guard against professional bias and are encouraged to act justly and ethically. The knowledge gap around how psychologists uphold or resist damaging discourses around bodies is therefore concerning. This presentation considers findings from a critical, qualitative, social justice-oriented study of 20 clinical psychologists working in general clinical practice in Aotearoa New Zealand. The researchers used thematic discourse analysis to analyse how therapists speak about their work with fat clients. The findings provide insights into the intersection between fatness and other marginalised identities in participants' clinical formulation, and show how these intersections offer both risks and opportunities for upholding or resisting harmful discourses around fatness in therapy. * The word fat is used in line with fat activist efforts to reclaim it as a neutral descriptor and political identity.

Intensive care unit clinicians' perceptions of patient sexuality and sexual health needs: A familiar story in a unique context

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Human sexuality and sexual health are increasingly recognised as relevant dimensions of high-quality, person- centred healthcare across settings and contexts. The topic has been studied in a range of healthcare professions and settings, including primary healthcare, oncology, and mental health. There is little research exploring this topic in the context of critical illness and Intensive Care Unit (ICU) experiences, and none describing the views of ICU clinicians. The current study explores ICU clinician perceptions of patient sexuality and sexual health needs in the ICU setting, critical illness, and recovery. Three multidisciplinary focus groups were conducted with ICU medical, nursing, and allied health clinicians working in a single hospital in metropolitan Australia in 2024-2025. Data will be analysed using reflexive thematic analysis grounded in a contextualist approach. Preliminary findings indicate a range of considerations and experiences unique to the ICU context, yet participants seem to perceive and respond to sexuality and sexual health within their day-to-day practice similarly to clinicians in other settings or professions. Namely, findings suggest that 1) participants understand sexuality and sexual health as relevant to holistic wellbeing and impacted by people's illness experience, but 2) relevant aspects of sexuality-related care are inconsistently addressed in their work. Participants' explanations for this are aligned with barriers and challenges commonly reported in the wider literature: the topic is uncomfortable; it is not considered a priority for most patients; lack of time; and perceived lack of relevant professional education to provide evidence-based care. This 'familiar' pattern of results generated in a unique healthcare context supports existing evidence that achieving sustained improvement in sexuality-related care across healthcare settings and professions requires us to examine and act on the wider *contexts* where clinicians learn and work, not (only) clinicians themselves. These findings and their implications will be expanded and discussed.

"I DID NOT GET MY RIGHTFULLY OWED NATURALLY BIG BLACK GIRL BOOTY": DISCOURSES AROUND BLACK WOMEN, AUTHENTICITY, CURVY IDEALS, AND BODY WORK ON YOUTUBE

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Previous research on body ideals and bodywork has often relied upon assumptions that Black women are neither attuned to, nor seduced by, the pressures associated with socially-located beauty ideals. These assumptions are due to a lack of centring of Black women's lived experiences in much of this scholarly work. This paper directly addresses this limitation by examining “thickspiration” online media aimed at supporting Black women to engage in body reshaping/management practices to achieve a “curvy body”. Our interest was specifically interested in how such bodywork is portrayed by Black women commenters. The data sample (total 118, 189 words) comprised of comments by Black women in response to the top five “thickspiration” YouTube videos (highest number of both subscribers and comments). This data was analysed using feminist-influenced critical discourse analysis. The analysis identified an overarching, dominant discourse which positions the curvy body as both a natural ‘right’ for women of African descent and, simultaneously, as a body ideal that requires bodywork to bring into being. This discourse encompasses intertwining themes around Black authenticity, empowerment, and the renegotiation of raced and gendered beauty standards. Our findings challenge the assumption that Black women have detached or benign relationship with beauty ideals. Instead, findings identify Black, feminine body ideals, such as the “curvy ideal”, as salient and persuasive to Black Women. In addition, within this overarching discourse, bodywork to achieve the curvy ideal is constructed as an emancipatory act by Black women. As such, it can be read as operating as a form of resistance to dominant (White) beauty narratives, while also trivialising the potentially harmful outcomes of reshaping practices. Finally, our findings identify the urgent need for future research to explicitly consider the intersectional dimensions when researching body management practices and centre Black women’s voices and experiences.

“The second I leave my house it’s like microaggression/macroaggression city”: Microaggressions and the circulation of fat hatred

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While critical health researchers are beginning to make note of the damaging impacts of weight stigma and the discrimination it fuels, articulations of health still tend to engage with “obesity epidemic” discourses or position fatness as something to avoid/eradicate. This kind of framing enables and encourages weight stigma. In order to better understand the ways weight stigma is enacted, it is essential that we examine broader systems of oppression and power dynamics alongside everyday manifestations of discrimination. In doing so, we need to consider how those everyday instances both stem from and reinforce oppression. Analyzing data (n=15) from Living Big Lives – a phenomenological photovoice project – through the lens of the microaggression framework yielded a taxonomy which includes the following categories: assumption of ill health, hostility toward fatness, exclusion from public life, love as an impossibility, fetishization, patronization, diet talk, and pressure to change. In participants lives, the denigration of fatness was inextricable from compounding forms of oppression including racism, classism, ableism, and heterosexism.The affective toll of fat microaggressions included hypervigilance, diminished self-worth, and feeling as if “no matter what you’re doing, you’re wrong if you’re in a fat body.” The overwhelming emotion ascribed to many of these experiences was one of not belonging. While perpetrators of fat microaggressions might dismiss their comments and behaviours as innocuous, their effects on the mental wellbeing of fat women reveals their scale of harm. Addressing fat microaggressions necessitates a multifold approach in which intertwined systems of oppression that are at the root of this form of marginalization are challenged. Delineating a taxonomy of fat microaggressions contributes to fat liberation by laying bare the metacommunication in these behaviours and remarks – enabling fat people and their allies to clearly identify and challenge discrimination.

FROM THE DIGITAL SUBJECT TO THE DIGITAL BODY: New forms of clinical discomfort in the face of altered body image in the digital age

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This research is framed within the development of my master's thesis in Clinical Psychology at the University of Chile, as well as my experience as a clinical psychologist for adults and my participation in research projects that analyze, from a critical perspective, the social discrimination faced by individuals with non-hegemonic bodies, specifically focusing on people with physical disabilities and those with obesity. This work aims to study the changes in the perception of body image, now challenged by the impacts of the digital age on contemporary psychology, encompassing the virtual generation and the concept of the posthuman body. The ease of modifying images, manipulable by individuals and artificial intelligence algorithms, has

generated new forms of subjectivation and regulation of social life, blurring the line between real and fictional images. From specialized literature and my experience as a psychotherapist, it is evident that this phenomenon alters self-perception, identity construction, and the representation of the "self," manifesting in new types of clinical discomfort related to body image (Energici, 2020). However, in the field of Clinical Psychology, conceptualizations regarding this issue in its material dimension have been limited, following a tradition in social sciences that has explored the body less compared to the mind (Coole & Frost, 2010). The interrelation between body, body image, and digitalization raises not only a social and cultural analysis of discomfort (Le Breton, 2002) but also philosophical inquiries about the correlation between ethics, aesthetics, and physical appearance (Álvarez-Solís, 2021). My research aims to examine the adequacy of psychotherapeutic approaches in Chile and Latin America to address the new forms of psychological discomfort associated with alterations in body image in the digital age. In this presentation, I will present results from a literature review identifying clinical manifestations arising from digital exposure to self-image and describing the theoretical-practical frameworks employed by psychologists. The final stage of this research seeks to propose new clinical intervention strategies, incorporating feedback from participants from other regions at the ISCHP Congress this year.

Room 4 - Legitimising Care: Discourses, Dilemmas, and Decision-Making

Exploring the Ruling Relations of Care in Eating Disorder Treatment in Ontario Canada: An Institutional Ethnography

Costantini, Sarah

How is the care work of clinicians working in the intensive eating disorder treatment institution in Ontario, Canada regulated? To explore this question, I took an institutional ethnographic approach to explicate the ruling relations that govern clinician's care work in moments of treatment non-adherence. Drawing together in-depth interviews with six clinicians and textual analysis of several core documents informing or directing treatment, I generated a problematic (i.e., a tension or disjuncture) between the clinician's desire to enact relationally-attuned, collaborative care and the institutionalized process of directive care, and the pressure to follow older carceral-institution conventions. Using the methods of indexing, mapping, and writing accounts, I link together how texts (i.e., treatment guidelines, evidence-based practices, and treatment discourses) and the ruling relations of “care as cure” and “gold standard (evidence-based) treatment” coordinate (and limit) the carework of clinicians in moments of treatment non-adherence, as they operate through relations of informal coercion and the broader politics of research. As the first IE in the ED field, this work traces connections between practice, texts, and institutional discourses in a novel way, adding compelling findings to the limited Canadian eating disorder treatment literature and the urgent need for change. The findings underscore the need to de-centre biometrics and recentre relationality by developing alternative care pathways that attend to the diversity of service user needs and address gaps in care.

‘And then there’s always a fractured femur’: a discursive analysis of construction of ‘risk’ in naturalistic recordings of advance care planning by proxy discussions for people without decision making capacity in residential aged care facilities

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Advance care planning (ACP) aims to promote medical treatment that is coherent with patient wishes. Participation in ACP requires medical decision-making capacity. ACP participation rates are generally low, so many people lose medical decision-making capacity before formally expressing their wishes for future care. Furthermore, changes in medical situations and unpredictable emergencies make alternative models of ACP necessary for people who have lost medical decision-making capacity. Such models are under development, however, there is little information about how these discussions occur. Current and future risks to the resident’s health and wellbeing are an integral part of these discussions. Examine the ways in which constructs of risk are deployed by health care proxies, nurses and physicians when

conducting ACP on behalf of people who no longer have decision making capacity. Design: mixed methods single arm intervention pilot study. Data and Analysis: ACP by proxy discussion for 15 RACF residents were audio recorded and transcribed verbatim. Discursive and conversational analyses were conducted to examine constructions of risk. The concept of risk was drawn upon, by health professionals and health care proxies alike, to discuss details of the residents deteriorating health (possible and probable risks), the risks associated with treatments that are deemed to be suitable or unsuitable, and the risks that are deemed reasonable to take on behalf of another person. Notions of fragility, quality of life, dignified death and 'not doing anything' were central to these constructions of 'risk'. Notions of risk are essential in the conceptualisation of uncertain futures and possible harms. These results provide insights for training health professionals to present and explore the risks associated with undertaking or withholding certain treatments, and for discussing relative risk and quality of life with health care proxies, thus allowing them to make informed decisions during ACP by proxy discussions.

'You have to understand that, as a doctor, I haven't seen your mother like that here': negotiating legitimacy in making 'reasonable' medical orders in case of emergency for people lacking decision making capacity

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When residential aged care facility (RACF) residents lose medical decision-making capacity, their health care proxies are called upon to make medical decisions. Anticipatory models, such as advance care planning (ACP) by proxy, aim to make anticipatory orders in case of medical emergency on behalf of residents. This process involves health care proxies, physicians and ACP facilitators discussing the most appropriate course of action in case of emergency. We audio-recorded 15 naturalistic ACP by proxy discussions and conducted a discourse analysis to identify the discursive devices and rhetorical strategies used to legitimise actor's authority in anticipatory decision making on behalf of a person who no longer has medical decision-making capacity. Health care proxies, ACP facilitators and physicians deploy a range of discursive devices to legitimise their claims as to what constitutes 'reasonable' treatment for a person who has lost medical decision-making capacity. Health care proxies drew on their next

of kin relationship, lifespan knowledge of the person, their previous and current implication in the person's life, their closeness and their knowledge of the person's medical history. Physicians draw on notions of the trajectory of the person's illness/conditions, their observations of other 'similar' people and their medical expertise. RACF ACP facilitators draw upon their current day-to-day knowledge of the person, their experience with other RACF residents and their medical knowledge. Such constructs are deployed to co-construct an agreed upon plan for future action in case of an emergency situation, however, when opinions of 'reasonable' action differ, the territories of 'closeness' and 'medical knowledge' are contested. Here, we present this contested territory. Analysing the ways in which actors involved in planning future treatment for people lacking medical decision-making capacity sheds light on the multiple perspectives and difficulties being attended to in such discussions, and provides insights for care planning for a growing population.

DEVELOPING A CONSENSUS-BASED FRAMEWORK FOR CONSUMER LEADERSHIP IN AUSTRALIAN PALLIATIVE CARE: A DELPHI STUDY

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Consumer leadership involves patients and their informal carers actively leading the decision-making processes in care provision, education, policymaking and research. Despite its benefits, current practices lack published methodological guidance and systematic consensus on implementation strategies. This study addresses these gaps by developing a consensus-based framework for consumer leadership in palliative care. This study employed a Delphi technique to develop a consensus-based framework for consumer leadership in palliative care in Australia. A panel of 34 experts was recruited, comprising eight lived-experience consumers, six policymakers, 11 research and education experts, and nine palliative care clinicians (doctors and nurses). The consensus-building process consisted of four sequential Delphi rounds. Each round built upon feedback from previous iterations, allowing for refinement of concepts and integration of diverse viewpoints.The Delphi process yielded strong consensus on the definition of consumer leadership in palliative care and identified key priorities, with strengthening person-centred care and enhancing care prioritisation ranked as

most important purposes, while improving service responsiveness and streamlining organisational decision-making ranked least important. The framework's implementation strategies encompassed four critical domains: (1) training and support, recommending strategic system understanding and advocacy skills for consumers alongside engagement training for professionals; (2) role delineation for both consumer representatives and facilitating professionals; (3) outcome evaluation approaches incorporating professional efficiency, intervention development processes, and consumer satisfaction metrics; and (4) risk mitigation techniques to address challenges in implementing consumer leadership initiatives. The framework addresses the current lack of stakeholder training and support, providing policymakers and facility managers with evidence-based approaches to fill these gaps through dedicated funding streams, government-delivered training programs, comprehensive policy guidance, or regulatory requirements. Comprehensive evaluations using the framework developed in this study will generate the empirical evidence needed to strengthen and expand consumer leadership and co-creation initiatives across palliative care and broader healthcare settings.

Care Deliberations of Family Carers for People Living with Dementia - Applying an Affective Discursive Practices Approach

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Dementia stands as the leading cause of care needs among older adults in Finland. While professional care services are available, people living with dementia (PLWD) often also receive substantial care from family members. The restructuring of care services in Finland has reduced the availability of round- the-clock care and limited access to home care, shifting the care responsibility to the families. Even though previous research has extensively explored the motives and rationales for why family members provide care, revealing a complex interplay of emotional and familial bonds, moral obligations, and expectations, analyses of the affective dimensions of care choices remain scarce. Moreover, as previous literature has highlighted, dementia is a social illness altering relationship dynamics and disrupting the daily lives of both PLWD and their carers. While there is vast research focusing on these changes in close relationships, the sociocultural factors framing them have received less attention. This study aims to address this gap by examining the care deliberations of adult children of PLWD, with an affective-discursive practice approach, focusing on how the entangled dimensions of affect, embodiment, and discourse shape their care choices. This perspective, combined with insights from feminist care literature, is applied on written diaries of 15 Finnish adult children of PLWD. The combination embeds personal experiences and interactions within broader sociocultural structures and with this the analysis aims to provide a comprehensive understanding of the lived realities of adult children of PLWD. The analysis shows that the participants negotiations of care are informed by societal expectations of reciprocity of care, familial obligations, and previous relationship history. In their accounts care becomes a conscious experience through embodied and affective instances of love and connection, as well as discomfort, guilt and fear.

11.00 Session

Room 1 – The Responsibilisation of Young People's Health

MENTAL HEALTH LITERACY FROM A YOUNG MOTHER'S PERSPECTIVE

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Previous research tells us that becoming a young mother in high income countries is increasingly rare. Young mothers face increased likelihood of challenges including anxiety at three times the rate, and postpartum depression at twice the rate, of same age non-mothering peers and older mothers. Young mothers are also under-represented in youth mental health services, and their reported low mental health literacy is preventing early intervention. Yet many report that mothering young is transformative and empowering. Engaging with young mothers (16-24 years), on their terms, across 10,288km in metro, regional, and rural areas of Southeast Australia, using semi-structured qualitative interviews analysed through a matricentric feminist lens reveals many levels of intersectionality and oppression. This includes ongoing stigma, loss of identity and a sense of belonging, confidentiality breaches, lack of adherence to birth plans (by professionals), the void and exhaustion when partner support and family support is not present, a lack of emphasis on mental health and wellbeing during pre-and post-partum check-ins along with practical support like transport, contraception advice (early), breastfeeding (sustained) and budgeting. This project reports on a free mental health literacy resource for young mothers called Young Well Beings, co-designed by young mums, peri-natal professionals, and academics. Young mothers are asked about their experience of the mental health literacy program in two interviews. The sense of community within this resource was appreciated along with authentic sharing of practical tips and encouragement to practice self-care by young mums with each other. The need for flexibility and immediacy in mental health support from family, community and health professionals was stressed by young mothers along with ensuring a wellbeing framework is embedded in support groups for young mothers (to prevent and protect against ‘othering’) and this has inspired research industry-based internship for immediate impact.

Deconstructing young people’s everyday meaning-making around stress and stress management in Aotearoa New Zealand

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Stress – blurring the boundaries of physical and mental health – is often positioned in western (late) capitalist countries as one of the major (preventable) health concerns of our era. Within everyday life and the workplace in Aotearoa, individuals are regularly presented with narratives about stress, and about stress management, as well as stress management tools and techniques. Stress is constructed as an inevitable part of life, but 'too much' stress is positioned as a substantial health risk. Our study used focus groups to explore young people’s accounts and meaning making. Young people (under 35) in Aotearoa have grown up surrounded by neoliberal ideology and policy, and the consequent individualisation and responsibilisation around health. Within this context, stress management by individuals as a concept and industry has flourished. Across nine focus groups, young people – who mostly knew each other – discussed their experiences of, and understandings around, stress. We explored the data using reflexive thematic, and generated themes highlighting tensions and challenges around stress for young people. Stress was universalised and normalised, in a way which framed it as inevitable and unavoidable. Stress was also problematised, as bad and harmful, and to be avoided if possible, by the individual, even as "some" stress was framed

positively by some. Despite universalisation, a strong thread of individualism and individual responsibilisation featured in meaning-making, where stress per se was not the issue, so much as how each individual experienced, and then responded to, stress. We conclude that these young people's narratives of stress evidence sense-making where the societal, structural (or workplace) responsibility for stress and (consequent) wellbeing is occluded by an individualised focus, rendering stress their problem to deal with appropriately. Contemporary approaches to stress/management thus appear to let the producers of such stress “off the hook” creating an effectively impossible challenge for individuals to conquer.

Beyond digital solutions: Adolescent stories of everyday mental health and wellbeing

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Mobile mental health (M-mHealth) interventions have been promoted as scalable solutions to address gaps in mental health care, especially for contexts with overwhelming unmet needs for mental health services. However, their effectiveness in resource-limited settings requires careful consideration. In South Africa (SA), high data costs, smartphone affordability, and privacy concerns due to overcrowded living conditions present challenges to implementation at scale. It is therefore important to hear from adolescents if and how M-mHealth may fit within their daily lives and what other interventions may be salient. This study aimed to identify key priorities for adolescents, and sustainable, contextually tailored mental health support to promote their well-being. This study used a participatory visual methodology (PVM) approach during seven workshops with adolescent participants (n= 32, aged 13-18y). Participants were recruited via snowball sampling through a youth development centre in Soweto, SA. Adolescents’ sketches and accompanying narratives were analysed using inductive thematic analysis. Our findings indicate that M-mHealth interventions may have potential for adolescents, but they may not currently be the most suitable solution in this context. Rather, adolescents identified three major requirements pertinent to promoting their daily mental wellbeing in their context 1. building safe communities with essential amenities, 2. strengthening communication between caregivers and adolescents, and 3. promoting peer-to-peer support. Adolescent mental well-being appears rooted in everyday stability, access to recreational spaces, and strong relationships with caregivers and peers. The findings highlight the value of promoting collaborative approaches with adolescents to ensure that mental health solutions address their unique needs and lived experiences. Before considering advanced approaches like M-mhealth, the study provides recommendations for further research into simplified, contextually tailored solutions for supporting adolescent mental well-being. These findings have implications for adolescent mental health in Soweto, SA, but lessons can be applied in other contexts.

Trigger Warnings: Empirical Data and Best Practices

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In academia, trigger warnings are statements that warn students about potentially disturbing material. Much of the debate surrounding these warnings has occurred in the absence of empirical data, and positions on the issue have largely been driven by philosophical perspectives. This presentation will focus on a longitudinal collaborative study among ten universities that collected data on how students responded to a passage that included a graphic depiction of a sexual assault (SA). Four hundred fifty-two students completed a consent, a Life Events Checklist to assess a history of SA, multiple Subjective Units of Distress Scales in the hours following the reading, and a PTSD Checklist-5 two weeks later. Half the participants received a specific trigger warning two days before the reading assignment, the others received a warning the day of. Distress to the reading was significantly higher in participants with a history of SA. However, in all participants including those with a history of SA, this distress dissipated quickly. In addition, those with SA did not report an increase in PTSD symptoms two weeks later because of the study. Participants who received the trigger warning two days in advance were not more likely to avoid the reading and were more likely to do something (i.e., exercise, talk to a therapist) to prepare for the reading session. The data suggest that those with SA may be disproportionately distressed by graphic sexual content. In addition, trigger warnings may motivate some individuals to engage in self-care and does not seem to initiate avoidance. Discussion will focus on the outcomes of a resulting working group regarding recommendations and best practices around potentially triggering material. Attendees will be invited to participate in a future collaboration to continue this line of work to develop international data and perspectives.

Room 2 – Sexual and Reproductive Justice

"WE WERE CAST ASIDE": UNWANTED PREGNANCY AND FORCED ABORTION TRAVEL

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Between 1983 and 2018, approximately 170,000 people journeyed abroad to access abortions outside Ireland due to Ireland having one of the most restrictive abortion laws in the world. Literature on restricted abortion access shows that being forced to travel for abortion comes with cost, logistical and emotional burdens. Yet, it tends not to encompass the experience of both unwanted pregnancy and forced travel in combination. In the current study, we interviewed six women who were forced to travel outside Ireland to terminate unwanted pregnancies and used Interpretative Phenomenological Analysis (IPA) to interpret their lived experiences, using a social identity lens. Master Theme 1 speaks to the burden of concealing the experience due to the stigma in society around abortion. It demonstrates how the perceived need for secrecy prevented participants from seeking emotional support from those close to them. Master Theme 2 gives insight to the additional burden of needing to leave the country when facing an unwanted pregnancy; this included the displeasure at remaining in a pregnant state for weeks and even months after making the decision to terminate. Master Theme 3 speaks to participants' processing and meaning-making of the journey: how perceived kinship with fellow Irish women in the clinics reduced feelings of isolation; the solidarity they found through storytelling about forced abortion travel; and the anger that gave them an appetite for social change. Overall, this analysis points to the stigma- related isolation that affected women who wanted abortions in Ireland under this restrictive regime; their experience of an unwanted pregnant state; and the positive effect of shared identity, validation and righteous anger.

Threads of care: Challenging obstetric violence within public health systems

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Over many decades, obstetric violence has been hidden and silenced within the hierarchy of medicine. Furthermore, the medicalization of birthing practices has tended to undermine cultural practices and knowledges. Profit has and continues to play a central role in how bodies of women are treated. The medicalisation of birthing processes has served to disrupt and nullify many of the African rituals and belief systems linked to welcoming a child into the world. Different values therefore play out in the birthing process. Biomedical knowledge and practices in health systems frequently conflict with cultural expectations and beliefs. The medicalisation of the birthing process has led to associating the placenta and umbilical cord with medical waste. Whereas for example, in many African societies, the umbilical cord is sacred and upon its removal, it gets buried in the land where the child was born to connect the newborn to the earth with the belief that that ritual will keep him/her grounded. The disconnect is striking and highlights how relationships between traditional ways of being in the world and the medical field form part of the violent colonial legacy that recognized indigenous knowledge systems as backward and barbaric. I argue that it is this disconnect that also contributes to the prevailing disregard and disrespect that birthing women frequently experience in many public health facilities. In this presentation, I will demonstrate how visual artifacts can enable alternative, creative and imaginative thinking to engage with this global problem to foster a shift in established practices for a more caring and compassionate future. I will further highlight how re-centering indigenous birthing practices is critical if we are to truly have a respectful and dignified obstetric experience for birthing mothers. Such a move has the potential to respond to the myriad challenges faced by many public health systems.

NAVIGATING ACTION RESEARCH AIMED AT PROMOTING REPRODUCTIVE JUSTICE: MUSINGS OF A REFLECTIVE PRACTITIONER

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In this paper, I reflect on the tensions that may arise when conducting action research aimed at promoting reproductive justice. My study operationalised the Abortion Counselling Guideline for healthcare providers published by the Critical Studies in Sexualities and Reproduction research unit (CSSR) following qualitative baseline research. I aimed to design, conduct, document, and improve a training course for in-service nurses in client-centred abortion counselling in the Eastern Cape Province of South Africa. The course has been run three times following the standard action research process of designing, conducting, reflecting, and re-designing. As a counselling psychologist, I am bound by the values of my field as laid out by the national professional board, which include: promoting social justice; acknowledging sociocultural and developmental contexts; and emphasising equitable access to health and social care – values that align with those of critical health psychology research. These shared values underpinned the project's adoption of the action research methodology and a reflexive thematic analysis. However, my overarching role as a reflective practitioner was dually encouraging and complex. My paper, thus, grapples with how to navigate various tensions such as: conveying the messiness of action research in a cohesive manner; creating an objective, evidence-based course while immersed in my own subjectivity; and affecting change at a micro-interactional level amidst macro-systemic constraints.

Not Just a Hand to Hold: Exploring Abortion Accompaniment in a Changing Legal Landscape

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Having support during an abortion has been shown to counteract stigma, expand access, and improve the overall experience. Yet, abortion accompaniment remains an understudied practice that is conceptually fragmented—often framed *either* as an activist practice *or* as informal social support—limiting a comprehensive understanding of its scope and significance. Furthermore, considerations of how accompanied abortions are shaped by power relations (e.g., who has access to support, who provides it, under what conditions) remain underexplored, and research from European contexts is scarce. Focussing on the island of Ireland over the past decade, this study critically investigates the topic, including how intersecting power relations may shape accompaniment practices, both before and after the decriminalisation of abortion in the Republic of Ireland (2018) and Northern Ireland (2019). This research is the first to comprehensively examine abortion accompaniment across legal settings and diverse accompaniers, including friends, family, and activists, within one socio-cultural context. Using asynchronous online group discussions, 14 individuals who accompanied others during an abortion on the island of Ireland were invited to discuss the topic and share their views. Data were analysed using a predominantly inductive reflexive thematic analysis embedded in an intersectional reproductive justice framework, with deductive elements applying Patricia Hill Collins' conceptualisation of power relations. This

presentation outlines the preliminary findings of the analysis, which illustrate the subversive potential of abortion accompaniment—depicted as a practice that can counteract existing power differences and barriers, although within limits. Moving beyond dominant narratives that frame abortion as a singular, individual medical event, this research highlights the relational, political, and structural dimensions of abortion care. In doing so, it contributes to a deeper understanding of (accompanied) abortions as not only a legal or medical issue but as a site of contested power, care, and reproductive justice.

“Is this pregnancy legitimate because it was (un)intended?”: Intersections between reproductive legitimacy and agency and their implications for pregnancy supportability

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A reproductive justice (RJ) approach is premised upon the rights of an individual to make reproductive decisions in an environment that is conducive to their and their foetus’ wellbeing. Although an RJ approach recognises that reproductive agency can be empowering, “choices” relating to pregnancy intendedness are circumscribed by historical, social, political, and economic constraints that operate in socially hierarchical ways. Using Catriona Ida Macleod’s pregnancy “supportability” framework (SF) as a guide, I analysed how participants’ pregnancies were enabled or constrained by their available support networks and structures. Narrative interviewing techniques were combined with photo-elicitation to induce narratives on pregnancy support from fifteen pregnant women accessing antenatal care in two rural regions of the Eastern Cape province, South Africa. Using a positioning template analysis, I plotted the narratives across the individual, micro and macro elements of the SF. I identified a cultural form of power, “appropriate” childbearing that informed participants’ talk in the early stages of their pregnancy. Participants constructed social support as contingent upon their pregnancy's social appropriateness. As such, a theme of pregnancy legitimation permeated participants’ narratives across the SF elements as they justified their pregnancies to themselves and us as researchers. In this paper, I show how participants resorted to using their social positions of relative advantage and disadvantage (such as relationship status, socio-economic stability and reproductive maturity) to highlight or question the legitimacy of their pregnancies. Moreover, by justifying their pregnancies, I show how participants upheld normative notions of appropriate childbearing to demonstrate or reclaim their reproductive agency, thereby reinforcing the borders that separate “legitimate” and “non-legitimate” mothers.

Room 3 – Men, Masculinities, and Health

MASCULINITIES AND MEN’S SOCIAL SPACES: IMPLICATIONS FOR HEALTH-RISK BEHAVIOURS IN POOR URBAN COMMUNITIES IN ACCRA, GHANA

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While biological factors contribute to men’s health issues, behavioural and social determinants, influenced by masculine norms, are the most significant drivers of poor health among men. The physical environments and social spaces where these norms are enacted play a crucial role in shaping men’s health and disease risks. However, the interaction between masculine norms, social and recreational spaces, diet, and alcohol consumption in increasing health risks in marginalized communities is underexplored. This study examines how different constructions of masculinity influence health-risk behaviours among poor urban men in Ghana, particularly regarding alcohol consumption, diet, and overall well- being. It also explores how gendered social and recreational spaces contribute to these behaviours and their health implications. This was a mixed-method study, involving 78 participants across 11 Focus Group Discussions (FGDs). Participant observation identified men’s social spaces in two urban poor communities. Thematic analysis was employed for qualitative data, while spatial analysis, including Near Neighbour and Euclidean distance analysis, examined men’s social spaces and the clustering of alcohol outlets and food spaces. Hegemonic masculinity, emphasizing strength, sexual prowess, and financial success, shapes men’s health representations. Economic challenges threaten these ideals, marginalizing some men who

cope through alcohol and leisure activities. Masculinity is further complicated by subordinated gay men challenging their identities and women assuming provider roles. Spatial analysis revealed gendered spaces that offer psychosocial support to men but also contribute to health risks. Clusters of alcohol outlets and unhealthy food spaces exacerbate poor dietary habits, increasing the risk of hypertension and other health problems. This study underscores the need for health interventions that address the complexities of masculinity and the impact of social spaces on health behaviours. Health initiatives should incorporate cultural and spatial factors to promote healthier lifestyles in these communities.

Male cancer podcasts and advocacy: breaking borders through technology?

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Men who have been diagnosed with cancer may experience long term psychosocial concerns post treatment (American Cancer Society, 2012). However, seeking health support may be difficult for men as it transgresses notions of masculinity and the need for men to be stoic and not express their emotions (Blank et al. 2010; Lieberman, 2011). The Internet has become a place where cancer patients may turn to for health-related information and support and the anonymity this provides may appeal to men globally. In this talk we focus on male cancer podcasts and explore how male cancer survivors navigate their identities through the use of personal stories and the narratives of masculinity that are invoked by themselves and podcast hosts. Podcasts were sought using freely available podcast sites and applications such as the Apple podcast store, the Spotify podcast store. Search terms included ‘cancer in men’ and ‘male cancer’ and the inclusion criteria that the podcasts focused on: a) men whose cancer occurred within the last 5 years; b) up to three speakers (podcast host and 1-2 cancer survivors). Exclusion criteria included: a) men who are focused on fundraising rather than personal stories; and b) where there are multiple speakers. In total 35 podcasts were analysed using a novel form of narrative analysis which focuses on canonical narratives of masculinity invoked across the podcasts and the small stories that are told by male cancer survivors. Our findings illustrate how canonical narratives form the backdrop to the renegotiation of

masculinity and how contributors ‘do advocacy’ to encourage other male cancer sufferers to seek help. We then consider how eHealth only breaks borders if it is accessible to all, and we consider the applicability of our findings to a wider, diverse, global audience.

Digital Literacy for Older Men in Ireland: Understanding Experiences and Implementation with a Qualitative-Participatory Design Approach

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Older people in Ireland are significantly disadvantaged compared to their European counterparts with respect to digital literacy. Mounting evidence demonstrates this is a key intervention point to reduce or mitigate social isolation and enable connectedness, to enable access to resources within and beyond their communities, and to empower through digital confidence and supporting autonomy. Older adults are a highly diverse demographic, and men have often been found to experience greater levels of isolation than women. In Ireland, serious increases in men’s self-reported loneliness have been reported. Despite accumulations of evidence across disciplines, the research-to-practice gap remains problematic. Evidence and recommendations from other countries also may or may not fit with Ireland’s socio-economic landscape, stage of digitisation, or priorities. There is therefore an enduring need to understand how digital literacy intervention programmes in Ireland, and particularly those serving isolated communities compare nationally and internationally in terms of content, roll-out, and scale-up. Often, there is a notable lack of older adult input into the very studies and interventions designed to support them, and there has been insufficient attention to centring the primary stakeholders, i.e., isolated older adults, not only in the assessment of digital literacy interventions, but also in the assessment of implementation and scale-up planning. To explore digital literacy programme structure, implementation, adoption, and scale-up, and capture future envisioning of the ‘ideal’ digital literacy programme for older men in Ireland, we

will implement a qualitative-participatory investigation using a workshop method and participatory design approach to ascertain older men’s experiences of a specified digital literacy programme in Ireland. We will recruit older men digital literacy programme participants at two locations in Ireland. We will also recruit other programme stakeholders to a separate participatory workshop, for three workshops in total. We expect to report on the programme structure, implementation, adoption, and scale-up, and capture future envisioning of the ‘ideal’ digital literacy programme for older men in Ireland. Our findings are likely to have implications for the design, roll-out and implementation, and tailoring of digital literacy programmes in Ireland. Our findings are also likely to suggest new avenues for research with respect to the use of qualitative-participatory methods with these cohorts and digital literacy for isolated populations in both urbanised and small-town/rural settings in a high-income country.

Room 4 - Navigating Parenthood: Identity, Responsibility, and Collective Practices

“That's my motivation to see it all through” - Parents with substance use disorder in inpatient rehabilitative care in Germany

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Parents with substance use disorders (SUD) and their children belong to a group that faces several forms of societal stigmatisation. Previous studies have shown that growing up in a family influenced by SUD can have various adverse effects on children. The living situations of parents with SUD are diverse, resulting in a heterogeneous target group for healthcare services/providers, though this heterogeneity is often neglected in rehabilitative care in Germany. This study aimed to shed light on this issue by exploring parenting-related needs during inpatient treatment. 57 semi-structured interviews were conducted face-to-face with therapeutic staff, professionals from youth welfare offices (n=20) and parents (n=37), from inpatient (n=50) and outpatient settings (n=7). The data was analysed using inductive, structured qualitative content analysis. Overall, the interviewees outlined a strong need for and importance of the topic of parenthood during inpatient SUD treatment. During therapy,

parents do not exclusively view themselves as patients, as their parental role continues no matter where the children live. Parents claim that it is meaningful for them to reflect on their family situation in various ways, positively and negatively. Guided exchange between parents with SUD is seen as advantageous. Parents use the peer- exchange to confirm their parenting techniques or to learn more about potentially challenging future situations from other parents and therapeutical interventions. Moreover, the parents describe a strong sense of belonging and feeling understood regarding their specific issues resulting from their condition. The interviews illustrated the importance of acknowledging patients with SUD as individuals within their specific context, highlighting the parental role and its duties as determinants for the successful completion of rehabilitation programmes. This project underscores the value of going beyond standardised care for patients with SUD by covering aspects concerning parents in rehabilitative care.

Exploring the "Good Mum" discourse in Mum humour on Instagram

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Hay's (1996) concept of intensive motherhood identified societal norms that define the "good mum" as one who prioritizes expert-led care, relentless caregiving and child centred devotion. Three decades later, the "good mum" discourse persists, and studies suggest that it has been further amplified by the pervasive reach of social media platforms like Instagram (IG), though small pockets of resistance have also emerged (Astudillo-Mendoza & Cifuentes-Zunino, 2022; Capdevilla et al., 2022, Lupton, 2020). Humour is an engaging and accessible medium that can make complex perspectives more digestible, and, on social media platforms, it allows messages to spread rapidly. In this study, we wanted to explore how the good mum discourse is represented and challenged in "mum humour" (MH) on IG. According to Billig's (2001, 2005), humour, specifically its ridicule component, is a powerful social regulator, a universal disciplinary tool to maintain the social order. Considering that contemporary western society is built on socially organized patterns of power and a gendered division of labour, Abedinifard (2016) argues that humour plays a key role to maintain the gender order. Simultaneously, humour can also be used as a tool of subversion of such order, as it exposes contradictions within it. Drawing on these ideas, we also wanted to explore the implications that mum humour has for women who consume it. We identified 10 mum humour (macro)influencers and selected their 5 of their most liked videos (reels) which led to 50 videos. We also run a focus group with 5 MHC followers. We identified three themes in relation to MH functions: craving realness, solidarity, and private resistance. Overall, we found that MH challenges the good mum ideology and exposes the asymmetric gendered expectations that sustain it. However, the explicit rejection of these unrealistic expectations seems still too limited to our private (safe) sphere.

Exploring migrant parenting experiences and collective resilience in early childhood education through a collective narrative approach: A qualitative study.

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This study critically interrogates the experiences of 40 migrant parents whose children attend a state-supported early childhood education institution in Italy. Through their participation in the *Tree of Life*, a collective narrative practice rooted in the Dulwich Centre's approach, parents reclaimed storytelling as an act of resistance against systemic marginalization, institutional neglect, and the pressures of assimilation. Discussions during the practice were recorded and subjected to a critical, inductive data-driven analysis, revealing seven main interwoven themes. *Cultural heritage and identity* emerged as contested sites of both strength and erasure, revealing how parents navigate the violence of assimilationist pressures while striving to preserve their cultural legacies. *Family dynamics and parenting challenges* highlighted the tensions between safeguarding one's identity and raising children in an exclusionary system that often pathologizes migrant families. Parents spoke of *resilience, resistance, and support systems*, demonstrating how communities, spirituality, and connection to the land function as acts of defiance against systemic violence. The theme of *community and social connections* further laid bare the absence of adequate institutional support, underscoring the urgency of dismantling structural barriers rather than merely adapting to them. Discussions on *intergenerational relationships and legacy* revealed a deliberate insistence on transmitting cultural values as an act of survival against cultural erasure, while reflections on *gender roles and societal expectations* exposed both the reproduction and subversion of traditional family structures within new socio-political realities. Finally, *personal growth and self-identity* emerged as a deeply political act, rejecting narratives that frame migrant parents solely as subjects of hardship rather than agents of transformation. By disrupting dominant integration discourses, this study foregrounds migrant parents as political actors actively resisting erasure and reimagining belonging. It positions the Tree of Life as more than a research tool—it is a radical praxis of visibility, agency, and collective resistance against exclusionary educational structures.

'We're in this Together': Affective Practices, Gendered Responsibility, and the Essentialisation of Motherhood in Vaccine Hesitancy

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This presentation explores maternal expertise in vaccine hesitancy through a critical health psychology lens, using three key concepts: the gendered division of domestic work, postfeminism, and biopedagogies. Based on a Swiss context, it examines how structural and institutional inequalities may be perpetuated through mothers taking most caregiving responsibilities regarding their infant's health. Eighteen interviews with vaccine-hesitant mothers were analysed using critical discursive analysis combined with an affective practices approach. Results capture how participants construct their health expertise through three discursive and affective repertoires: 'agency', 'knowledge', and 'the incompetent father'. In the 'agency' repertoire, mothers actively resist the authority of healthcare professionals (HCP) while they navigate the emotional dynamics attached to their relationship with HCP, gaining agency over them (e.g. making the decision to change paediatrician after a consultation that makes them unconformable). In the 'knowledge' repertoire, interviewees construct their role as 'knowing' mothers (e.g. by having personalised health-related protocols for their child/ren). The 'incompetent father' repertoire refers to affective-discursive constructions regarding their partner. In this repertoire, participants argue that fathers need to be guided regarding health-related tasks towards their child/ren. By presenting fathers as incompetent caregivers, mothers reinforce their position as experts. This repertoire often relies on humour and mockery to resist gender norms. Based on these results, we argue that while maternal vaccine hesitancy is a form of resistance, it reproduces heteronormative gendered norms, thereby reinforcing maternal responsibility and marginalising fathers. Drawing on biopedagogy and postfeminism, our proposal suggests that maternal vaccine hesitancy is shaped, in part, by affective labour and structural gender inequalities. In a neoliberal context where mothers are over-responsibilised they tend to adopt an expert posture to manage pressure and guilt. This may stress their position even further, paradoxically enhancing the essentialisation of motherhood. In Switzerland, rigid gender norms and weak parental policies exacerbate these dynamics.

COMMUNITY CHILDCARE NETWORKS IN MARGINALIZED URBAN SPACES IN BUENOS AIRES (ARGENTINA)

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In Buenos Aires, Argentina, low-income communities are largely concentrated in densely populated informal settlements known as villas. These territories are characterized by precarious housing conditions, inadequate access to essential services such as potable water, electricity, and natural gas, and stark social inequalities. According to the General Directorate of Statistics and Censuses of the City of Buenos Aires (2024), 90.7% of households in informal settlements live in poverty. Within this context, childcare is particularly precarious, as high child population density and a prevalence of single-parent households exacerbate existing vulnerabilities. In response, grassroots organizations and state-led initiatives have emerged to challenge conventional boundaries between public and community care, formal and informal support systems, and institutional and local interventions. This study adopts a qualitative approach to examine Villa 20, exploring how community organizations and public institutions collaborate to address children's healthcare, education, nutrition, and recreation needs in conditions of extreme socioeconomic exclusion. Following a grounded theory approach, the sample consists of 20 state and community organizations. The data were collected through semi-structured interviews conducted with workers from these organizations. This research was conducted within the framework of the Master's Program in Childhood and Youth Social Issues at the Faculty of Law, University of Buenos Aires, and was supported by a UBACyT Master's Research Grant, this research critically examines how childcare is collectively reconfigured in contexts of profound inequality. By analyzing these evolving networks of care, this presentation contributes to broader discussions on health disparities, structural violence, and community-driven responses to social and economic crises.

Room 5: Voices in research: insights from public and patient involvement contributors and reflections from researchers

PPI contributors: Mary Liddy, Denis Mockler, Eleanor Maher, Marian Maloney

Researchers: Chris Noone, David Healy, Sonto Madonsela

This session is organised by a group of researchers and patient and public involvement (PPI) representatives currently conducting health research together. The aim of the session is to collectively reflect on the practice of public engagement in health research. The session will be organised into two parts. Part one will involve a PPI-led panel discussion, where public representatives will reflect on how they have experienced PPI to date, what they consider to be meaningful and less meaningful PPI, and why they believe PPI, and other forms of public engagement, are important. During part two, attendees will be organised into small groups where they will engage in reflective discussions about their experiences with public engagement in research. Although the session is led by researchers who have traditionally engaged with PPI, given the diversity of coproduction research traditions present in the ISCHP, we hope these group discussions will offer a space for attendees to share insights from these various traditions beyond PPI. Each group will be invited to share their reflections with the rest of the room at the end of the session. If session attendees consent, reflections will be made available to all conference attendees after the conference.

14.30 Session

Room 1 - Trans Health and the Future of Research and Care

"Nothing about us, without us": Rethinking gender euphoria research through trans-led conversations with community

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In recent years, trans research has begun to shift away from a transnormative and dysphoria-centred narrative of transness towards a more transformative perspective led predominately by trans researchers. This shift has been guided by the growing body of research looking at gender euphoria, embodiment, community, and other positive experiences of transness. Trans communities are made up of a diverse range of individuals and perspectives on what transness is to them. Through collaborating and beginning a dialogue with trans people we can begin to move towards generating more ethical research practices and meaningful research outcomes for trans people. Building upon research on collaborative research practices and emerging findings on gender euphoria, this study sought to facilitate open conversations with trans people about what transness is and how it should be studied. To address this, focus groups were conducted by a non-binary facilitator, with diverse groups of trans people living in Australia. The discussions were guided by unpacking the current academic findings on gender euphoria and their significance while exploring participants' views and opinions on the field of psychology and currently employed research protocols and

demographics. The findings illustrate the frustration trans people have with cisnormative societal constraints echoed in the research and the importance of community, researcher accountability, and intersectionality when conducting trans-focused research moving forward. The common thread of overcoming systemic issues and working with trans people to ensure research is conducted with utility to help trans communities was at the forefront of the dialogue.

Integrating co-created and theory driven insights to develop a conceptual model of social health during gender affirming hormone therapy: A worked example from the *AFFIRM Relationships* project

Nessa Millet [1], Reney Karsten [2], Sammy Al-badar [1] Breanna bosman [1], Baudewijntje Kreukels[1], David Matthew Doyle [1]

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As the sociopolitical climate facing gender affirming care destabilizes, efforts to engage transgender (trans) people in trans health research becomes increasingly necessary. Participatory research (PR) is a methodological framework which can position trans people as having influence on research which is about them and their care. While co-creation is commonly applied in PR as a way to create value with communities; using co-creation with stigmatized groups requires approaches and methods which transparently detail how insights are *used* by researchers to prevent disempowerment and over burdensome practices. These challenges of applying co-creation were evident to us during *AFFIRM Relationships*, a project which broadly aims to investigate the effect of gender affirming hormone therapy (GAHT) on the social health of trans people to improve clinical and community knowledge on the outcomes of GAHT. To overcome such challenges, we developed a method for co-creating knowledge and transparently integrating these insights into conceptual outputs. The method is underpinned by principles of equitable partnerships, empowerment and ethics work and thus was coined an Equitable and Power Sharing Approach (EPSA) method. With EPSA, we propose 3 necessary phases: (1) Preparation (topic formulation, reflexivity and sensitization); (2) Co-creation and; (3) Insight integration. We used the EPSA method with 10 co-researchers to explore changes in social relationships during GAHT. Our experience highlighted the importance of researcher reflexivity in preparing a safe environment which can foster open dialogue during co-creation. Transforming scientific research stages into activities that can engage co-researchers (including conducting analysis, critical thinking, and producing overarching themes) underscored an equitable partnership. Finally, we note that whilst the integration phase enabled identification of how knowledge in the resulting model was derived (theory/co-creation), further consideration of how refinement processes can be grounded in lived experience is necessary, particularly during conceptual research stages which are typically dominated/led by academic researchers.

Investigating understandings of gender identity development and mental health in transgender and non-binary (TGNB) individuals among clinical and counselling psychologists using Reflexive Thematic Analysis.

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The views of clinical and counselling psychologists have historically contributed to societal discourse regarding gender identity development and mental health in transgender and non-binary (TGNB) individuals, forwarding both the validation and pathologisation of gender diversity. Non-affirmative experiences may contribute to TGNB clients experiencing feelings of rejection and discontinuation of care. This is particularly relevant in Ireland, where clinical psychologists may act as ‘gatekeepers’ for gender-affirming medical care (GAMC) through mandatory ‘readiness assessments’. This study explored the ideas that practising and trainee clinical and counselling psychologists held about gender identity development, links to mental health, the role psychologists should play in the transition process, and their sources of TGNB-specific knowledge using a qualitative survey. Thirty-six participants were purposively recruited through the Psychological Society of Ireland's publicly accessible database of psychologists and an accredited clinical training programme. A reflexive thematic analysis rooted in social constructionism was used to identify five themes: gender identity as exploration, locating narratives around expertise on TGNB identities, role aspirations versus role expectations, the functions of fence-sitting, and the sociopolitical nature of TGNB identities and mental health. This study has implications regarding training opportunities for clinical and counselling psychologists, with findings suggesting a desire for more formal education about TGNB identity development and mental health, and the system of GAMC in

Ireland which centres TGNB voices and experiences. Results also indicate that some psychologists would prefer to move away from gatekeeping practices towards a system of more supportive transition-related healthcare based upon informed consent.

Negotiating multiple minoritised identities: An Interpretative Phenomenological Analysis (IPA) exploring the complex intersection of sexual orientation, gender identity, and suicidality among transgender and gender-diverse young adults

Emma Rebecca Wallace, Siobhan O’Neill, Susan Lagdon

Transgender and gender-diverse young adults, the vast majority of whom identify as lesbian, gay, bisexual, or queer, encounter considerable health, social, and systemic inequalities, resulting in increased rates of discrimination, marginalisation, and suicidality compared to their heterosexual and cisgender peers. The complex relationship between sexual orientation, gender identity, and suicidality has thus generated much discussion, primarily from quantitative studies focused on ‘vulnerable’ or at-risk narratives, rather than an individual’s lived experiences or specific healthcare needs. The aim was to explore the lived experiences of transgender and gender-diverse young adults, encompassing identity development, family and peer relationships, navigating multiple minoritised identities, unmet healthcare needs, encounters with suicidal distress, and access to mental health services and gender-affirming care. Six young adults from Northern Ireland (UK) took part in semi-structured interviews which were analysed using Interpretative Phenomenological Analysis (IPA). Five group experiential themes were identified: 1) Delicate peace, delicate progress; 2) Queer suffering, safety and otherness; 3) Queerness shaping ones’ worldview; 4) Unresolved trauma, and unmet healthcare needs; 5) Suicidal distress, and recovery. The findings elucidated two central narratives; the psychosocial impact of negotiating multiple minoritised identities in a heteronormative and cisnormative society and navigating suicidal distress by regaining a sense of control over your life. Suicide was framed as a response to the increasingly unbearable psychological pain of *‘being othered’*, to the *‘collective struggle’* experienced, perceived risk of victimisation and chronic threat-vigilance. Many young adults also expressed that *‘suicide was an escape’* from traumatic experiences of *‘queer suffering’*, existential rejection, bullying, and thwarted belongingness. The findings provide valuable insight into the unique lived experiences and specific healthcare needs of this population. Clinical implications are discussed, including the importance of cultural competence among practitioners, tailored suicide prevention strategies, and accessible gender-affirming care for transgender and gender-diverse young adults in Northern Ireland.

Analyzing Transmasculine Sexual Satisfaction and Resources: A Thematic Trajectory Approach

Xavier Mabire, Paul-Bernard Pitteloud, Gaston Boshouwers, Maria del Rio Carral, OUTrans NGO, Marie Préau

This presentation draws on a community-based participatory study on transmasculine individuals' sexual health and sexuality, inspired by a critical analysis of sexual satisfaction (McClelland, 2010) and a feminist epistemology (Froidevaux-Metterie, 2021; Puig de la Bellacasa, 2014). It aims to examine the potential of the thematic trajectory analysis method (Spencer et al., 2021), focusing on life trajectories and temporality among transmasculine individuals and their sexual satisfaction — topics that remain underexplored. Fifteen individual interviews conducted with transmasculine people living in France were analysed using this method, focusing on a comprehensive exploration of individual experiences, the differentiation of participants' trajectories, and the development of models for groups of individuals with shared trajectory. Preliminary findings will be presented according to three key domains: gender, sexual satisfaction, and resources. The first domain examines gender trajectories, encompassing bodily changes as well as the perceived expectations surrounding these changes within a heterocisnormative society. The second domain, relating to sexuality, suggests that transition impacts sexuality, notably through bodily changes. These modifications orient participants towards a process of bodily adjustment and exploration. However, participants' bodies and practices do not always align with dominant hetero- and cisnormative sexual scripts, requiring them to navigate tensions between mainstream discourses and their lived experiences. The third domain focuses on individual and relational resources. The former include the use of prosthetics as well as masturbation; the latter refer to the central role that partners may play by providing support during the transition and, in doing so, contributing to sexual experiences through attentiveness and patience. This methodology makes it possible to highlight individual and collective temporalities of transmasculine individuals' trajectories, which, to our knowledge, constitutes an unprecedented contribution on this topic within the field of health psychology.

NEWCOMER HEALTH CLINIC AND INTEGRATION PROGRAM: EXPLORING EQUITY-ORIENTED AND TRAUMA - AND VIOLENCE-INFORMED CARE FOR GOVERNMENT-ASSISTED REFUGEES IN CANADA

Shokoufeh Mondaloo [1*], Anushka Ataullahjan[2], Nadine Wathen [1] Christine Garinger[1], Anne-Maire Sanchez[3], Carol Watt [3], Suresh Shrestha[4], Aida Fadly [2], Britney Glasgow-Osment [1]

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The global displacement crisis highlighted the urgent need for a deeper understanding of culturally safe, trauma-informed care within newcomer services—especially in healthcare and social services. In Canada, systemic discrimination frequently places Government-Assisted Refugees (GARs) at risk of undiagnosed conditions and inequitable care. The Newcomer Clinic and Integration Program (NCIP) in London, Ontario, serves as a model of collaborative care, effectively integrating community healthcare with settlement services to support GARs during their initial six months of resettlement. This study explores the experiences of GARs within an intersectoral program, alongside the perspectives of service providers and program leaders. Using an intersectional framework and participatory methodologies—such as Photovoice, semi-structured interviews, and observations—we evaluated the equity-oriented model of care delivery to newcomers with the history of trauma and violence and its impact on the social well-being. An advisory group comprised of community organizations, knowledge holders, and individuals with lived experience guides the research, reinforcing the significance and inclusivity of our research design. Through an intersectional analytical approach and a multifaceted methodology, we integrate diverse knowledge sources to evaluate and disseminate findings through a comprehensive Knowledge Mobilization (KMb) strategy. Preliminary findings reveal that the program provides compassionate, responsive care, along with social service support for GARs in navigating Canada's healthcare system. However, the

program's six-month limit presents significant challenges for clients with complex needs who require long-term stabilization. By engaging in community-led partnerships and promoting cross-sector collaboration, this research aims to co-develop a sustainable and equitable model of care for newcomers service rooted in Trauma- and violence-informed care. Our findings highlight the critical importance of cross-sector collaboration and innovative healthcare delivery approaches that foster justice and inclusivity for marginalized populations.

Room 2 – Trauma and Trauma-informed Care

Trauma-Informed Care (TIC) In Low- And Middle-Income Countries: A Scoping Review

Nicole Maiorano*[1,2], Magdalena Wagner Manslau[1], Greg Sheaf[3], Mel Ó Súird[1,4], Tooba Nadeem Akhtar[1,4], Ruth Collins[4], Caoimhe Doyle[4], Doaa Sherif Karam[4], Caledonia Steltzner[4], Meg Ryan[1, 2]

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Psychological trauma is a wide-spread experience with broad adverse health effects leading to a greater need for support- services (e.g., healthcare). However, the design and delivery of support-services may cause or exacerbate psychological trauma. To reduce this, trauma-informed care (TIC) provides an organisational framework that centres the needs of trauma survivors. Recent reviews (e.g., Bargeman et al., 2022; Berring et al., 2024; Mahon 2022, 2024) have captured TIC implementation efforts across settings. The vast majority of the studies in these reviews, though, were conducted in high-income, predominately English-speaking countries. Due to differences in trauma experiences and responses, and organisational structures cross-culturally, these findings have limited applicability to other settings. Thus, the existing evidence map for TIC theory and practice is based on specific countries at the exclusion of countries with disproportionate trauma experiences resulting from centuries of oppression and colonisation. The current presentation proposes that previous findings result from the newness of the term "TIC" rather than a lack of TIC efforts in other contexts. To demonstrate this, the results of a scoping review will be presented. The scoping review identified implementation efforts in low- and middle-income countries (LMICs) that aimed to create organisational change based on TIC principles (e.g., safety, trust). The review identified 255 studies across 39 LMICs. The majority of efforts were based in medical settings and focused on intersectionality (e.g., gender equality). Approximately 90% of studies included foreign funders or collaborators, of which half were based in the United States. Through these results, the presentation will raise important questions about global health research. Specifically, the presentation will query the congruence between culturally informed models of TIC and Western involvement in research in LMICs. Further, the presentation will raise queries about the power of defining a term and what is needed to contextually define TIC.

Intergenerational Trauma: An Understanding of Mediating Pathways of ACE Transmission

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Since Felitti's[1] seminal work, psychology has connected potentially traumatic adverse childhood experiences (ACEs) to poorer physical and mental health across the lifetime. Research with oppressed communities globally suggests that these traumas may be transmitted intergenerationally[2]. The understanding of intergenerational trauma may be limited, though, by Western psychology's tendency to individualise trauma, without considering wider social inequalities. This presentation is based on a ten-year partnership between Trinity College Dublin and Daughters of Charity Child and Family Services (DoCCFS), a nonprofit that provides holistic therapeutic and concrete supports to Dublin families. The partnership aims to capture who accesses DoCCFS services and how services are affecting families to inform the supports DoCCFS provides. A sample of 546 parent-child dyads is included in the current presentation. Approximately 20% of parents and children in the sample reported four or more ACEs, a threshold that significantly predicts poorer health outcomes[3]. A mediation model tested parent ACEs ability to predict child ACEs through indicators of social inequality including subjective financial wellbeing, physical health, parental educational attainment, and the age participants became a parent. This model was statistically significant ($p<.001$), predicting 26% of the variance in child ACEs. Parental ACEs had a significant, direct effect on child ACEs, so that a greater number of parent ACEs predicted a greater number of child ACEs. Parental ACEs also significantly predicted all the mediators, so that increasing parental ACE count predicted greater financial stress, lower educational attainment, poorer parental health, and a younger age becoming a parent. These latter two variables significantly mediated an indirect path between parental ACEs and child ACEs. Beyond supporting an intergenerational model of trauma, the current model demonstrates the wide effects of ACEs on parents. Collectively, this calls for direct action to reduce social inequalities as a way of reducing the burden of psychological trauma.

“HE CAME CLOSE, STARTED TOUCHING ME SEXUALLY, AND I JUST FROZE”: EXAMINING EXPERIENCES OF VIOLENCE TO REFREAME THE CONCEPT OF ‘TRAUMA’ AMONG YOUNG PEOPLE IN KENYA

Grace Mwendar 1*, Patricia Owira 2, Ahmed Adam 3, Celina Kithinji 3, Ljubi Ledenski 1, Kelly Khabala 4, Makobu Kimani 5, Adrian Guadarrama 6, Masha Pastrana 6, Serviour Dombojena 1, Kelvin Wangari 1, Jean Patrick Ouamba 4, David Kirongo 1, Iza Ciglenecki 6, Denton Callander 1,7

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In Mombasa, Kenya, one third of young people have experienced some form of violence, including half of ‘key populations’ (i.e., sex workers, people who use drugs, sexual and gender minorities). Despite these high rates, little is known about experiences of violence in our coastal communities. To address this gap, we conducted a detailed investigation into experiences of violence, including to assess if such experiences could qualify as ‘traumatic’ per definitions from Western institutions (e.g., “an intense emotional response to a terrible event” - American Psychological Association). From June 2023-December 2024, a prospective qualitative cohort was established comprising 16 young people (18-24 years-old) in Mombasa. The corpus spanned 6 waves totaling 16 individual and 12 group interviews. The study’s conceptual framework organized violence into three parts (experience, reaction, result) with

deductive thematic analysis deployed to articulate the details of each. Our analysis defined experiences of violence in terms of target, context, type, and perpetrator. Young people described violence targeting them ('direct') or their peers ('indirect'), enacted within three contexts: community, online, and institutions. Violence types included physical, sexual, and verbal, which were perpetrated by six groups: parents, authority figures (e.g., police), peers, intimate partners, healthcare providers, and the general community. Reactions to violence were organized into four themes: seek help (e.g., inform police), stay silent (e.g., saying nothing), fight (e.g., screaming for help), flight (e.g., trying to escape). While we found violence resulted in a trauma response from some, for many others it was an almost normalized experience without the emotional symptoms of 'trauma' as defined by Western institutions. In conclusion, young people in Mombasa experience violence frequently and in diverse ways, but current understandings of trauma largely fail to encompass these experiences. Our findings suggest locally-developed frameworks are needed to more effectively support victims of violence on the Kenyan coast.

Room 3 - Critical Feminist Perspectives on Health Inequities and Medical Misogyny

An integrative feminist evaluation of a FASD intervention in South Africa

Nicola Jearey-Graham and Catriona Macleod

South Africa carries the highest recorded burden of Foetal Alcohol Spectrum Disorders (FASD) in the world, resulting in an increasing number of interventions to address this. However, unless carefully designed and evaluated, they can risk re-imposing discursive injustices on already marginalized women. Few evaluations of FASD interventions have been conducted, particularly in South Africa, and none from a feminist perspective, that we are aware of. We report on a feminist study using the well-established concept of subject positioning to critically evaluate a FASD prevention intervention. However, in our positioning analysis, rather than drawing from the usual discursive psychological theorizing, we throw the net wider and deeper by engaging in both a Foucauldian Discourse Analysis (FDA) and a Conversation Analysis (CA) of the data. Combining the insights of each gave us in-depth insights into the subject positions that were evident in the data. The intervention that we evaluated functioned by training community members in FASD and its prevention, then tasking them to form mentoring relationships with drinking pregnant women in their communities, urging healthy behaviours and abstinence from alcohol. Our data was drawn from training manuals, two 3-day training courses, 12 interviews and 33 recordings of mentoring sessions. We show how the use of our twin analytical methods of FDA and CA provide rich understandings of the constructions and uptakes of the manifest positions. We illustrate how the power apparatus of, amongst others, pastoral power undergirded the training and manifested in conversations between mentors and drinking pregnant women. This resulted in severe discursive injustices for the women. We conclude with recommendations for future interventions aiming to prevent FASD, urging that apparatuses of reproductive justice and care be the foundation of all interventions.

Do Social Groups Help or Harm? The Role of Multiple Group Memberships and Discrimination in Shaping Women's Cardiovascular Reactivity

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Social identities shape health outcomes, yet their physiological impact remains underexplored. The "social cure" hypothesis suggests that multiple group memberships (MGM) provide psychological and material resources that buffer stress. However, the "social curse" perspective argues that these benefits may be disrupted by discrimination. This study examines whether MGM predicts later cardiovascular reactivity (CVR) in women and whether this relationship is moderated by the number of identity markers attributed to discrimination (i.e., identity traits that individuals report as having been the basis for discriminatory treatment). Using longitudinal data from the Midlife in the United States study, we analysed the effects of MGM at Time 1 on cardiovascular reactivity (diastolic blood pressure [DBP], systolic blood pressure [SBP] and heart rate [HR]—at Time 2. Moderation analyses revealed that MGM was significantly associated with higher DBP reactivity among women reporting one attributed identity marker for discrimination but not for those reporting none or multiple types. Similarly, MGM was linked to lower HR reactivity among women reporting no attributed identity markers, but higher HR reactivity among those reporting one type. No significant effect was observed for women facing multiple discrimination types. These findings highlight the nuanced interplay between social identity, perceived discrimination, and physiological responses to stress. While MGM can support health, its benefits appear contingent on discrimination experiences. Women who report a single basis for discrimination (e.g., gender) may experience the most pronounced protective effects, whereas those facing multiple forms of discrimination do not appear to benefit in the same way. This study advances research on social identity and health by demonstrating how social structures shape biological outcomes.

Our results underscore the need for intersectional approaches in health research and context-specific interventions to address health disparities among women.

"I really don't know what HPV is and now I'm fearing the worst": Advice seeking on cervical screening and human papillomavirus (HPV)

Maddie Tremblett (UWE Bristol)

The routine testing of human papillomavirus (HPV) in the UK as part of cervical cancer screening presents psychosocial impacts for those with a cervix that test positive. These include feelings of self-blame, self-stigma and worry. Routine testing as part of cervical screening also contributes to the ‘feminisation’ of HPV, as those with a cervix face the burden of knowing that they have HPV, whilst others do not. Despite the potential impact of testing positive for HPV, in the UK there are limited official ways to get personalised support or advice about HPV. Similar to other areas of health and illness, people can turn to online forums to seek advice and support about HPV. This study examined posts about HPV on an online discussion forum from 2023-24. Using a conversation analytic and discursive psychological approach, 20 posts were analysed, with a focus on how people communicate to seek support and advice about HPV, and the ways advice is given in response. Findings highlight that forum users would seek advice through asking three types of questions, either to request others experience of similar incidents, to request an explanation of their own experiences/test results, or to request assurance that their treatment was ‘correct’. For all types of questions, responses would often include an account of a first-hand experience of the same incident. Information was regularly given in responses but rarely attributed to ‘official’ sources (e.g. doctors, external healthcare websites). Instead, this information was presented authoritatively (e.g. without any hedging or minimisation). As under- resourced healthcare services must limit support provided to all but the most urgent care needs, it is likely that engagement with informal socially distributed forms of support will increase. Understanding how these forms of support operate may help to inform future health communication and engagement with official health information.

Interrogating Inequities in Cervical Cancer Prevention Through Critical and Relational Inquiry

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Inequities in reproductive health are generally avoidable, since they are tied to socioeconomic inequities, systemic barriers and the social constructions of gender. When cancer is caused by a virus which is mainly sexually transmitted (the HPV virus as a cause of cervical cancer), it faces additional barriers to prevention such as stigma and blame. Bulgaria is participating in the CBIG-SCREEN project, a Horizon 2020 Program including 10 collaborating countries in Europe. We are conducting participatory inquiry Digital Storytelling, a narrative co-creation methodology. It places the voices of women at the center of the conversation and allows for interrogation of reproductive health injustices in local contexts. Through the process of co-creation of research outcomes and action, all critically interrogate the gendered hierarchies, structural barriers, inequities, and potential for change. Underserved women (12) took part in interviews, participated in five Workshops, held in Sofia and created Digital Stories. Researchers (3) also took part in creating Digital Stories and the Workshops. We explored themes within individual storytellers and across the stories through textual-visual thematic analysis of different modalities of making meaning - transcribed interviews, still images and video from digital stories, transcription of the audio recordings and of the workshop interactions. Themes identified relate primarily to:

- one's personal experience as a route to improving health prevention in the community.
- women trusting each other as sources of knowledge and support.
- the empowering potential of dialogue and collaboration in the community.
- intergenerational values, traditions, and memories as a source of knowledge and appreciation of health.

The process led to the co-creation of meaningful and contextually relevant Digital Stories, exemplifying health promotion messages. In conclusion, the co-created Digital Stories express

culturally relevant values of relationality and caring for others as integral to health, reduction of health inequities and improving cervical cancer screening.

Room 4 - Considering the Climate Crisis in our Communities

Mental health practitioners' perspective on the impact of climate change on mental health

Weronika Kałwak, Joanna Grzymała-Moszczyńska, Marta Maj, Helena Walasz

Anthropogenic global climate change and its urgent risks to the natural environment and human societies, including public health, are widely acknowledged by the scientific community. Climate change as a challenge to mental health is recognized by international health organizations and discussed in scientific literature. However, current understanding of the specific mental health impacts of the climate crisis is based on limited empirical evidence and is often influenced by political and media narratives. Additionally, most research in this field has focused on regions with extreme climates (e.g., subtropical and subarctic zones) or those already severely affected by climate change, such as wildfire-stricken Australia which is also experiencing agricultural crises for several decades. This study aims to explore the mental health impacts of the climate crisis in regions with moderate climates, such as Western and Central Europe (WCE), which are transitioning from anticipating future impacts to experiencing ongoing negative effects (e.g., severe floodings and changes in seasonality). Specifically, the study examines the perspectives of mental health practitioners to understand the psychological consequences of climate change in this context. Furthermore, the study investigates how practitioners' personal experiences and attitudes toward climate change, as well as their professional assumptions about mental health and treatment, influence their clinical work with individuals presenting climate change-related complaints. A preliminary study, based on a mixed-methods (QUAL-quan) survey, was conducted with mental health practitioners within an international WCE professional mental health association. This preliminary survey was complemented with an expert group interview framed as psychotherapy supervision. Findings from the preliminary study and the idea for a follow-up nationwide mixed-methods (QUAN-qual) survey with mental health practitioners in Poland will be presented during the conference. Practitioners are involved throughout the research process ensuring a bottom-up approach informed by their clinical expertise and lived experiences of helping their patients and clients.

CLIMATE RESILIENT SCHOOLS

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Existing research on climate change forecasts the increasing likelihood and impact of climate-related disasters including floods, fires, and extreme weather on schooling. Similarly, such disasters disproportionately impact marginalized and under-resourced communities across the globe. In communities impacted by climate disasters, schools must find creative ways to continue educating students and may serve as the singular site in which students are able to receive mental health support. However, in communities where schools are destroyed or unable to open following a climate event, the academic, social, and mental health needs of children may go largely unmet. Rebuilding schools following a climate disaster relies on organized and effective collaboration between government officials, school leaders, and community stakeholders, and mitigating the impact of such disasters requires strategic, coordinated planning. Drawing from examples of school closures due to climate-related disasters in the United States (including schools in Puerto Rico, West Virginia, California, and Hawaii), this presentation addresses three important questions about the intersection of climate change and schooling:

- (Prevention) What steps are school communities taking to mitigate against the impact of climate change?
- (Intervention) What has the impact been in communities already impacted by natural or climate disasters on the academic, social, psychological, and physical needs of children in K-12 schools?
- (Postvention) In school communities recovering from a climate-related disaster, what strategies have been employed effectively (if at all) and what resources are needed to rebuild?

Working from a strengths-based community perspective, I outline steps educators and community leaders might use to: mitigate against climate disasters and disrupted schooling; share information about identifying and supporting the most vulnerable students; and describe effective partnerships school leaders and government officials can employ to rebuild resiliency following a climate-related crisis.

Cycling and socio-economic disadvantage: a scoping review

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Predominant car use is associated with air pollution, sedentarism, resource extraction, climate change, and land use demand. Active mobility presents an affordable, low-emission transport mode with health benefits at the individual, population and environmental level. As with many health-related practices, equity can influence the relationship between transport and health outcomes. Relating to cycling specifically, many existing access schemes are employment-based, with higher-income individuals often benefiting more. During the transition to sustainable mobility, equitable outcomes depend on opportunities for active mobility reaching across societies. To guide future practice in this area, this review aims to chart current evidence reporting utility cycling (i.e., cycling for transport) among people experiencing socioeconomic disadvantage. The review included studies (a) involving adults experiencing socioeconomic disadvantage, (b) with a focus on utility cycling, and (c) reporting cycling experiences, purposes, barriers, enablers, frequencies, perceptions, correlates, determinants, impacts, and/or interventions. Primary research using a qualitative, quantitative, or mixed-method design was included. The review was conducted according to the Joanna Briggs Institute's guidance for scoping reviews. A search strategy including key terms and subject headings was developed and translated for use across PsycINFO (via EBSCOhost), SPORTDiscus (via EBSCOhost), CINAHL (via EBSCOhost), Embase, PubMed, Scopus, ProQuest Dissertations and Theses (via Web of Science), Europe PMC (preprints), and OpenAlex (preprints). Databases were searched from inception to July 2024. After removing duplicates, 5785 articles were identified. Study selection is ongoing, with articles independently screened by two reviewers. Extracted data will be synthesized in two stages: (1) charting the data and (2) descriptive qualitative content analysis. Results will highlight the form and extent of available literature, including the types of variables associated with cycling that have been explored, the types of interventions that have been delivered, and the types of outcomes that have been assessed. Full results will be available in May 2025.

A QUALITATIVE EVALUATION OF ACTIVE HOPE: AN INTERVENTION FOR COPING WITH THE PSYCHOLOGICAL IMPACTS OF CLIMATE CHANGE

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The planetary crisis encompasses interconnected socioeconomic, geopolitical, and global health challenges, including climate change, ecological degradation, war, and precarity, all of which contribute to rising mental health concerns. Despite growing awareness of climate-related distress, limited research examines interventions that address coping with emotions such as fear, sadness, and anger in response to complex global crises. Furthermore, conventional mental health approaches often operate within disciplinary boundaries, overlooking systemic inequalities that shape vulnerability to these challenges. Active Hope (AH) is an eco-spiritual groupwork programme designed to bridge the gap between individual emotional resilience and collective action. It integrates storytelling, journaling, meditation, and ceremony to transform distress into engagement. This study explored participants' experiences of participating in AH workshops through semi-structured interviews with nine individuals. Participants were asked about their views of the global crises, the impact of climate change, and the effect of participating in the AH workshops. Reflexive thematic analysis was used to identify four themes corresponding to the AH process: Coming from gratitude, Honouring our pain for the world, Seeing with new eyes, and Going forth. Findings suggest that AH facilitates coping by fostering belonging, compassion, social support, and meaning-making within the context of overwhelming global challenges. Additionally, participants described a reciprocal relationship between action and hope, wherein engagement with social and environmental issues reinforced psychological resilience. This study underscores the importance of contesting disciplinary and conceptual borders in climate-related mental health research. Future research should examine AH and similar interventions across diverse populations, including younger generations, to examine mental health responses that extend

beyond individual coping and contribute to collective transformation. By challenging existing boundaries in health research and practice, this study highlights the need for holistic, action-oriented frameworks that bridge personal well-being with broader social and environmental change.

FAMILY FARMERS RELATIONAL VALUES FOR FOOD SYSTEMS' TRANSFORMATION

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Food systems are major contributors to intertwined ecological crises, public health challenges, and social inequities. They contribute significantly to greenhouse gas emissions, biodiversity loss, and pollution; have failed to ensure healthy and affordable food for all; and are rife with other social inequities like labor exploitation and growing corporate control of land and value chains. While sweeping reform is widely recognized as necessary, given that research has traditionally been siloed into distinct fields (e.g., public health, agronomy, economics) and farmers are not currently considered key actors in public health promotion, there is little evidence regarding what motivates farmers to participate in agroecological transitions that extend beyond the current focus on on-farm agricultural practices to include efforts to improve the wellbeing of local communities and ecosystems. Through qualitative interviews with diverse family farmers, this project investigated the role that relational values – formed from emotional attachments to humans, animals, and natural landscapes – play in motivating farmers to engage in both on- and off-farm agroecological practices that improve ecological conditions and human wellbeing (e.g., cover cropping, local nutrition security initiatives, farm-to-fork schemes). It found that, after economic viability is secured, farmers are compelled by deeply-held values rooted in holism, generational responsibility, and reciprocity with nature and local communities. Further, farmers are motivated to do more to promote the health of their land, local ecosystems, and communities, but are stymied by increasing economic pressures and policies developed in disregard of their input. Findings not only highlight the

need for inclusive policymaking, but, more broadly, also suggest a need for further transdisciplinary research investigating how to foster relational values across food systems and wider society that promote caretaking of people and planet.

Poster presentations

Online presentations

PrEP Awareness Interventions: A Narrative Review of the Literature in Health and HIV Literacy

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The HIV epidemic continues to affect millions despite the fact that many are actively working to combat it, using tools that have been developed to treat or prevent the virus. More than a decade after the approval of PrEP by the U.S. Food and Drug Administration as an effective HIV prevention method, HIV transmission remains a concern for Public Health and societies worldwide, with the global number of HIV diagnoses reaching 1.3 million in 2022. The factors hindering the control of HIV transmission are numerous, and interventions to address HIV are multifaceted and interdisciplinary. The purpose of this work is to explore interventions aimed at increasing awareness of PrEP, an aspect of health and HIV literacy that has received limited attention in the literature. To achieve that, a narrative review was conducted through the search for such interventions in the databases Google Scholar and EBSCOhost. The results of the literature review, after screening for relevance to the research topic, provided the material which included two systematic reviews and three independent intervention studies. Researchers utilized a number of different approaches to increasing PrEP awareness, such as conducting educational seminars, providing informative posters, making use of mHealth and social media, or leveraging trusted peers. In conclusion, the existing literature on increasing PrEP awareness is limited and is primarily conducted in the United States. However, the satisfactory range of methods used in the interventions, the various theoretical frameworks the interventions were based on, and their promising results mark a hopeful beginning in addressing PrEP awareness specifically and HIV literacy more broadly.

A Qualitative Study on How HPs Navigate Hope, Realism and Emotional Boundaries in Working with Spinal Cord Injury Patients.

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Spinal Cord Injury (SCI) profoundly impacts patients' lives, extending beyond sensory and motor function loss to personal identity, mental health, and social relationships. Literature indicates that healthcare providers (HPs) face systemic and interpersonal challenges in delivering effective rehabilitation care, particularly concerning communication and relational dynamics. However, existing research has not sufficiently explored the communication processes between HPs, patients and significant others (SOs) creating a gap in understanding how these interactions shape the experience of recovery from the perspective of patients. This qualitative study aimed to develop a multi-level understanding of the lived experiences of SCI patients and their communication with HPs and SOs. However, this presentation focuses specifically on HPs' perspectives to examine the challenges they face in SCI rehabilitation. Semi-structured interviews were conducted with 12 HPs, including physiotherapists, occupational therapists, general practitioners, nurses, and a physiatrist. Thematic Analysis revealed two intertwined themes that illustrate the emotional and professional complexities of SCI rehabilitation. The first theme, the "Hope Vs Realism", captures the tension HPs experience in balancing realistic expectations with maintaining patient motivation. While they recognise the importance of fostering hope, they also avoid instilling false expectations, particularly given the uncertainty of recovery trajectories. The second theme, the "Connection Vs Detachment", highlights the deep bonds formed between HPs and patients throughout long-term rehabilitation. While these relationships are often rewarding, they also create emotional strain, especially in the absence of institutional support. Without formal structures to manage these demands, HPs rely on personal coping mechanisms, which, while functional, contribute to emotional exhaustion and burnout. These findings underscore the need for systemic interventions to support HPs' emotional well-being. This research will inform intervention-based seminars aimed at strengthening HPs' communication strategies, fostering empathetic patient interactions, and improving rehabilitation outcomes.

First Time Mothers' Experiences as Members of a Social Media Support Group for Mothers

Ferreira, A. & Lambert, T

First-time mothers face numerous challenges as they navigate the transition to motherhood, and this requires support. In the digital age, where social media is an integral part of society and social networking sites have become a predominant means of connecting with others, mothers are increasingly turning to these online platforms for support. It is therefore important to investigate how these platforms impact on mothers. Literature on this topic is largely internationally based, therefore continued research and development is required to address the gap and further the literature in the South African context. This qualitative study aimed to describe and understand first-time mothers' experiences as members of a social media support group for mothers. Drawing on a phenomenological research design, in-depth interviews with an initial open-ended question were conducted to facilitate a detailed description of the participants' lived experiences, including their subjective understandings. Purposive sampling was utilised to select participants and interviews were conducted online, utilising the Zoom platform. The data collected was analysed according to Braun and Clarke's (2018) thematic analysis. The findings reflected the identified themes and subthemes highlighting the nature of first-time mothers' support-seeking behaviours, including some of the perceived benefits, challenges and unique group dynamics involved. The groups provided informational, comparison and emotional support, which were identified as main themes. The value of this support is apparent against the backdrop of the accompanying pressures and uncertainty surrounding motherhood, including societal expectations and beliefs, social comparisons, and the impact on self-evaluation and sense of identity.

Wednesday, July 2

Morning presentations

Supporting an Interprofessional Workforce to Challenge Health Disparities: Findings from Psycho-Oncology Professionals Working in Ireland

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In many parts of the world, cancer survival rates are improving. There is a growing recognition that survivors, especially those who are socially excluded and vulnerable, benefit from psychosocial support and interventions. The development of psycho- oncology services in Ireland has been a strategic objective (National Cancer Strategy, 2017), and the workforce has grown dramatically over the last decade. However, to date, no studies in Ireland have examined the professional needs of this cohort. Therefore, an online cross-sectional survey was completed by professionals working in cancer care in Ireland. Questions explored clinical characteristics, training needs, and research engagement. Professional fulfillment and burnout were measured using the Professional Fulfillment Index (Trockel et al., 2018). Responses were summarized using descriptive and inferential statistics. Two hundred and twenty-four professionals (33% nurses, 14% psychologists, 11% occupational therapists) consented to the survey. A minority of respondents reported completing psycho-oncology training (35%) or a specific psycho-oncology qualification (7%). The majority (85%) wanted training in psycho-oncology, and the most desirable training topics were grief and fear of cancer recurrence. Only 37% of respondents reported actively engaging in research projects, of which only 36% had protected research time. Participants reported high rates of finding joy and meaning in their work with 57% meeting criteria for professional fulfillment. Conversely, 15% met criteria for burnout. Nine participants endorsed being simultaneously fulfilled and burned out. Findings from this study highlight the importance of delivering psycho-oncology training and upskilling; supporting staff to become more engaged in research; maintaining fulfilment and reducing burnout. Implications will be discussed, examining how supporting an interprofessional workforce can be used to challenge health inequalities and enhance social inclusion among cancer survivors, caregivers, and loved ones.

Sexuality of People with Disabilities: Challenges and Resistances

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This study examines the perspectives of a disability rights social movement on the sexuality of people with disabilities, emphasizing how power dynamics and resistance strategies are intertwined with their sexual experiences. The research focused on an anti-ableist social movement established in 2020, comprising Portuguese individuals with disabilities aged 29 to 40. Two representatives participated in a three-phase qualitative study, which included exploratory interviews, semi-structured interviews, and collaborative discussions. Data collection occurred between October 2023 and July 2024, with interviews transcribed and analyzed using Reflexive Thematic Analysis (Braun & Clarke, 2019, 2022). Two overarching themes emerged: ‘Multiple Oppressions’ and ‘Dissident Bodies.’ The Multiple Oppressions theme encapsulates structural barriers—including limited access to sexual education, societal prejudice, financial constraints, and inadequate personal assistance—that restrict sexual autonomy. It also reflects how these oppressions contribute to the construction of subjectivities, leading to body shame, fear of intimacy, and a lack of positive role models. The Dissident Bodies theme highlights adaptive strategies employed by people with disabilities, such as creative approaches to sexuality, alternative sexual practices, and advocacy for systemic change. These efforts include policy reforms, engagement with the medical community, and the establishment of sexual assistance frameworks. This study underscores the interplay between oppression and resistance in shaping the sexual rights of people with disabilities. It calls for policy reform, increased representation, and structural transformation to uphold their rights to sexuality, pleasure, and bodily autonomy.

Nicaraguan Migrant Youth in Costa Rica: A Human Rights-Based Approach to Mental Health in Border Areas

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Migrants involved in cross-border flows face multiple vulnerability situations that can affect their mental health. This is the case of Nicaraguan migrant youth (NMY) who have settled

in the border areas of Costa Rica after irregularly crossing the borderline in search of better living conditions. This study critically examined NMY's perceptions of the role of social determinants linked to bordering mechanisms in their mental health. For this purpose, eight in-depth interviews were conducted with NMY residing in the border region (ages 18–35, gender- balanced sample). The interviews focused on the following themes: (a) mental health status (e.g., How do you feel?); and (b) perceived social determinants of mental health (e.g., What difficulties do you encounter in your daily life to enjoy positive mental health? What resources do you rely on to feel better?). Through hybrid thematic analysis, the results suggest the existence of a complex system of oppression that is articulated around the border areas, which threatens NMY's right to enjoy the highest attainable standard of mental health. Specifically, limited access to community resources, precarious labor and housing conditions, perceived discrimination, and legal uncertainty generates significant psychological distress. However, NMY also develop resilience strategies based on family support networks and cultural and spiritual roots, fostering transborder resistance identities that promote well-being. The study's main scientific contributions and social implications are discussed from a human rights-based approach to mental health, highlighting the need to implement intersectional and context-sensitive public policies in border areas.

Empowerment in Grassroots Community Coalitions: Development of an Instrument

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Psychological empowerment (PE) is critical to processes through which people gain greater control over their lives and issues of concern to them. It has been theorized as consisting of emotional, cognitive, behavioural, and relational domains. Although context-specific measures of PE exist, no study to date has introduced and tested a measure of the construct that captures all four domains and is tailored for members of grassroots community coalitions. Coalitions are formed by community members and organizations to address shared concerns. Notably, research in this area has neglected measuring the relational dimension, which involves bridging different backgrounds and building common cause among people to achieve a common goal. The objectives of this study were to develop and test the validity of a measure of PE appropriate for this context. We evaluated the factorial validity of scores from an 18-item instrument and examined relationships between PE dimensions and a set of conceptually relevant variables. Data were collected from coalition members (n=368) in February and March of 2025 using a web-based, self-administered survey that was part of an evaluation of a statewide substance misuse prevention initiative in a northeastern U.S. state. The sampling frame for the survey was the membership roster of 20 community-based coalitions, and a census of each coalition was attempted. Results of the principal axis factor analysis supported the hypothesized structure of the PE scale. In addition, dimensions of PE were found to be associated in expected ways with measures of a set of conceptually relevant variables comprised of participants' community problem-solving skills, collaborative skills, and sense of community. Cronbach's alpha for the overall PE scale was .85, and subscale alphas ranged from .80 to .91. Findings suggest that the instrument is a valid and reliable measure of PE for use with grassroots community coalitions.

“It's Not This Typical 'In-Out' Kinda Thing“: Unpacking the Sex Lives of Heterosexual Women Living with Endometriosis

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Endometriosis is a chronic inflammatory condition affecting approximately one in ten women and people with uteruses. While it has gained more recognition in recent years for its pain and effects on fertility, its impact on sexuality remains understudied, reflecting medical discourse that conceptualises women's bodies primarily as sites of reproduction. Existing research examining sex with endometriosis typically adopts a narrow focus on pain during intercourse, offering predominantly descriptive accounts that overlook the broader ways in which the condition may reshape sexual experiences and relational dynamics. Furthermore, the ways endometriosis intersects with heteronormativity and gendered expectations of sex remain largely underexplored. Situated within the critical sexualities field, this study examines how individuals with endometriosis describe their sex lives. Semi-structured interviews were conducted in 2023 with seven heterosexual women living with endometriosis in Germany. Using critical realist reflexive thematic analysis, three main themes were created. The first theme, "*Unruly Bodies, Gendered Sex"* outlines how bodily disruptions, such as pain, fatigue, and treatment side effects, were portrayed as limitations that contradict dominant discourses of 'good sex' while reinforcing traditional gendered roles in sex. "*The Weight of Intimacy: Negotiating Sex in Relationships"* highlights how participants described navigating feelings of guilt, obligation, and sexual availability within normative partnerships, with their endometriosis acting as both a source of perceived 'inadequacy' and a potential means of resistance. This theme further underscores the emotional labour participants performed to sustain intimacy. Finally, "*Reclaiming Sexuality with Endometriosis"* illustrates how participants became (or were forced to become) advocates for their own sexuality, challenging institutional and cultural silence. They outlined actively reclaiming their sexual agency, emphasising bodily knowledge and alternative forms of intimacy. Overall, this study highlights the entanglement of endometriosis and sexual norms, underscoring the need for a more nuanced understanding of sexuality within endometriosis care.

Afternoon presentations

Exploring Patient Experiences in Multimodal Pain Therapy: What Helps Most?

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Interdisciplinary Multimodal Pain Therapy (IMPT) has proven effective for chronic pain management by integrating physical, medical, and psychosocial approaches. However, the influence of patient expectations on therapy outcomes remains underexplored.

Understanding these dynamics is critical to optimizing treatment and enhancing patient satisfaction. Data were collected using self-administered questionnaires at four points: admission (T1), two weeks later (T2), discharge (T3), and three months post-treatment (T4). Of 95 participants, 62 provided complete responses across all time points. Weekly themes and objectives were tailored by the interdisciplinary team, with treatment plans adjusted during medical visits and team meetings. Daily sessions lasted at least four hours, with group sizes limited to eight patients. A mixed ANOVA for repeated measures showed patients identified an average of eight therapy modalities as helpful. Those who rated more than eight modalities as "moderately helpful" or higher at T3 experienced significantly less severe pain, reduced functional impairment, lower depression levels, and increased self- efficacy. Greater engagement in diverse activities correlated with lower pain grades, reduced pain chronification, and improved physical functioning, as reflected in lower Oswestry Disability Index (ODI) scores. While engaging in new activities post-treatment improved outcomes, no significant link was found between continued participation in formally recognized therapies and long-term benefits. Patients identifying more therapies as helpful achieved better outcomes, emphasizing the need for personalized treatment plans. Additionally, engaging in new activities post-treatment enhanced long-term results, highlighting the importance of active lifestyles. However, high satisfaction during treatment does not guarantee continued therapy engagement. Tailored interventions are necessary to bridge this gap, encouraging sustained activity and developing patient-centered pain management strategies.

Māori Perspectives on Screening Biomarkers for Preclinical Alzheimer’s Disease

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Aotearoa New Zealand

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It is now possible to determine whether a person is in the early stages of Alzheimer’s disease (AD) from a blood test, potentially even before symptom onset. As early detection could lead to early treatment, which is thought to be more effective at mitigating cognitive symptoms of AD, there has been much excitement about the potential to implement biomarkers of preclinical AD in various populations. Given that Māori are more likely to be affected by AD and tend to be younger at disease onset than non-Māori, there is a need for culturally-responsive approaches to biomarker screening and treatments for preclinical AD in Aotearoa New Zealand. We aimed to understand Māori perspectives on early AD risk detection and culture-specific perspectives on the use of biomarkers of AD. In this pilot study, we interviewed n=8 Māori or their whānau (family members) using semi-structured interviews. Thematic analysis was used to analyse the data. Study design, data collection, and analyses were conducted in accordance with kaupapa Māori (Māori principles of research). Overall, we found that participants were largely receptive to the possibility of biomarker screening for preclinical AD, although some did state that without a curative treatment for AD, they would prefer not to participate in screening. Themes identified were: importance of whānau (family) input into screening decisions; inclusion of Māori in the design and implementation of screening programmes; and barriers to healthcare access (physical accessibility, socioeconomic, and health culture/stigma). This preliminary study identified several considerations and barriers to potential biomarker screening for preclinical AD and highlighted the need to consider and include diverse perspectives in the design and implementation of any screening programme. Healthcare advances that do not consider cultural perspectives on ageing and cultural aspects of service delivery risk exacerbating health inequities in AD.

Institutional Betrayal and Health among Survivors of Ireland’s Mother and Baby Institutions

Catriona Shelly, Dearbhla Moroney, Orla Muldoon

Institutional betrayal occurs when trusted institutions fail to protect individuals or even actively contribute to harm (Smith C Freyd, 2014). This betrayal has the potential to exacerbate trauma and have negative consequences for psychological and physical health (Smith C Freyd, 2013). A recent review highlighted the need to investigate experiences of institutional betrayal among diverse populations (Christl et al., 2024). The current study aims to address this gap by exploring the experiences and health consequences of institutional betrayal among survivors of Ireland’s Mother and Baby Institutions. Using a cross-sectional survey design, data are being collected to investigate the relationships between institutional betrayal, trust in national government, and psychological and physical health outcomes. The findings are expected to advance our understanding of how institutional betrayal impacts health and to illuminate the experiences of individuals affected by these institutions.

Interorganizational Differences in Communication Based on Adoption of Harm Reduction Principles: A Social Network Analysis

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Harm reduction is an evidence-based approach that supports people who use drugs (PWUD) and works to prevent substance-related harms. Its core principles emphasize meeting individuals where they are, engaging communities, and providing noncoercive support to achieve PWUD-identified goals. The work requires communication across fields of health, community development, law enforcement, business, and others. Practitioners must navigate the boundaries between fields of practice to support individuals seeking care and to structure communities to prevent substance-related harms. This poster evaluated interorganizational communication within substance misuse prevention workforce in New Jersey, New York, Puerto Rico, and United States Virgin Islands to explore differences in communication based on organizational adoption of harm reduction principles. When organizations from different fields of practice collaborate, exchanging information and resources is a key element to ensure treatment and prevention efforts are successful. A social network survey was administered to members of SAMHSA's Prevention Technology and Transfer Center network (N=106). Respondents reported whether their work adhered to harm reduction principles and identified the organizational sector of up to seven key contacts with whom they exchanged prevention information, rating frequency on a daily-yearly scale. Sectors included social services, healthcare, community members, etc. Gephi was used to visualize networks and compute network metrics describing network density, average degree, and centrality, comparing organizations that do and do not endorse harm reduction. Network density was higher among sectors endorsing harm reduction (0.27) than those that did not (0.23), indicating a slightly more diverse array of connections. Centrality analyses showed that prevention coalitions and family/community service organizations played pivotal roles in disseminating prevention information among harm reduction-affirming organizations, while governmental sectors (e.g., probation, law enforcement) were more central in non- endorsing organizations' communication networks. Interorganizational linkages vary according to the adoption of harm reduction principles. The diffusion of these principles requires lowering barriers between sectors to ensure PWUD receive compassionate care and communities are better equipped to address substance-related harms.

Understanding Experiences of Inequality in Public Acute Healthcare Among Members of Marginalised Communities in Ireland

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There is limited evidence regarding the impact of social inequality on patient experience in Ireland. The National Inpatient Experience Survey, which collects over 10,000 patient responses in Ireland annually, has highlighted that marginalised groups such as the Traveller community are underrepresented in their survey findings. This can mean marginalised communities are not accounted for in quality improvement initiatives who use this data to improve the provision of care to patients. This study therefore aims to conduct qualitative research with marginalised communities in Ireland to understand their experiences of care in acute public hospitals. Critical realism underpins the theoretical orientation of the study to enable patient experiences to be understood as a process that is influenced by interactions between individuals and their contexts. Qualitative focus group and individual interviews will be conducted with members of marginalised communities who have experienced inpatient care in the past 3-years in Ireland. All research activities are trauma informed. Data collection will take place from March to May 2025. A critical realist thematic analysis will be conducted on the data. No results have been generated to date but are expected by June. The knowledge generated is expected to offer greater understanding of how marginalised communities experience inpatient care in Ireland. The findings from this study will inform a co-design workshop which aims to offer strategies for updating the current National Inpatient Experience Survey to make it more sensitive to marginalised communities and increase participation in the survey among these groups.

Thursday, July 3

Morning presentations

Adoption and social identity loss: Insights from adults adopted through Ireland's mother and baby homes

Dearbhla Moroney, Aisling O'Donnell, Mary O'Connor, Orla T. Muldoon

A central issue in adoption research is understanding why some individuals adapt to their adoption experience while others face considerable difficulties. The social identity approach (SIA) offers a valuable framework for examining this. Recent research has increasingly shown that identifying with social groups can protect and promote well-being. However, in the context of adoption, certain groups may also present challenges or become sources of strain. The present study seeks to understand how social identities shape individuals' adoption experiences. Semi-structured interviews (N = 16) with adults who were adopted through Mother and Baby Homes in Ireland were analysed using reflexive thematic analysis. The analysis produced two interrelated themes: (1) 'Adopted' as a social identity, which explores how participants' 'adopted' status itself constitutes a significant social identity, leading to experiences of marginalization and exclusion and (2) Adoption as social identity loss, which describes how participants face contested membership and compromised belonging within important social groups. Both themes illustrate how the process of adoption can result in social identity loss. Discussion of this analysis considers the consequences of social identity change for adoption adjustment. These findings expand the theoretical application of the SIA, in the context of adoption.

Trauma, Social Media and Recovery: The Experiences of Young Adults in the Digital Age

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Trauma experiences are inherently political, shaped by systemic inequities produced by social power structures such as colonization and patriarchy. The way that trauma is defined also represents changing political and social interests. While mental health specialists have focused on trauma in response to extreme events, recent popular representations depict it as arising from more prevalent injustices in society. Social media has become an important site in which people who are not mental health professionals can define and reinterpret the meaning of trauma, and source a variety of informal resources to assist with recovery. Given the evolving definitions of trauma across clinical, academic, and popular discourse, this study explores how young adults use social media to understand and deal with experiences of trauma. This study focuses on those in young adulthood as this is a period of intensive identity construction, and this demographic has a high engagement with digital platforms. Using a social-constructionist epistemology and an intersectional lens, this qualitative study used semi-structured interviews with young adults (n=15; aged 20-29) who self-identified as having experienced trauma and engaged with social media for coping or meaning-making. The interview data was analysed using reflexive thematic analysis. The findings shed light on the different meanings that trauma carries in the digital age, highlighting how young people navigate their distress and identity formation through online platforms. This research also explores the broader social and cultural implications of understandings of trauma and trauma recovery in contemporary society.

Mapping the Healing Journey

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In this poster I will present how I have employed the body mapping method to explore the healing journey of women who experienced domestic abuse and engaged in yoga practice.

Embodiment in domestic abuse has been underresearched; body mapping is an arts participatory method that has seen increasing use in research. It focuses on the body as a means of exploring experience, providing an opportunity to gather more 'visceral' data. For my research, I used the body mapping method within online and in-person interviews with 12 women- 6 women who experienced abuse and 6 yoga professionals with teaching experience in community settings. The aim of the research was to understand the embodied experience within the abusive situation and the healing process after this, and how does embodied practices such as yoga could play a potential role in the journey or even disrupt it. The poster will present the body maps of the women and preliminary results from the analysis. It will showcase the bodymapping method -when incorporated in interviews- could provide different layers of narrative, and facilitate a more in-depth, multi-layered exploration of women's experiences, in comparison to traditional interviews. It will also demonstrate how the method enabled a more reflective process, as women took their time to reflect, process questions and then depict their experiences in a multimodal fashion. I will also comment on how the role of embodied reflexivity for the researcher. The poster will include images of the bodymaps and testimonios of the participant, alongside summary of the process, analysis and preliminary findings.

Afternoon presentations

Subjective Well-Being and PTSD in Times Of War: A Study of Resilience Among Ukrainian Youth

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This study examines the capacity of young individuals to reintegrate into life with renewed perspectives and values amid the ongoing conflict. The primary objective was to explore potential predictors of subjective well-being, trauma, and post-traumatic stress disorder (PTSD), as well as to identify protective factors for mental health. A total of 593 students (Mage = 18.90, SD = 2.35) participated in the study, which was conducted ten months after the outbreak of hostilities in Ukraine. Participants were enrolled at four universities located in regions affected by the war, including both rear areas and frontline/defense territories. The research employed measures that assessed life satisfaction, traumatic experiences, PTSD symptoms, post-traumatic growth, coping strategies, hope, optimism, and resilience. Among the most frequently reported complaints were persistent intrusive thoughts, heightened nervousness, difficulties in concentration, irritability, decreased alertness, and sleep disturbances. Despite these challenges, a majority of participants reported relatively high levels of life satisfaction, with 56.3% classifying themselves as somewhat satisfied, satisfied, or very satisfied. Additionally, 60.8% reported moderate to high levels of optimism, while 58.7% and 60.5% reported moderate to high levels of post-traumatic growth and resilience, respectively. Notably, experiences of living under occupation were associated with slower post-traumatic growth, and women exhibited higher levels of post-traumatic growth regardless of their place of residence. Statistical analyses revealed that gender and displacement due to hostilities were significant predictors of elevated PTSD symptoms, whereas higher levels of hope and resilience were linked to reduced PTSD symptoms. Optimism, hope, resilience, post-traumatic growth, the use of emotional support, and experiences of living under occupation emerged as significant predictors of life satisfaction. Among youth in war-affected regions, relatively high levels of life satisfaction often coexist with notable mental health challenges. To enhance resilience and promote post-traumatic growth, it is essential to address infrastructural challenges and alleviate the shortage of human resources in frontline regions. Furthermore, integrating advanced technologies into psychotherapeutic practices is recommended to improve the overall effectiveness of mental health interventions.

What’s Important for Your Well-Being? A Q Methodology Study Exploring Subjective Perspectives of Well-Being.

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Understanding subjective perspectives and lived experiences could be used to improve individuals’ or a group’s well-being. Currently, well-being theory is represented by myriad definitions and an array of well-being instruments to measure it, although there is little focus on the aspects that are most important for people/groups to experience well-being. This study explores what aspects are considered important to subjectively experience well-being. Q methodology was used to identify and describe shared perspectives on what aspects of well-being were most important in participants' experiences. Forty-one participants ranked fifty-four statements on a quasi-normal shaped grid according to their level of agreement. Factor analysis was used to identify shared points of view (patterns of similarity between Q

sorts). Analyses produced a three-factor solution around well-being priorities, which can be broadly summarised as prosocial relationships, reducing anxiety, and maintaining self-reliance, and managing responsibility and obligation. The findings showed that well-being was experienced as a multifactorial and holistic phenomenon. The Q factors placed different emphasis on the relative importance of the theoretical aspect of well-being (hedonic, eudaimonic, and lay conceptions) in experiencing well-being, with importance placed on social interconnectedness, obligations, responsibilities, and a need for independence. Future research should consider investigating well-being, bearing in mind the contextual needs of the groups being researched to design interventions or develop measures ensuring they meaningfully represent their well-being experiences.

Striving for Wellness in Fatherhood (SWell): A Patient-Oriented Co-development of a Digital Mental Health Program for Fathers

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Paternal mental health during the transition to parenthood is increasingly recognized as a period of heightened vulnerability, shaped by systemic barriers, societal stigma, and unmet needs for accessible, inclusive mental health services. Approximately 1 in 10 fathers experience depression and/or anxiety, which can adversely impact children's health and developmental outcomes. Despite this, evidence- based supports tailored to fathers remain limited. This study aimed to co-develop a mental health program to address these gaps, with a focus on understanding the factors contributing to fathers' well- being, unmet parenting and mental health needs, and perspectives on mental health solutions. Father- identifying individuals were eligible to participate if they had a child <3 years old, lived experience of mental health challenges, and resided in Canada. Participation included virtual semi-structured focus groups with short follow-up qualitative surveys. A total of *n = 17* participants completed the focus groups, with two groups containing n = 6 participants each, and one group with n = 5 participants. Each group met for six focus group sessions. Thematic analysis of qualitative data revealed key barriers to accessing services, including cost, stigma, and perceived self-management. Fathers also identified critical unmet needs, including preparation for fatherhood, emotion regulation, and peer connection. Participants expressed a strong preference for an evidence-based digital mental health program, featuring a combination of in-person and virtual components, synchronous and asynchronous activities, and delivery through a mobile application. Findings highlight how systemic and societal barriers restrict access to paternal mental health support, leaving fathers underserved during a critical period of adjustment. The emerging solution was an app-based mental health program with options for in-person peer connection.

“You’re Just Lazy”: Understanding How Fatigue-Related Conditions Are Depicted on TikTok

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Many health conditions are associated with long-term fatigue, a symptom that can have a debilitating impact on a person’s life. However, symptoms of fatigue are often dismissed which can feed into stigmatisation and worsening outcomes for the individual. Many people who experience long-term fatigue may eventually receive a diagnosis of myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), and some subtypes of long COVID appear similar to ME/CFS. Although these diagnoses validate experiences of fatigue, they are poorly understood and negatively perceived. The proliferation of social media platforms has altered the digital health landscape. Increasingly, people are using the short-form video platform, TikTok, to search for and share information about health conditions. Yet, the relatively recent advent of this platform means that little is known about how these conditions are depicted. Given the potential influence of TikTok content, it is critical to understand how people discuss these conditions on this medium, how they share their experiences of having fatigue-related conditions, and what advice is given by advocates or professionals when discussing these conditions. The aims of this study

were to consider how fatigue-related conditions like ME/CFS and long COVID are portrayed on TikTok and how this portrayal impacts fatigue-related stigmatisation. This poster summarises a codebook media analysis to understand how fatigue-related conditions are being portrayed on TikTok. We discuss how the messaging across the themes may contribute to the way fatigue-related conditions are perceived in the wider community. Our findings provide novel insights into how fatigue-related conditions are portrayed on social media. This in turn provides important information towards more effectively supporting for individuals experiencing ME/CFS or chronic fatigue associated with long COVID.

Friday, July 4

Morning presentations

Participation in Socially-Driven, Unconventional Hobbies and Resilience in Undergraduate Students: A Reflexive Thematic Analysis

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Individuals who engage in unconventional hobbies (e.g., role playing games, cosplay) often face unique social challenges and stigma. However, the potential for these hobbies themselves to generate resilience—a person's ability to 'bounce back' or recover from adversity—remains as-yet unexplored. This study explores how socially-driven, unconventional hobbies contribute to resilience in the face of stigma. In-depth, semi-structured interviews were conducted with ten students from an Irish university who self-identified as having an unconventional group hobby. Reflexive thematic analysis was conducted and three main themes were identified: (1) community as a protective factor, (2) experiencing and overcoming stigma, and (3) personal growth and resilience. Overall, findings indicate that, while ongoing stigma was experienced by many participants, involvement in these hobbies fostered a strong sense of belonging that mitigated the effects of social bias. This helps us better understand the role of unconventional hobbies in resilience-building and highlights the importance of supporting alternative social spaces. These findings have implications for mental health support and resilience-based interventions.

On the Future of Feminist Psychology: Listening to Psychology's Feminist Voices

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In this research, we explore the accounts of feminist scholars compiled as part of the Psychology's Feminist Voices Project (feministvoices.com). Founded and directed by Dr Alexandra Rutherford, the PFV project is a multimedia digital archive that documents the role and experiences of feminist scholars through the history of the discipline. The publicly available archive includes both videos and transcripts of interviews with leading feminist psychologists from around the world. The focus of our analysis was on interviewees' talk of the future of feminist psychology, including their advice to young feminists. Our team conducted a thematic analysis of the 28 interviews conducted within the last 10 years. Consistent with feminism itself, participants' accounts revolved around the central theme of 'resistance'. Their talk of the future of feminist psychology included the importance of resisting disciplinary boundaries (interdisciplinarity), marginalization (intersectionality, diversity, inclusivity), colonialism and climate change. Their advice to students new to the field revolved around resisting the "toxic system" of academia, including finding allies, staying feminist, and finding ways to pursue one's passions in research and activism despite institutional pressures. Some suggested leaving academia altogether in order to effect social and political change. The implications of the findings for future directions and future generations will be discussed.

Responsible and Helpless: Conflicting Institutional Narratives of Family & Domestic Violence Within Australian Rural Emergency Departments

Sheree Moore*, Rachael Fox, Brona Nic Giolla Easpaig & Linda Deravin

Charles Sturt University, NSW, Australia

Australian research has indicated that the frequency and severity of family and domestic violence (FDV) increases with remoteness, resulting in higher rates of hospitalisation; however, prior research has suggested that some health-related policies and Emergency Department (ED) responses to FDV may not be meeting the needs of rural communities and individuals impacted by intersecting social disadvantages. The current study aimed to understand how Australian rural EDs respond to FDV and why they respond in certain ways. Foucauldian Discourse and Narrative Analysis were used to examine three sets of data involving: 1) Australian Government FDV policies; 2) observations of rural EDs; and 3) focus

groups with ED nurses. Two rural Australian ED's were involved in the study. Data were collected in 2021 and 2022. The results produced three dominant narratives: Deficit Subject Narratives, Societal Narratives, and Person- Centered Narratives. Narratives had potential significant implications when considering the agency and wellbeing of ED patients, ED clinicians, and individuals impacted by FDV. Deficit Subject and Societal Narratives reduced the visibility of FDV and the agency of the patient within ED, while Person-Centered Narratives enhanced its visibility and empowered patients. These narratives generated the potential for stereotypical understandings of FDV based on personal characteristics such as race or gender, highlighting disadvantages for marginalized groups, including First Nations Peoples and LGBTQIA+ communities. Deficit Subject Narratives dominated all three data sets, suggesting entrenchment within policies, systems and practices that could resist innovation towards improving rural ED responses to FDV. The study highlighted the potential for contradictory institutional narratives to threaten the wellbeing of ED clinicians by positioning them as both responsible and helpless in respect to FDV. Results stress the importance of context when considering how rural ED's can be adequately supported to respond effectively to FDV without compromising the welfare of clinicians, patients or local communities.

Impact of Perceived Health Competence and Health Care Empowerment on Physical Self-Efficacy and Attitudes Towards Mental Health Problems in Pakistani Adults During Smog Season: Mediation of Climate Anxiety

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The aim of the study is based in Global South region of Pakistan to explore physical and mental health psychological constructs during the fifth season of smog [Ali&Kazmi,2023). Purposive sampling is used to curate data from 560 consenting adults through instruments of Perceived Health Competence [Dempster & Donnelly, 2008], [Health Care Empowerment [Gagnon et al.2006], Physical Self- Efficacy [Hu et al., 2005], Attitudes towards Mental Health [Gilbert et al., 2004] , Climate Anxiety [Clayton & Karazsia, 2020

].Descriptive and inferential statistics are conducted through IBM SPSS V.25. Pearson product moment correlation, multiple linear regression, multivariate analysis of variance and hayes process macro are used. Results are eminent as study was conducted throughout the smog season [mid- September till mid-January] of Lahore city, one of the most polluted in the world with compromised PM 2.5 pollutant that is rated as hazardous by World Health Organization. Results suggest that the perceived health competence and healthcare empowerment's sub scales of control degree significantly effects physical self- efficacy in terms of physical ability. Attitudes towards mental health problems is also affected significantly in terms of shame/stigma awareness. Climate anxiety significantly mediates between physical self-efficacy and healthcare empowerment. There is main effect of gender, income and education on the healthcare empowerment, attitudes towards mental health problems and perceived health competence. The study is important as there are fewer researches exploring health psychology domain in the region of Pakistan where smog has adversely affected lives in apparent and latent ways. There has not been any behavioural intervention to combat climate anxiety at the psychological level. Hence, quality of life for the community is affected in diverse ways. This paper will be important to cross-learn about the efforts to reduce eco-anxiety in meteorological psychological context.