PAPER ABSTRACTS

listed in alphabetical order of first author

Friday 4th September 2009	**14:35 - 15:05**
Complementary and Alternative Medicine	Renold H1

Aglen, B.

SELF HELP GROUPS- AN OVERVIEW

For the last decades Self Help Groups (SHG) have been at focus in medical research. SHG represent a phenomenon studied from different academic traditions of medicine and within different clinical and fields of interest. There also exist different conceptualisations of what SHG represent and mean in a medical arena. Thus SHG is framed and studied differently and used for various groups of patients or user groups; for instance persons with mental problems, drug- addiction, physical or mental disabilities, grief. SHG are sometimes viewed to represent an alternative, other times to be a supplement or a substitute to traditional or clinical health services. Viewed from a critical angle, SHG are also seen as a movement or grass-root movement that could either empower or disempower people struggling with health problems or suffering from interactions with the health care system. SHG an also be studied in a wider health policy and institutional level to deficient recourses in a welfare state. In this study the aim is to present a overview of the knowledge of SHG in a Nordic fraework and context. The Method used is literature overview from recognised international publications databases from the year 1990- 2008. The purpose is to provide the knowledge status of SHG and what can be learned from this for current research on SHG in the Norwegian context. The research project is part of a bigger project on SHG done in Norway and that is financed by The Norwegian Health Directory.

Saturday 5th September 2009	**11:20 - 11:50**
Reproductive and Sexual Health	Renold H2

Agunbiade, O.M., Osezua, O.C and Ikuteyijo,O.L.   **Obafemi Awolowo University**

MOTHERS STRATEGIES OF CURBING FEMALE CHILD SEXUAL ABUSE IN A NIGERIAN COMMUNITY.

This study examines the prevalence of child sexual abuse in Ile-Ife, a Yoruba community and mothers' strategies towards managing their girl child sexual health. Two categories of respondents which consist of young girls in selected secondary schools and their mothers were purposively selected. A sample of 56 female students and 35 mothers were selected. A structured questionnaire was used in eliciting information on the prevalence of child sexual abuse among the girls, while in-depth interviews were held the mothers on their management strategies. Findings showed that 56% of the girls have been sexually abused and 85% of them were familiar with their perpetrators. Cases of sexual abuse were unreported by the victims except when physical damages were involved or when caught in the act. Mothers claimed awareness of child sexual abuse, but were rather unwilling to prosecute the perpetrators even when their daughters were victims. A common approach among them was the belief that God will not allow such to happen to any of their daughters and those whose daughters had fallen victims should accept it as their fate. Some of the mothers considered sex education as beneficial but should be introduced into school curriculum with caution. Hence, there is a need to educate mothers on positive preventive measures and therapies for victims of child sexual abuse especially the girl child as the absence of empowering and protecting the girl child would have negative effects on their sexual health.

Friday 4th September 2009	**15:10 - 15:40**
Complementary and Alternative Medicine	Renold H1

Almeida, J.   **Royal Holloway, University of London**

THE USE OF CAM BY ORTHODOX DOCTORS AND CAM PROFESSIONALS IN PORTUGAL: PROFESSIONAL CONFLICT AND BOUNDARY STRUGGLE

Portugal is presently in the process of regulating six complementary and alternative medicine (CAM) therapies: acupuncture, homeopathy, osteopathy, chiropractic, phytotherapy and naturopathy. Alongside this regulatory process, Portuguese CAM professionals have increasingly engaged in a professionalisation process and now claim to be the only legitimate CAM professionals in the country. However, in recent times CAM has also become more popular among the Portuguese medical doctors. Degrees and training courses in particular CAM therapies have gradually been made available by the medical profession exclusively for those individuals with a medical or related degree. In this context, qualitative research completed to date has suggested a clash between Portuguese orthodox doctors and CAM professionals as regards professional boundaries, professional autonomy, professional power, professional knowledge, and definitions of CAM. This paper will provide some insights into these major areas of concern for these two professional groups. These insights may allow a better understanding of the way that medical doctors and CAM professionals view CAM therapies in Portuguese society. Also they may allow comparison with recent CAM dynamics in other European countries.

Andreassen, H.K.   **University Hospital of North Norway**

WHAT'S THE PROBLEM? – IDEALS OF PATIENT EMPOWERMENT IN PUBLIC ICT STRATEGIES

Telemedicine and Information and Communication Technologies (ICT) in health have been considered new and promising ideas in European health care for some time. Recent buzzwords in EC policies and research are Personalized Health Systems (PHS) or "pHealth", and "mHealth"; mobile health. Technologies aimed at monitoring and providing healthcare for patients in their homes and whilst on the move are given both political and scientific attention. Reports (e.g PHS2020) are written and conferences held on this topic. But what exactly is the problem to be solved through pHealth, mHealth and the more traditional eHealth (electronic health)? The answer to this question is not as evident as it might seem. Better health outcomes and money saved in a health sector under pressure is of course one desired effect, but these technologies are also presented in a context where specific ideas on the patient and the patient's problems are communicated explicitly and implicitly. This paper will reflect critically on discursive constructions of the patient in official EC documents on ICT in health. Notions of empowerment and user involvement are of special interest. Bacchi's (1999) ideas on searching for problem representations; "what the problem is presented to be", in policy proposals is the analytical point of departure. This perspective might add to the already existing literature on patient and lay users of health technologies in medical sociology.

Apenteng, P., Denny, E., Culley, L., Papadopoulos, R., Mann,C.   **Birmingham City University**

'GRIN AND BEAR IT.' SOCIO-CULTURAL CONSTRUCTIONS OF ENDOMETRIOSIS

Women from minority ethnic communities with reproductive health conditions represent diverse conceptions of health, disease and healing practices. They also experience physical, emotional and spiritual needs that require consideration in their care planning. This paper is based on findings from focus group discussions with women from minority ethnic groups, conducted as the first phase of a qualitative study that seeks to explore endometriosis (a debilitating condition affecting women's reproductive system) and cultural diversity.

Five focus groups were carried out with women from each of the minority ethnic groups being recruited to the main study (n=42). These are women of Greek, African-Caribbean, Indian, Pakistani, and Chinese origin. The discussions aimed to understand the socio-cultural context of women from these groups and explored cultural meanings of menstruation, reproduction, sexuality, awareness of endometriosis and access to health services. Findings reveal cultural constructions and taboos around menstruation, and fertility appeared to be of particular significance to the women who participated in these focus groups. The focus groups also inform of a limited awareness of endometriosis and a tendency to normalise menstrual pain, a common symptom of endometriosis.

This paper examines the main themes identified in the focus groups and suggests that in order to provide culturally sensitive care there is a need to take into account specific issues around sexuality and reproduction which may constitute barriers to care for women from particular ethnic groups with endometriosis.

Arber, A., Gallagher, A., Quirk A., Chaplin, R.   **University of Surrey**

SERVICE USERS AND THEIR EXPERIENCE OF RECEIVING BAD NEWS ABOUT THEIR MENTAL HEALTH

The verification and disclosure of a psychiatric diagnosis is a complex process with studies showing a mis-match between patient expectations and the practice of psychiatrists. This aim of this pilot study is to explore service users' experience of receiving news about their mental health and to identify how the news of mental ill health was broken to service users. Ten semi-structured interviews using a grounded theory approach were conducted in which mental health service users recounted key moments when good or bad news was delivered to them. All participants referred to the receipt of a psychiatric diagnosis as significant news and participants report multiple and changing diagnosis and receipt of confusing and inadequate information. Five participants reported psychiatrists' changing diagnosis and giving more than one diagnosis. The use of multiple diagnoses may be technically correct according to a classification schedule but mean little to a service user other than cause confusion. Alternatively switching diagnoses without explanation can be equally bewildering. A number of participants discussed the importance of trust in professionals and of adequate time and information in relation to buffering the impact of potentially bad news. The technique of comparing a mental disorder to a physical disorder is not always a helpful strategy when delivering news, from the perspective of the service user.

Ariss, S.   **University of Sheffield**

SYNTHESISING PATIENT CENTRED PERSPECTIVES IN PRIMARY CARE CONSULTATIONS

It is commonly recognised that patients and practitioners have different perspectives regarding health problems discussed in primary care consultations. Advocates of patient-centred models propose that methods for synthesising these perspectives should be adopted. However, adopting patient-centred consultation methods also involves a shift in the balance from biomedical concerns towards the experiences and opinions of the participants. Therefore the types of perspectives to be synthesised are not those encountered in more traditional, paternalistic, bio-medically oriented consultations.

Using Conversation analysis of video-recorded data from primary care consultations, this study explores the potential for synthesising patient and practitioner perspectives in order to achieve 'common ground' (McWhinney, 2003) regarding patient-centred topics. Data from consultations with frequently attending patients and people with chronic conditions demonstrate that equal contributions regarding routine biomedical topics are not generally treated as problematic. However, discussions about experiences and opinions especially regarding the nature of the problem are less straightforward.

Recent initiatives aimed at improving primary care for chronic conditions, such as the 'Year of Care for Diabetes' programme, highlight the importance of changing communication in consultations to more patient-centred models. This paper identifies specific areas where rational debate is likely to be required in order to achieve 'common ground' and the participants' methods for avoiding such debate. It therefore provides evidence for a systematic approach to training and education in order to address the perceived need for increased patient-centredness in primary care.

Armes, D.   **Kings' College London**

'THE POWER OF THE POWERLESS': EMANCIPATORY RESEARCH METHODS AND

METHODOLOGY IN A MENTAL HEALTH SERVICE-USER/SURVIVOR MOVEMENT STUDY.

This paper begins by outlining how the presenter's PhD research (Armes, 2006) addresses Mike Oliver's three key fundamentals of an emancipatory research paradigm (1997:17), which attempts to increase the power of the researched vis-à-vis the researcher. These are: Gain, reciprocity and empowerment. The paper then compares/contrasts the ethics and methodology of my PhD with major elements of Oliver's paradigm. Oliver makes clear that an emancipatory research paradigm requires a partisan researcher. He states, '…it is not possible to research oppression in an objective or scientific way… you are either on the side of the oppressors or the oppressed' (1997:17). Bias and objectivity within my epistemology is explicitly addressed by synthesising Sandra Harding's and Michel Foucault's work into a methodology which can be helpful in not only understanding the experiences of mental health service-user/survivors, but also has emancipatory potential to assist service-user/survivors to make sense of their own lives and possibly take collective action.

Oliver identifies six ways in which an emancipatory research paradigm can challenge the oppression of
disabled people:
a) Description of disabled people's experience;
b) Redefinition of the problem of disability;
c) Challenging dominant research paradigms;
d) Development of emancipatory methodology/techniques;
e) Description of collective experience;
f) Monitoring/evaluation of services established/controlled/operated by disabled people.

The paper concludes that the presenter's thesis did indeed address the above points, and ends with a
discussion of whether this is enough to claim that the work is 'emancipatory'?

Azmat SK., Brown G.   **Marie Stopes Society Pakistan**

STIMUATING MALE COMMUNITY LEADERS' SUPPORT FOR FAMILY PLANNING IN PAKISTAN: SOME RECOMMENDATIONS FROM A THEORY BASED QUALITATVE STUDY

After 48 years of a state-funded family planning programme in Pakistan, the estimated maternal health indicators are very poor – one of the highest maternal mortality in the world; a very high unmet need for contraception and a low contraceptive prevalence. This emphasizes the need for understanding community leaders' – religious leader, social worker and health professional views, barriers and perceptions about family planning and towards developing successful maternal and reproductive health programmes including family planning programmes for Pakistan. Based on the Social Cognitive Theory and Diffusion of Innovation Theory, a qualitative study was designed and in-depth interviews were conducted on 20 community leaders including 8 religious leaders, 6 health professionals and 6 social workers about their viewpoints on family planning. Thematic analysis was used to generate themes. It is suggested that genuine 'community leaders' in Pakistan plays a powerful role as advocates for reproductive health programmes. Cooperation among religious leaders and health professionals in Muslim communities for the provision of information, counselling and advocacy on this issue may be an achievable way forward. These findings may be applicable to working with Muslims living in Pakistan and other Muslim countries.

Bamford, C., Poole, M., Heaven, B., Moynihan, P., May, C.   **Newcastle University**

CARE SETTINGS, FOOD AND AUTONOMY: EXPLORING MISSED OPPORTUNITIES

Autonomy, the ability to make choices and to exercise control, is valued by older people with dementia. However, the ways in which care is delivered frequently undermine the autonomy of care recipients. Being able to choose what one eats is one way of exerting autonomy. For example, it is estimated that we make over 220 decisions relating to meals, snacks and beverages each day. This aspect of care therefore represents a fruitful area for exploring how autonomy is enacted in care settings.

This paper draws on two ethnographic studies: one examining the delivery of care in a range of respite settings; the other exploring the provision of meals in residential care homes. In this discussion, I will focus on decisions made by, with or for people with dementia relating to what and how much to eat and drink.

Inevitably, autonomy is constrained by organisational or structural factors (e.g. shift patterns of kitchen staff). However, observation highlighted the myriad ways in which unexamined routines of care provision undermined, restricted or enabled autonomy for people with dementia. There were also tensions between individual autonomy and longer-term care goals. For example, people with dementia who had forgotten that they also had diabetes often requested items incompatible with their restricted diet. The ways in which care staff managed these requests varied according to whether they prioritised long- or short-term goals. The overarching theme is of currently missed opportunities for enabling people with dementia to exercise choice and control in this aspect of their lives.

Bancroft, A.

CONTAMINATING OTHERS, NICOTINE BODIES: DISCOURSES OF SECOND AND THIRD-HAND SMOKE, ADDICTION AND VULNERABILITY

Psychoactive substances have socially active characteristics that are generated and embedded in the materiality of the substance and the body of the user. This paper examines the discourses around second and third hand smoke and the risk of addiction, in order to understand how cigarettes and smokers are produced as dangerous objects. It argues that the body of the smoker has come to be seen as risky alongside the object of the cigarette itself. It examines scientific, policy and popular discourses on second-hand or environmental tobacco smoke, where non-smokers are claimed to be at risk from smoking in their presence; so-called 'third-hand' smoke, where non-smokers are claimed to be at risk from chemicals emanating from the body of the smoker; and addiction transfer, where it is claimed that the smoker increases the risk of their children developing nicotine dependence themselves, 'priming' them for smoking. In these discourses, in particular the second and third, the smoker's body becomes a risk vector, and a contaminating object, a 'nicotine body'. These claims are being used in support of policies such as segregating smokers or discriminating against them in hiring policies. They reshape the context of smoking, the reactions to smokers and smokers' own understandings of the meaning of their habit.

Bendelow, G.   **University of Sussex**

EMOTIONAL HEALTH: A CHALLENGE TO BIOMEDICINE OR HEALTH SURVEILLANCE?

Critiques of biomedicine and the process of medicalisation have Long emphasised the limitations of traditional Western scientific Medicine in the separation of mind and body. In particular, illnesses of 'late modernity' feature multifactorial aetiologies and complex mind-body relationships which require traditional categories, formulations and management strategies to be re-evaluated; hence the turn to more holistic and integrated models of health and illness, which are now permeating medical education and practice, including the emergence of the concept of 'emotional health'. The presentation asks if this development provides an enlightened challenge to the problems of Cartesian dualism in health and illness, or whether it merely extends the mechanisms of surveillance through healthcare practices.

Bennet, P.   **Stockholm University**

PARENTS' UNDERSTANDINGS OF CHILDHOOD OVERWEIGHT AND OBESITY

Childhood overweight and obesity is an increasing and debated health problem in Western societies as well as worldwide. The 'epidemic' of overweight and obesity is today an issue in the media. Within biomedicine, much attention is given to the prevention of overweight and obesity in early childhood, for example by offering lifestyle and diet advice to parents. Parents are thus confronted with imperatives as to what they should do to avoid obesity in their children. This raises questions about lay understandings of obesity, and how parents perceive and handle the issue of obesity in their everyday lives. This paper explores Swedish parents understandings of their children's overweight and obesity based on an interview study with parents of obese children between 8 - 12 years of age, attending an intervention programme within the health care services for families with a child diagnosed as obese. Drawing on Arthur Kleinmans explanatory model, the parents' understandings of the nature, onset and etiology of the obesity was analysed, as well as their views on the child's present situation and health in the future. The analysis

reveals that these parents, rather than stressing the importance of threatening impacts of obesity on the future health of their children, emphasize the social consequences of the obesity in terms of the coping and living with an obese child,, consequences for the child's social life as well as for the everyday life for the family. It is discussed that from a parental perspective, childhood obesity in this sense is seen as a social condition.

Birt L. McArthur M. Poland F.   **University of East Anglia**

"GOOD MATES, BLOODY GOOD MATES": ENHANCING MALE CARER WELLBEING THROUGH ALTERNATIVE SUPPORT NETWORKS

There is evidence that carers' wellbeing may be enhanced by access to effective informal support networks. Such networks include family, friends, work colleagues and carer support groups. However, there is less empirical research exploring the relationship between caregiver and professional. Findings from a qualitative study involving 13 male, working age, primary carers, suggests male carers found traditional support networks relatively unsupportive, specifically compared to their contacts with paid social care workers. During interviews, these carers spoke of family often as a source of tension rather than support, particularly when contesting care management decisions. In addition those in employment found work routines impeded rather than supported their access to carer-specific groups. The primary official focus of social care workers formal involvement with family caregiving is the individual care-receiver, not the family carer. Yet here some male carers reported forming close friendships with the social care worker, blurring worker-friend boundaries. The relative value male carers placed on support from social care workers compared to more traditional sources of support questioned what types of support male carers may be seen as entitled to and their own understandings of entitlement to support. These male carers proposed that the social care workers' regular involvement in their home life facilitated the social care worker to recognise increasing stress and decline in the carer's wellbeing. Paid social care workers may therefore provide distinctive emotional and practical support to male carers. How and why this may be specifically so for male caregivers will be examined.

Bishop, S., Waring, J.   **Nottingham University**

PROFESSIONAL IDENTITIES AT THE CROSSROADS OF HEALTHCARE MODERNISATION: THE TRANSITION FROM THE PUBLIC TO PRIVATE SECTORS

Recent reforms have opened the door for private sector healthcare providers to take a more proactive role in the delivery of NHS care; exemplified by Independent Sector Treatment Centres (ISTCs). ISTCs promise to expand the capacity of services through providing new facilities and utilising innovative, streamlined care pathways. ISTCs can represent a confused combination between the public and private sectors, but often involve the wholesale secondment of clinicians to the private sector, with a corresponding closure of NHS services. This transition raises important questions for the identities of healthcare professionals, in how they see themselves, the purpose and ethos of their work and their relationships with others. Interviews with 30 Theatre Practitioners show change and continuity. Practitioners describe their identity as continuing to be shaped by frontline patient care, and professional membership, especially for registered nurses. These micro and macro influences appeared mediated by the organisational context of work. For some, ISTCs provide an opportunity to re-assert their professional identity through providing higher quality services, and being free of public sector bureaucracy. For others, ISTCs undermine their identity, especially the public service and caring ethos, as consumer demands, business pressures and cost savings reshape their work. In between, many occupied a liminal space, struggling to make sense of the ambiguities of providing NHS care within the private sector. We suggest ISTCs represent a new organisational context for professional work and networks, which in turn renegotiates and transforms professional identities with implications for staff morale, teamwork and the implementation of reform.

Bloor, M., Munro, A.   **University of Glasgow**

PROCESS EVALUATION: THE NEW MIRACLE INGREDIENT IN PUBLIC HEALTH RESEARCH??

Using data from an MRC-funded feasibility study for an evaluation of new schools drugs education programme, this paper takes a critical look at the contemporary vogue in public health research for 'process evaluations' (usually involving mixed methods) to be conducted alongside outcome evaluations in controlled trials of complex interventions. Advocates of process evaluations have stressed their central importance in unpacking the explanatory black boxes in trial designs, explaining how an intervention was implemented, how it was received and in what contexts. Illustrating our argument with data from the schools study, we identify two classes of endemic problems in process evaluations: firstly, that of data gathering without the benefit of hindsight; and secondly that of the generalisability of inductively reasoned findings. We conclude that in order to reconcile the need to evaluate complex interventions with the rhetorical demands of evidence-based medicine public health researchers are over-selling the reach of process evaluations and the determinancy of their findings. Process evaluations can provide rich data which can deepen our understanding of the social processes of intervention delivery and reception, but they are not the miracle ingredient in randomised controlled trials.

Boiko, O., Gibson, B.   **University of Sheffield**

COMMUNICATION IN DENTAL CLINICAL ENCOUNTERS: LUHMANN APPLIED

The purpose of this paper is twofold. First, it seeks to introduce and demonstrate a new method for capturing the intricacy of communication in clinical encounters. The method, termed from analysis, is derived from the social systems theory of Niklas Luhmann, which has until recently remained relatively unknown. It is hoped that the paper will demonstrate that form analysis can answer the call for new methodologies in medical sociology and communication theory and that it will be seen to be capable of addressing the "complexity challenge". The paper will carefully introduce the design of the method and illustrate its use with examples taken from recent research on dental encounters undertaken in 5 primary and secondary dental clinics in the UK. Data were collected through 36 observations of encounters of 5 dentists seeing 20 patients. The study uncovered 14 semantic forms of communication in these dental encounters. Second, the paper will critically discuss some of the semantics as they have emerged from the data. Form analysis contributes to the understanding of the semantic complexity of clinical encounters. It shows how the dichotomy of dental professional and patient perspectives transforms into complex, non-linear observations about oral health. The analysis also enables us to re-consider the role of the clinical system. It is suggested that the clinical system operates through a pool of semantic forms, which impose a certain order on communication in the encounters. This methodology enables us to reformulate many paradigmatic axioms of professional-lay interactions and to 'write systems back in' to the analysis of health care encounters.

Borgstrom, E., Barclay, S., Cohn, S.   Institute of Public Health, Cambridge University

"OR PERHAPS HE'S IN DENIAL ...": MEDICAL STUDENTS CONSTRUCTION, USE, AND REACTION TO 'DENIAL' IN RELATION TO DYING PATIENTS.

Denial is a common, yet problematic, concept written about in reflective portfolios by final year Cambridge medical students after meeting dying patients. Using a general discourse analytical approach, this paper is based on the analysis of over 200 anonymous student essays. Influenced by sociological theories about medical education, we propose that how the students write about and engage with the concept of denial illustrates the conflicts they face when dealing with end-of-life care. Students operationalise a concept of denial that is implicitly learned – as an obstacle to ideal care, communication, and what is considered a 'good death' – in order to understand the seemingly irrational, illogical, and inappropriate thoughts and behaviours of dying patients and their families. However, some students describe difficulties with identifying and applying this medical concept of denial unproblematically to all patients, particularly in cases where denial can be argued to be beneficial, a natural or rational/conscious choice, and/or recognised as patient autonomy. The portfolios therefore recurrently present a tension between students' representations of themselves as professional, competent doctors-to-be who can recognise and manage 'cases', and the uncertainty and emotional uneasiness they face when confronting sensitive issues as they prepare for their careers. The paper will conclude by arguing that understanding how final year medical students create, use, and react to the concept of denial reveals crucial aspects of their socialisation, the increasing prominence of palliative care in medicine, and some of the complexities arising from the current pedagogical emphasis on a 'humanistic' approach to care.

Brosnan, L.   University of Limerick

PROBLEMATISING PARTNERSHIP WITH MENTAL HEALTH SERVICE USERS: FROM 'BUZZWORD' TO MEANINGFUL REALITY

Partnership with service users is problematised within the Sociology of Mental Health (Rose 2003, Rutter et al 2004). Current Irish mental health policy discourse (DoHC 2006) prioritises working in partnership with service users and carers. Yet is it merely a 'buzzword' used by health professionals and policy makers? This study assessed partnerships from the service users and carers perspective. By utilising 'soundbytes', it also aimed to let their voices be heard by key stakeholders.

Five focus groups of service users and carers were convened in the West of Ireland to elicit people's experiences of being involved in planning services (strategic partnerships) and how they were involved in their own care (therapeutic partnership). Participants gave written consent to use the transcripts. Thematic analysis of transcripts was triangulated for validity. To communicate the voice of service users in the dissemination of the study findings, six volunteers verbally re-enacted the narrative text highlighting key themes. These were digitally recorded as 'soundbytes'. This aimed to sensitise health professionals to the relationship of users to services.

Partnership discourse was not clear to the participants or relevant to their experiences. Although some people reported involvement in their care, an overall lack of equal relationships was evident in terms of communication, consultation, and being treated with dignity and respect; key components for therapeutic partnerships. No evidence emerged of strategic involvement in the planning of services.

The empirical findings should stimulate theoretical debate in terms of understanding both strategic and therapeutic partnerships, moving from 'buzzwords' to meaningful reality.

Burr, J.A.   University of Sheffield

FEAR, FASCINATION AND THE REGULATION OF SPERM DONOR IDENTITY

The background to this paper is the medical regulation of sperm donation in the UK and the recent policy change so that children born from sperm, eggs or embryos donated after April 2005 have the right to know their donor's identity. I draw upon data from interviews with ten women and seven joint interviews with couples who received donor insemination from an anonymous sperm donor and were the parents of donor insemination children. I explore the symbolic presence of the donor and his potential to disrupt social and physical boundaries using the theoretical conceptions of boundaries and pollution as articulated by Mary Douglas and Julia Kristeva. I present data to argue that the anonymous donor manifests in various figures; the shadowy and ambiguous figure of 'another man'; the intelligent medical student; the donor as a family man, with children of his own who wants to help infertile men father children. Also participants perceive the donor's physical characteristics, but also see their husband's physical characteristics, in their children. In conclusion I argue that anonymisation preserves features of conventional family life, maintains the idea of exclusivity within the heterosexual relationship and affirms the legal father's insecurity about his infertility.

Buston, K., Wight, D.   **Medical Research Council**

EXPERIENCES OF, AND ATTITUDES TOWARDS, PREGNANCY AND FATHERHOOD AMONGST INCARCERATED YOUNG MALE OFFENDERS

Teenage pregnancy and parenthood are under particular scrutiny; attention is increasingly falling on the role of the potential or actual father. This paper focuses on experiences of pregnancy and fatherhood, as well as attitudes towards these events, amongst a group of 'high risk' young men, those incarcerated in a Young Offender Institute. Literature on desistance from recidivism points to the protective quality of 'social bonds', including those arising from the offender valuing, and being valued as, part of a family. In-depth interviews were conducted with 40 in-mates, aged 16 – 20, purposively sampled using answers from a questionnaire administered to 67 in-mates. Twelve men reported eighteen pregnancies for which they were, definitely or possibly, responsible. All but one of the pregnancies were unplanned. Five of the men were fathers: all five expressed a strong desire to be 'a good father' but four of their accounts were characterised by chaos, uncertainty and unrealistic expectations and assumptions about fatherhood. Amongst the interview sample as a whole, most said they did not feel ready to become fathers. The main reason given was being unable to fulfil what they regarded as the key role of financial provider. Most of the men had given little or no thought to the possibility of a sexual partner becoming pregnant. Contraceptive use was high, however, amongst the minority who reported thinking about this possibility. The paper concludes by considering the potential for intervention development for incarcerated young male offenders in the areas of Sex and Relationships Education and parenting.

Byrne, P., Gabbay, M., Martindale, AM., Woolf, S.   **University of Liverpool**

LAY HEALTH TRAINERS: RE-MAKING PUBLIC INVOLVEMENT IN HEALTH?

There have been recent political and economic shifts in attempts to address current and projected incidences of cardiovascular disease (CVD). One such move is the introduction of Lay Health Trainers (LHT), where individuals from deprived communities are recruited and trained to act as heart-healthy advisors to members of their community. Our paper reports from a pilot project in the North West of England where 5 LHT were recruited, trained and acted as advisors to individuals (clients) recruited from primary care practices who were deemed to have a 'risk factor' for CVD. Our empirical research, through interviews and focus groups with LHT and clients, suggests that the LHT model reconstitutes deprivation and manages to occlude those individuals for whom it was targeted. There are several key issues which we discuss from a Science and technology/Feminist perspective, namely the translation and imposition of LHT models from one context to another, whilst ignoring the importance of 'situated knowledge' (Haraway 1988).

Chakraborty, A., McKenzie, K., Leavey, G., King, M.   **University College London**

PERCEIVED RACISM, MEDICATION-ADHERENCE, AND HOSPITAL ADMISSION IN AFRICAN-CARIBBEAN PATIENTS WITH PSYCHOSIS IN THE UNITED KINGDOM

Background. Differences in outcome between African-Caribbean and white-British patients with psychosis may be due to perceived racism and a difficulty in trusting services seen as discriminatory.
Method. In 100 participants, racism was measured at baseline using the Perceived Racism Scale; with adherence, using the Drug Attitudes Inventory and Kemp Scale, and hospital admission-data determined after 12 months.

Results. We found significant associations between total perceived racism for the previous year, lifetime-racism, and everyday-racism for the previous year, with subsequent medication adherence. Shame felt about health-system racism was significantly associated with increased adherence, and powerlessness about it was significantly associated with fewer subsequent hospital bed-days. Finally, health-system racism was signifcantly associated with both the number of subsequent hospital bed-days, and admission-length. In addition, stratified analyses showed that both baseline adherence and six-month estimated adherence appeared to mediate these effects.

Conclusions. In this cohort of African-Caribbean patients with psychosis, perceived racism is a determinant of adherence over 12 months. We propose a model whereby perceived racism contributes to an individual rejecting mental health services (manifested by the mediating effect of poor adherence) which leads to a poorer outcome, evidenced by a longer hospital stay. Secondly, powerlessness about perceived health-service racism may represent a sense of resignation about the "system", leading paradoxically to greater adherence and better outcome.

Chamberlain, J.M.   **University of Chester**

APPRAISING DOCTOR APPRAISAL: A CASE OF PAPERWORK COMPLIANCE

This paper details the findings of interview-based research with 46 doctors from the United Kingdom (UK) which explored the conduct of portfolio-based performance appraisal for both interviewees and the medical trainees they supervise during clinical training placements. It discusses how the introduction of appraisal in the UK is bound up with the growth of managerial systems of surveillance and control internationally within western health care systems. The research found interviewees used the tacit dimensions of professional judgement to resist the rationality of the performance appraisal process. Interviewees engaged in creative 'game playing' around the appraisal process, adopting a stance of 'paperwork compliance' toward it. This leaves a paper trail which makes it appear doctors have complied with the technical requirements of appraisal when in fact they have not. The paper situates its findings within a Foucauldian Governmentality perspective. This views appraisal as an information panopticon that seeks to construct appraisees as calculable and administrable subjects to better enable social control. The paper concludes that current debate surrounding the growth of managerial surveillance of medical work must take into account that tools such as audit and appraisal can serve to 'gloss over' the inability of managerial regimes to control professional forms of expertise.

Chandler, A.   **University of Edinburgh**

SELF-INJURY, PAIN AND EMBODIMENT: CONFLICTING ACCOUNTS OF PAIN IN NARRATIVES OF SELF-INJURY.

This paper uses theoretical developments in the sociology of pain (Williams & Bendelow 1995) to explore conflicting understandings of pain in lay narratives of and clinical discourse about self-injury. While one dominant explanation is that self-injury 'transforms' emotional pain into physical pain, this is often accompanied by claims that self-injury does not hurt. Clinical work is limited to biomedically grounded studies which accept the latter explanation and attempt to account for this lack of pain.

The presentation draws on interviews with 12 people who have self-injured. Each person was interviewed twice in order to explore the issue of self-injury in some depth, as well as giving space to discuss the 'life story' of participants. The study was designed to explore the social contexts in which self-injury took place, and the ways that self-injury was understood by a group of people who were relatively diverse in terms of age, gender and social class.

The paper suggests that a sociologically informed treatment of self-injury is necessary to better understand the complex position of pain in narratives about self-injury. The ways that individuals who self-injure talk about pain reflects wider socio-cultural understandings, both of self-injury and of pain. These accounts invoke the Cartesian dualism so often implicated in sociological studies of embodiment, as well as reflecting 'expert' discourse and biomedical explanations of pain. The paper adds to existing theoretical work on pain, whilst arguing that a sociological perspective on self-injury and pain would address some of the contradictions inherent in existing clinical explanations.

Chattoo, S.   **The University of York**

NEGOTIATING RISK TO FERTILITY CAUSED BY (CANCER) TREATMENT: ALTERNATE ENGAGEMENTS ACROSS THE ANALYTICAL AND EXPERIENTIAL REGISTERS

This paper is based on preliminary analysis of qualitative data selected from a larger on-going study being conducted in England, of how younger people (18-40 years old) negotiate the potential risk to fertility caused by cancer treatment. It will focus on narrative reconstruction of uncertainty caused by potential risk to fertility; and the kind of choices and potential conflicts individuals might face in relation to particular biographical features, such as, age at treatment, gender and religion. Theoretically, the paper assumes that both material (analytical) and perceptual (experiential) frames of analysing risk within the context of medical treatment are socially mediated - hence by definition a normative exercise involving choice of values (cf. Canguilheim, 1989). What is particularly interesting within the context of treatment related risk to fertility is the domain of uncertainty where the outcome is never certain but contingent and subject to interpretation with the result unfolding in time. Collins and Street have recently (1999) provided a very useful conceptual discussion on risk communication within cancer care settings. While a distinction and mediation between the analytical (medical) and experiential (perceptual) registers informing risk communication is useful, a dialogic resolution may not always be what people affected by treatment desire. I am going to argue that a focus on a 'cognitive bias' towards uncertainty derived from either registers can be a significant discursive strategy for subverting a potential biographical disruption pre-empted by the analytical register on risk and prevention (fertility preservation).

Cheng, F-C.   **National Taiwan University**

Medicine and Politics in the Occupational Disease? The Recognizing Process of Occupational Mental Illness in Taiwan

Recently, workers' health is determined not only by the traditional but newly occupational risks. In a post–industrial society and globalization era, new employment patterns and rapidly changing working conditions. It presents a challenge to protect the health and safety of workers, especially the problem of work-related stress and other mental disorders. Many workers seek the occupational medicine's certification to get the occupational compensation benefits. However, recognizing occupational illness is a social process, just like Willis, E. said the negotiation over the social and political meaning of occupational illnesses occurs prior to their being awarded the status of a syndrome. In Taiwan, such a process reveals conflicts between medicine professionals, occupational medicine, psychiatry, epidemiology, and state, that also manufacturing many uncertainties. The study is based on the author's in-depth interviews with 35 medicine professionals, occupation medicine physicians, psychiatrist, epidemiologists. Labour Insurance Bureau officials, and workers. The aim is to explore the dynamic relationship between the stakeholders , and to reveal recognizing occupational illness is a social product. The workers' compensation system in Taiwan assume "perfect labour" idea type, that leads to occupational risk privatization, so it always refuses sick workers' claims. To solve the increasing conflicts between workers, medical professionals, and the state, this study recommends the system demands labour union and workers' participation in the recognizing process, and establish complete health and safety protection system to improve workers' health ,as well as the social security net.

Cheraghi-Sohi, S.   **University of Manchester**

UNDERSTANDING ORGANISATIONAL AND ECONOMIC CHANGE IN GENERAL PRACTICE: SHIFTING THE FOCUS FROM PROFESSIONALS TO WORKERS.

General practice has recently been subject to several key reforms. Collectively these reforms have the potential to significantly impact on the organisation and work of general practice. Published research to date concerning the consequences of such reforms for those currently working in general practice, has focussed on interpreting the changes through the classic analytical perspectives provided by the sociology of professions literature. Analyses conducted along these lines assume and concentrate on the shared unified identity of a particular professional group, in this case general practitioners (GPs). Consequently, responses to change (such as the recent policies) are interpreted in a reductive manner and are assumed to represent the profession. Although, such traditional analyses have provided fruitful, due to the focus on the collective, the professions viewpoint is also limited as it fails to acknowledge particularity and difference within the profession. The current work seeks to add to current understanding of the impact of recent policy changes by employing a wider analytical approach that acknowledges the diversity within the profession. Specifically, I employ the alternative theoretical lenses of physicians as workers, care givers, and suppliers of health care as proposed by Hoff (2001).

Cheung, O.   **University of London**

THE COSTS AND BENEFITS OF MANAGING EMOTION: THE EMOTIONAL HEALTH OF SEX WORKERS

In contemporary Western studies of risks faced by female sex workers, the emphasis has been on sexual health. Consequently, other types of hazards that women perceive as dangerous have attracted relatively less attention. A similar pattern is also found in Chinese studies of commercial sex. This paper is based on a doctoral research project conducted on occupational risks of sex workers in Hong Kong. Drawing on the theory of the presentation of self (Goffman 1959) and emotional labour (Hochschild 1983), this paper concerns how sex workers commercialised their feelings and consequences of doing so.

First, this paper describes emotions experienced by the sex workers in this study. Using the concept of "sociological ambivalence" (Merton and Barber, 1976), the paper attempts to study the ways in which social structure affects the probability of ambivalence developing in different kind of role-relations in the context of commercial sex (for example, worker-client relation and worker-worker relation). Second, it explores the defence mechanisms women adopted during the commercial sexual encounter. My concern is how sex workers interpreted the intimate and intensive physical contact with their clients, and how they managed their identities when the boundary of work sex and private sex became blurred. Finally, the paper examines the consequent effect on emotions experienced by women.

Clyne, B., Layte, R.   **The Economic and Social Research Institute**

TRENDS IN SOCIAL CLASS INEQUALITIES IN PERINATAL MORTALITY IN IRELAND

Background: Using data from the 1980s Nolan and McGee (1994) found wide social class inequalities in peri-natal mortality in Ireland. Since that study Irish living standards have improved substantially across all social classes. Irish income inequalities have not been reduced over the same period thus it may be that Irish perinatal mortality differentials have been preserved. However, in the intervening period levels of cohabitation have changed dramatically in Ireland which complicates the measurement of social class and social class inequalities in rates of perinatal deaths.

Objective: The aim of this study was to examine changes in social class inequalities in perinatal mortality in Ireland between the1980s and early 21st Century.

Methods: Data on all singleton births from 1985-1989 and 1999-2006 were compared using descriptive statistics and logit models including mother's socio-economic group, age, parity and nationality. Simulation methods were then applied to the risk faced by the unskilled manual class to adjust for the changing pattern of cohabitation between time periods.

Results: By comparing logit models we found that being in the unskilled manual/unemployed group and having 3 or more previous children are statistically significant predictors of perinatal mortality in both periods but that the class differentials have reduced over time. Adjusting for the changing demographic profile of mothers reduces the extent of this reduction but still suggests a fall in the class inequality.

Conclusions: An inverse association between socio-economic group and risk of perinatal mortality persists in Ireland alongside a reduction in the overall risk from 1984-1988 to 1999-2006.

Cooke, H.   **University of Manchester**

ACCOUNTING FOR FITNESS FOR PRACTICE DECISIONS IN NURSING

There have been unprecedented changes in healthcare professional regulation professions in the aftermath of the Bristol Royal Infirmary Inquiry Report in 2001. In nursing a new regulatory body, the Nursing and Midwifery Council (NMC) was created in 2002 . The NMC governing board is an appointed body and it has replaced the UKCC which was a body in part elected by the profession itself. Similar changes have taken place in the composition of 'fitness for practice' (FTP) panels which now exercise jurisdiction over NMC professional conduct cases. New rules now govern the judgements made in 'fitness for practice' cases.

This paper examines the conduct of NMC FTP panels through examining their own published accounts of their judgements. The paper will present a thematic analysis of approximately 120 case summaries published by the NMC covering all of their judgements delivered in the period January to April 2009. The analysis will pay particular attention to 2 key sections of the case summaries in which FTP panels delineate the reasons for their verdict and for the sanctions imposed.

The study will examine the vocabularies of motive (Wright Mills 1940) displayed within the reasons offered by FTP panels for their decisions. It will analyse the concepts of risk which are presented by FTP panels in order to support the 'reasons' proffered for their decisions focusing particularly on the extent to which reputational risk (Power 2004) has been incorporated into fitness for practice panels' vocabularies of motive.

Coveney, C.M.   **University of Nottingham**

THERAPY, ENHANCEMENT OR ABUSE? EXPLORING PSYCHOPHARMACEUTICAL USE IN CONTEXT

A variety of pharmaceutical drugs have emerged over the past decade that can be used as both medical treatments in medical and professionalized contexts and as potential tools for lifestyle enhancement in more private domains of social life. The use of medical technologies and procedures for self-improvement raises concerns particularly over the blurring of health and illness and therapy and enhancement. The social and ethical issues raised are complex and pose various dilemmas, regarding on one hand the medicalisation of conditions that have not previously been thought of as needing treatment and on another, the restriction of

new technologies which might be of benefit to a variety of publics.

This paper will investigate the different roles given to medical authority in discourses on use of the psychopharmaceutical drug modafinil. It will consider how medicalisation and the rhetoric of medical control impacts on whether use of the drug is understood as therapy, enhancement or drug abuse in two different social spaces: the University and the workplace. Data were collected via 40 semi-structured interviews with scientific and medical 'experts' and (potential) user groups.

This study draws on and contributes to literature pertaining to the medicalisation of sleep, the domestication of pharmaceutical consumption and recent debates over the pharmaceuticalisation of daily life.

Cowie, L.   **King's College London**

THE VALUE OF MEDICINES: EVALUATION AND RENEGOTIATION BY PRESCRIBERS AND PATIENTS

The value of a medicine is not a singular entity, but is comprised of multiple meanings that originate from a variety of sources. The pharmaceutical industry is a key source of this value, both through its construction of the medicine's intrinsic properties, but also through the construction of various value arguments that differ in terms of content, emphasis and intended audience. Such value constructions are never fully stabilized when the medicine achieves market authorization, but are subject to revision and renegotiation by significant others to whom the value of medicines is of crucial importance. In particular, patients and prescribers will participate in the continuing negotiation of a medicine's value as it becomes entrenched in practices of appraisal from the perspective of real-world prescription and use. This paper seeks to examine the position occupied by prescribers in relation to both the pharmaceutical industry, and to patients. Prescribers fulfil a role of translation between 'objective' population-level science, and the 'subjective' needs and demands of individual patients. The data presented indicates that prescribers often exhibit a high degree of uncertainty over the value of new drugs in spite of (or perhaps due to) the wide range of clinical trial and other data available. This often results in a conservatism of prescribing practice, and value largely becomes stabilized through familiarity. In addition to negotiating the relative worth of pharmaceutical and scientific value constructions, prescribers must also be sensitive to the needs of their patients, and these too inform their own evaluations of new medicines.

Thursday 3rd September 2009   **13:35 – 14:05**
Ethics   Renold C2

Datta, J., Wellings, K., Kessel, A. S., Marston, C.   **London School of Hygiene & Tropical**

'ONCE THE STUFF'S LEFT MY BODY, IT'S NOT ME': VIEWS OF GUM CLINIC USERS ON MEDICINE UNLINKED ANONYMOUS TESTING OF BLOOD

Unlinked anonymous testing (UAT) is a system of sero-surveillance which uses residual blood left over from routine screening or diagnostic tests to monitor the prevalence of infectious diseases in a population. Before testing, these leftover blood samples are irrevocably unlinked from the individual from whom they came which means it is not possible to report results to those whose blood is tested.

Although previous studies have focused on blood donation, organ transplantation and organ retention, little is known about how individuals feel about their 'residual' blood being tested in this way without their explicit consent. It is also unclear whether the process of unlinking blood samples from the individuals from whom they came affects how people might feel about the use of their tissue for public health purposes.

This paper, which reports findings from an ESRC funded study, uses data from interviews with patients attending two GUM clinics on the use of tissue for research and surveillance purposes and the responsibilities of users of the health service to contribute. Drawing on ideas of 'bioidentity' and embodiment, it focuses on how people think about their body tissue and the question of consent for its use. It discusses the criteria respondents described for assessing the acceptability of allowing their tissue to be used. These included a number of distinctions such as the nature of the tissue (e.g. blood vs hair), their perception of its value to them, the extent of invasiveness needed to extract it, and whether these features changed after death.

Friday 4th September 2009   **11:55 – 12:25**
Experiences of Health and Illness and Genetics   Renold F1

Dimond, R.   **Cardiff University**

WHAT IS "GENETIC" ABOUT A GENETIC SYNDROME? EXPLORING THE IMPACT OF GENETIC TECHNOLOGY ON FAMILY AND PROFESSIONAL CONSTRUCTIONS OF 22Q11 DELETION SYNDROME.

The term 'geneticization' is a useful concept for recognizing the role of new technologies in the proliferation of biomedical explanations but can prove less valuable for exploring the experiences of those with a genetic syndrome. In particular for patient populations, the production of knowledge within the genetic laboratory might not be readily translated into practical knowledge for health professionals, patients and their families. Drawing on preliminary findings from a PhD project, this paper will explore the impact of genetic technology on a particular patient population: those with experience of 22q11 Deletion Syndrome and the health professionals who work in this field. While technological advances have played a significant role in the provision of a genetic diagnosis, the construction of a genetic classification and the redefinition of the patient population, there is evidence to suggest that 'genetics' does not always provide a useful language for patients and families to define their experiences. Through an exploration of the ways in which these changes are negotiated and contested within the local context, this paper will provide a better understanding of the social processes that underlie a genetic diagnosis.

Dolan, A., Coe, C. **University of Warwick**

'THEY'RE EASILY IMPRESSED AREN'T THEY'? FIRST-TIME FATHERS' AND HEALTH PROFESSIONALS' PERCEPTIONS AND EXPERIENCES OF CHILDBIRTH.

Research which investigates men's experiences and practices during pregnancy and childbirth remains relatively scarce. Importantly, very few studies have explored the views of health professionals and how these may mediate men's experiences around the birth of their children. This paper is based on findings from a small qualitative study conducted with first-time fathers and health professionals working in the field. The aim of the study was to examine first-time fathers' experiences of pregnancy and the birth of their child together with the views and experiences of maternity staff regarding the role of fathers during childbirth. This paper indicates that prevailing norms about masculinity constrain first-time fathers' expectations regarding their role during pregnancy and childbirth and their ability to voice worries or concerns. It also appears many health professionals recognise that men have needs in relation to pregnancy and the birth. However, due to constraints imposed by hospital procedures and a busy working environment, this recognition may have little impact on their practice and they may instead seek to exploit, and thereby reinforce, men's low expectations regarding their role.

Doyle, J., Lougheed-Smith, R. **Mount Allison University**

BREASTFEEDING ETIQUETTE: THINKING ABOUT OTHERS WHILE BREASTFEEDING

The summer of 2008 had some high profile public breastfeeding brouhahas in Canada: a women was asked not to breastfeed on a airplane in order not to offend other passengers and another women was asked not to breastfeed in an H & M store in Vancouver again for fear of offending other customers. Breastfeeding in public was again an active issue as Canadians struggled with the social norms for feeding babies, social norms about exposure of breasts and the support by Health Canada and the medical community for breastfeeding. How do individual mothers negotiate this tricky issue? What is the maternal experience of public breastfeeding? This paper argues that much time and experience of breastfeeding for many women is spent thinking about others' perception and reaction to their breastfeeding. This thinking of others is connected with knowing and adhering to a shared and commonly articulated etiquette of public breastfeeding. This etiquette is that public breastfeeding will be done discretely with a blanket to cover the breast and preferably in a private location. This article combines qualitative interviews, using audio and visual diaries, with women diverse in age, marital status, income, and education from Westmorland and Cumberland regions of New Brunswick and Nova Scotia, Canada, with photo elicitation focus groups with young adults who have not had children from the same area. Using both groups illustrates the social norms associated with breastfeeding and that the articulated etiquette of public breastfeeding is generally held by mothers and others.

Dregan, A., Armstrong, D. **University of Surrey**

AGE, COHORT, AND PERIOD EFFECTS IN THE PREVALENCE OF SLEEP PROBLEMS AMONG OLDER PEOPLE: THE IMPACT OF ECONOMIC DOWNTURN

Using two longitudinal and nationally representative datasets, this study employs a cross-cohort analysis to examine age, cohort and period effects in the prevalence of sleep loss through worry for people over the age of 50 in the UK. The likelihood of reporting sleep loss through worry is calculated at two time-points for 7,785 respondents from the Health and Activity Survey (HALs) and 21,834 respondents from the English Longitudinal Study of Ageing (ELSA), with baseline information on sleep loss through worry. Descriptive statistical methods were applied to determine the prevalence rates in sleep loss through worry at each survey within both datasets. The results of analysis reveal that sleep loss through worry declined with age, but this pattern was tempered by a temporary increase in the early 1990s. The contemporary economic downturn is suggested as a possible explanation for the significant increase in the prevalence of sleep loss through worry in 1991.

Dyson, S.M., Dyson, S.E., Abuateya, H., Atkin, K., Culley, L.A.

DISCLOSURE AND SICKLE CELL: A MIXED METHODS STUDY OF YOUNG PEOPLE WITH SICKLE CELL AT SCHOOL

This study concerns a mixed methods research programme based on 569 questionnaires and 40 taped interviews with young people living with sickle cell disorder (SCD). Children with sickle cell are faced with a dilemma as to whether or not to disclose their sickle cell to teachers and fellow pupils: the latent and hidden characteristics of their symptoms make it possible, in Goffmanesque terms, to "pass". However the variable and unpredictable course of sickle cell is a reminder of Goffman's notion of being "discreditable". The reports of young people suggest that the fact that either teachers or pupils know that they have sickle cell makes no overall significant improvement to their treatment in terms of being supported, through preventive and precautionary measures, to ensure good health at school. Analysis of interviews suggests that most favour disclosure to teachers in anticipation of benefits of knowing what actions to take in the face of bouts of illness and in terms of making allowances for illness or school absences. A few demurred, citing instances of attracting unwarranted attention or of experiencing disabling attitudes. Attitudes to disclosing to peers were more varied. Approximately equal numbers favoured disclosure (for reasons of increased understanding, practical help, and possible advocacy); non-disclosure (drawing attention to difference; promoting a sentimentality in attitude; or prompting teasing and bullying); a combination of both; or were ambivalent in that they felt a tension between acknowledging the reality of their sickle cell, and not wanting it to be a central part of their identity.
Supported by ESRC grant RES-000-23-1486

Ellis, J. **University of Sheffield**

FAMILY RELATIONSHIPS ON A HOSPICE WARD: IDENTITIES, FOOD AND EATING PRACTICES NEAR THE END OF LIFE

Despite its mundane everydayness, the structuring and symbolic qualities of food and the culturally specific notion of the 'meal' as a practice which embodies order and provides a sense of commonality and belonging, has been noted in sociological (Lupton, 1995) and anthropological (Douglas, 1975) literature.   Considering this in the context of severe ill health and people who are close to death, my paper argues that changes in food practices and preferences at the end of life are deeply social processes relating both to the identity of the dying person as an individual, and the shared sense of who they are within their family. The findings discussed here emerged from participant observation conducted on a hospice inpatient ward for my doctoral study which explores how everyday family life carries on when someone in the family has a life-threatening or terminal illness. Thinking about how food and eating practices can be a powerful source of identification (Jenkins, 2004) and sociality, I look at how conversations and interactions around food are negotiated on the ward and more specifically between patients and their families. In doing so I consider some implications for the recent emphasis in palliative care on person-centred, narrative and therapeutic approaches (Corner, 2008), adding some empirical weight to the importance of making links between medical/ symptom care provision, and notions of personhood, identity and relationality (Hockey, 2008).

Elvey, R., Hassell, K., Hall, J. **The University of Manchester**

PROFESSIONAL IDENTITY IN PHARMACY

UK government policy since 2000 has outlined various new roles and expectations for the pharmacy profession, with pharmacists being encouraged to develop their clinical role, contribute to public health and to be medicines experts. (Department of Health, 2003) Yet previous research suggests that the 'raison d'être' of the pharmacy profession, and its place and ontribution to the NHS, has been ambiguous and unpredictable (Hassell and Seston 2001).

Socialisation researchers have long noted that identity changes accompany career transitions. New roles require new skills, attitudes and interactions, so they may produce fundamental changes in an individual's self-definitions, and prompt people to question their identity. (Ibarra 1999) It is therefore timely to clarify pharmacists' roles, and their contribution in today's NHS. This research aims to explore pharmacists' professional identity, that is, their sense of 'who they are' in relation to their professional role.

A group interview study (seven groups involving 20 pharmacists) was undertaken with practising pharmacists from different professional sectors. The discussions were structured around devising pharmacist 'personas', that is, imaginary characters who might be found in the pharmacy profession. A persona is a representation of the goals, behaviour, attitudes and skills of a real group of people.

Analysis of the data led to the development of a preliminary typology of eight pharmacist 'roles' grouped into three over-arching orientations: traditional, clinical and managerial. This paper will present the methods and results from the interviews, as well as further work to validate this typology undertaken with a wider sample of pharmacists.

Theory	Renold F1

Emmerich, N.   **Queen's University Belfast**

MEDICAL ETHICAL HABITUS: DEVELOPING A COGNITIVE ELEMENT TO THE HIDDEN CURRICULUM.

My research adopts a Bourdieuan approach to the sociological understanding of professional reproduction, focusing on the transmission of medical ethics during the undergraduate medical degree. In considering the education and training of medical students the habitus has been found to be a useful theoretical device, not least by Sinclair (1997) and Luke (2003). The advent of an explicit commitment to the teaching of medical ethics across the UK occurred with the publication of Tomorrow's Doctors by the General Medical Council (GMC, 1993). The result has been to add a cognitive and reflective dimension to medical ethics pedagogy in the education of doctors in an area that has been considered as reproduced predominantly by exposure to the hidden curriculum (Haffery and Franks, 1994). Pedagogic approaches to medical ethics require students to reflect upon their own and others ethical perspectives. Students might also critically engage with professional and legal guidelines and with philosophical theories. This results in a cognition and recognition of medical ethics and of ethics more generally on the part of the student and raises theoretical issues for the use of the concept habitus when considering medical ethics education and professional reproduction. In the context of the sociology of medical education a greater acknowledgement of the cognitive dimension of medical socialisation is required if my proposal of a 'medical ethical habitus' is to be successful. This paper will present a consideration of Bourdieu's habitus in the directions discussed and with reference to medical ethics pedagogy.

Friday 4th September 2009	**17:30 – 18:00**
Gender	Renold G1

Emslie, C., Hunt, K., Lyons, A.

"FOR GUYS OUR AGE, YOU'RE IN A GROUP, YOU STAND YOUR ROUND. IT'S A KIND OF ACT OF FRIENDSHIP". GENDER AND DRINKING IN EARLY MIDLIFE

There has been a shift from regarding hazardous drinking as a male problem to recognising that levels of alcohol consumption are increasing among women, and from focusing solely on young 'binge drinkers' to recognising that some older people also have high levels of alcohol consumption. However, most qualitative work still focuses on young drinkers. Our study explores how men and women in 'early mid life' (35 to 50 years) perceive alcohol consumption and how cultural constructions of gender influence drinking behaviours in the west of Scotland. We conducted focus group discussions with friendship groups, then interviews with individual respondents to discuss photographs they had taken while 'drinking with friends'. Our data reveal continuities with research on younger people and alcohol. However, position in the lifecourse also played a role; many women discussed how they had reduced or stopped drinking while their children were very young but were now freer to drink now their children were older. Respondents discussed the pressures to drink (cultural norms such as buying rounds, gendered expectations) as well as why they limited their drinking because of work and family responsibilities and how they judged how much they could drink through social and bodily cues. While many respondents discussed the dangers of alcohol, there was also a perception that the social context of drinking could promote (mental) health. We conclude by exploring the ways in which drinking alcohol may contribute to constructions of gender in early midlife.

Thursday 3rd September 2009	**13:35 – 14:05**
Reproductive and Sexual Health	Renold H2

Fallon, D.M   **University of Salford**

SHAMELESS? NO! : ADOLESCENTS AND EMERGENCY CONTRACEPTION

This paper is based on the findings of a qualitative study that aimed to describe and analyse the adolescent experience of accessing emergency hormonal contraception (EHC). It focuses on one of the key themes to emerge - shame.

Over a two year period, 60 adolescents aged between 13 and 19 were asked about their experiences of accessing EHC. The resulting narrative was analysed using NVIVO™ and discussed with particular reference to literature from the field of feminist sociology.

In the context of adolescent sexual health, shame is often discussed in terms of its absence (shamelessness) which effectively shifts the focus from emotion to attitude. The findings from this study reclaim shame as an intense and powerful emotion which influenced who the adolescents told about their crisis, where they accessed EHC and how they subsequently behaved.

Sociological approaches opened up space to consider these findings and particularly how parents, peers and service providers became potential "carriers" of shame. The adolescents' emotions provided considerable barriers to effective adolescent – parent communication in this circumstance. This is significant in a current policy context which emphasises the link between reducing teenage pregnancy rates and effective communication between adolescents and their parents.

The paper concludes that future policy should recognise how shame potentially acts as a form of social control for adolescent girls and should also acknowledge the role of parents and service providers as potential "shamers". A failure to do so may result in adolescents continuing to conceal their needs at this time of crisis.

Friday 4th September 2009	**14:00 – 14:30**
Health Technologies	Renold H2

Faulkner, A.

ELEPHANTS IN THE ROOM: HOW A LEGISLATIVE TEXT ENACTS REGENERATIVE MEDICINE

The paper undertakes a textual analysis of the performativity of the Advanced Therapy Medicinal Products Regulation which passed into law in the European Union (EU) in 2007. This document is significant for the development of regenerative medicine in and for the EU and beyond. Drawing on concepts from socio-legal studies and innovation studies, the text is analysed in terms of its style and narratives, and content-analysed substantively in terms of: scientific-industry structure; production and technology; expectation and vision; risk; rights and responsibilities; and actors (regulatory actors, participants in regenerative medicine, patients and the public). The analysis shows a tension between standardisation and imprecision in the conceptual architecture of the legislative text, and reveals a number of 'elephants in the room' – including the concept of regenerative medicine itself. The reasons for this imprecision and the conspicuous absences are discussed. Such legislative texts combine material significant to key concerns of recent theorising of innovative technologies, such as technology expectations, sector-building and the stabilisation of technology. Referring to philosopher Austin's well-known work on 'how to do things with words', Austin's concept of the 'conventional consequences' of a performative text is referred to in order to argue that legislative texts are a special class of document which should be accorded a more prominent place in studies of the governance and emergence of new fields of medical technology.

Saturday 5th September 2009	11:20 – 11:50
Lay-Professional Interface	Renold G2

Ferguson, J.   **University of Leeds**

'FIGHTINGDOGS, FLAT SCREEN AND 'FONES': DEALING WITH FEELINGS; REFLEXIVITY IN QUALITATIVE RESEARCH

Post positivist research aims to engage with the human element rather than distance itself from it but how far is this genuinely possible? When entering a field that is unfamiliar and an un-chartered domain for the researcher, feelings of dissonance require acknowledgement and have to be dealt with. Feeling like a 'fish out of water' when collecting data is bound to impact on the study. Acclimatization to different cultural, behavioral and linguistic norms can be challenging and may require a level of sensitivity that is difficult to achieve; if at all genuinely possible. 'Going native' can mean dealing with personal issues of ambivalence and ambiguity about the life style and 'choices' of those involved which may have an impact on interpretation of data. Being non judge-mental can be harder than it sounds and may involve a level of duplicity that can be uncomfortable and difficult to deal with. When feelings of dissonance abound how might these be managed by a researcher; how far to 'show one's hand 'and who to, brings its own problems. A level of duplicity may be involved that requires thought, sensitivity and a thick skin! The post modern researcher may need to be at least as good an actor as a 'scientist.' However, what are the consequences of this for the interpretation of research data? This paper asks more questions than it aims to answer and hopes to glean some resolutions or at least insights from any discussion that might ensue from it

Friday 4th September 2009	11:55 – 12:25
Inequalities	Renold F5

Fish, J.   **De Montfort University**

CANCER INEQUALITY: WHAT HAVE SEXUAL MINORITY WOMEN'S EXPERIENCES OF BREAST CANCER TO DO WITH IT?

The reduction of cancer inequalities has emerged as a health priority in the Cancer Reform Strategy (DH, 2007a). For the first time, following global actions by human rights campaigners (e.g. the Yogyakarta Principles), sexuality has been acknowledged in cancer policy. Drawing on Dahlgren and Whitehead's (1993) model of social determinants, this paper examines how breast cancer in sexual minority women (SMW) may be considered a cancer inequality. Health inequalities on the grounds of sexuality are sometimes conceived of as individual lifestyle differences or health differences between population groups (i.e. between sexual minorities and their heterosexual counterparts - DH, 2007b). Such differences are highlighted in health research in SMW and breast cancer. Ascriptions of socially undesirable characteristics, such as obesity and heavy drinking, have been used to constitute SMW's differences in health from those of heterosexual women.

This paper explores understandings of SMW about their breast cancer experiences derived from ongoing qualitative research (e.g. Fish, 2003). The accounts provide insight into the ways that SMW talk about risk in the context of their everyday lives. They interrogate scientific notions of risk as potential tools of ideological control in relation to having children. Although there is no consensus among them about SMW's likelihood of increased alcohol consumption, their explanations take account of social oppression. These findings may contribute to extending conceptualisations of SMW's cancer inequalities from a focus on individuals to a social patterning of health approach (Sen, 2008) where health differences between groups occupying unequal positions in society are recognised.

Fleming, S.   **University of London**

SHARED DECISION MAKING WITH FAMILIES IN THE SPECIALIST CHILDREN'S ASTHMA CLINIC: THE IMPACT OF CARERS' APPROACHES TO THEIR CHILDREN'S PARTICIPATION IN DECISION MAKING.

Discussion papers suggest that child-adult relations at home may impact on the level of involvement attained by children in the hospital clinic (James and Prout 1996; Gabe et al. 2004; Bluebond-Langner et al. 2005). However, little empirical research has been undertaken on how the experience of decision making at home for children with moderate to severe asthma impacts on their involvement in decision making in the hospital clinic. In this ethnographic study, the clinic consultations of 20 children (aged 7 to 11 years) with asthma were observed and audio-recorded. Subsequently, the same 20 children and their carers (n=20) were interviewed, as well as 14 health care professionals and clinic receptionists.

Social worlds theory (Strauss 1978; 1982; 1993) allowed analysis of the meeting of families' and doctors' social worlds in the clinic arena. Whether these social worlds collided or intersected was pivotal to the level of involvement achieved by children in the clinic. Despite the culture of the 'new' NHS based on patient partnership and choice, some children had minimal involvement in their care. The level of decision making achieved by children in the hospital clinic seemed to be influenced by whether their carers' approaches to children's decision making at home was protectionist, pragmatist or democratic. The findings of this study highlight that patient partnership is a problematic concept in relation to children and this presentation shows how children's experiences within family social worlds has implications for triadic interaction in contemporary heath care settings.

Foster, M., Mitchell G.   **The University of Queensland**

LOST IN TRANSLATION? ENACTING THE GOAL OF CONSUMERISM IN PRIMARY CARE

It is widely accepted that primary health care systems need to be designed to support the consumer of health care to be an active participant in decision-making regarding their care. This, however, relies on new kinds of health care relationships whereby consumers of health care are well informed about care options and their choices and preferences are taken into account by providers. Using the example of enhanced primary care policy initiatives in Australia; this paper examines consumers' experiences of participation in new management approaches for chronic disease management in the primary care setting. A qualitative study using a repeat interview design was employed. Participants were 23 consumers diagnosed with a chronic disease, recruited from two general practices in the state of Queensland, Australia. A thematic analysis was conducted to elicit key themes in relation to what consumers knew and understood about their care and what this explained about consumerism in primary care. Taken as a whole, consumer participants had incomplete knowledge about their participation in primary care initiatives for the management of chronic disease. Although commonly there was a general understanding of the care management process, there were significant gaps in knowledge about care options, care entitlements and costs of care. This had implications for the role consumers occupied in the health care relationship and how choices were made about care management. The analysis raises questions about the concept of consumerism and how to support the active consumer in primary health care to ensure that the ideal becomes reality.

Fox, N.J.   **University of Sheffield**

BOUNDARY OBJECTS AND THE ADOPTION OF NEW HEALTH TECHNOLOGIES

Boundary objects are entities that enhance the capacity of an idea, theory or practice to translate across culturally-defined boundaries, for example, between communities of knowledge or practice. The theory has potential to both explain and predict health technology adoption, although it has not been widely used in studies of health technology innovation. One exception is Prout's (1996) study of the introduction of the metered-dose inhaler (MDI) for patient use to control asthma. However, boundary object theory is weak in terms of explaining how these objects work, and a more sociologically-informed basis for the theory is required. This paper argues, by recourse to a case study of innovations in surgical sterility, that boundary objects may be facilitative or inhibitory, and that technological devices or processes may themselves act as boundary objects during innovation. I argue that it is the social meanings that boundary objects mediate that enable them to serve as positive or negative catalysts for adoption. The paper concludes by examining some current boundary objects in the development of stem cell technologies.

Frith, L.   **The University Of Liverpool**

ETHICAL DECISION-MAKING IN THE INFERTILITY CLINIC: A QUALITATIVE STUDY

Infertility is a speciality that has attracted considerable attention, focussing mainly on 'controversial' issues (such as saviour siblings) and national policy. Whereas, relatively little is known about how infertility clinicians approach ethical decisions in their everyday practice. This study aims to develop a deeper understanding of this by examining how infertility clinicians construct the ethical aspects of their practice and explore their 'lay normativities'.

Twenty-two qualitative semi-structured interviews were conducted with infertility clinicians in the UK. Interviews lasted on average an hour and were tape recorded and transcribed. A modified grounded theory method of data collection and analysis was used.

The study found that the process by which ethical decisions were made was of key importance to the clinicians: such decisions were seen as most appropriately taken by a group reaching a consensus, to ensure impartiality and consistency. The implications of these findings for how ethical decision-making could be strengthened both in infertility units and general clinical practice will be discussed.

A further aim of the study was to develop a methodological approach for investigating how data from empirical research can have normative implications. A close attention to actual practice can result in refining and developing ethical theories, principles and normative guidelines. Practice can inform theory just as theory can inform the practice – the two are symbiotically related. Seeing ethical theory in this way can enable bioethics to both retain its normative function and be attentive to the particular contexts in which moral decisions take place.

Gibson, A.J.   **University of Exeter**

EXPLORING THE RELATIONSHIP BETWEEN HEALTH, SOCIAL STATUS AND SOCIAL CAPITAL: IS BOURDIEU HELPFUL?

The relationship between social status, social capital and psychosocial stress has generated considerable debate in the health inequalities research field. This paper presents arguments that demonstrate considerable problems with prevailing theoretical approaches to the relationship between social capital and health. It draws on in-depth interviews and observational data collected within a Sheffield council estate in order to explore the experiences of people living in a once relatively prosperous, but now 'disadvantaged' area.

The relationship between social status and psychosocial stress that emerges from this research is much more complex than most previous research has suggested. Residents are aware of the stigma attached to them and their community by the outside world, but do not necessarily accept these negative valuations. This analysis suggests that embedded in the social practices of the community are alternative systems of social classification which make resistance to the dominant view of their estate both necessary and possible. It is suggested that these alternative classifications are based on the ability of local people to access and accumulate local forms of social, cultural and symbolic capital (Bourdieu 1986). This in turn makes it possible for individuals to negotiate a positive identity within their community in order to challenge the negative social status assigned to them by the outside world. Social status emerges as a highly dynamic and contested concept which has a complex relationship to psychosocial stress and health.

Gilbert, L., Selikow, T.A.   **University of the Witwatersrand**

A LETHAL BIO-SOCIO-CULTURAL COCKTAIL: GENDER AND HIV/AIDS IN SOUTH AFRICA

It is well documented in the bio-medical sciences that HIV is a lethal virus resulting in many infections and deaths. Epidemiological data clearly show that the highest prevalence rates are in Sub-Saharan Africa (over 70%). Less visible, however, is the complex combination of forces that fuel the epidemic in this region - these have been dubbed 'the lethal cocktail'. It is this 'cocktail' that creates an enabling environment for the rampant spread of HIV. The epidemic in this region is increasingly 'feminised' as a growing proportion of infections occurs amongst and affects women. The gender distribution of HIV/AIDS in South Africa reflects a similar pattern.

The aim of this paper is to interrogate the contextual factors underlying the differential vulnerabilities between men and women. The analysis, based on a comprehensive review of documents and applicable literature, reveals that a 'lethal cocktail' of bio-medical, political, economic and cultural forces shapes the gendered dynamic of the epidemic in South Africa. The paper identifies and decodes the most common 'ingredients' of this cocktail namely; lack of access to material resources; cultural norms where women are subservient to men and where masculinity is defined in terms of multiple sexual partners; inter-generational sex; patriarchy and power of men, combined with high levels of violence against women.

Since successful intervention strategies need to be tailored to specific contexts, we argue that it is important to make visible the ingredients of this 'lethal cocktail' to enable health professionals and policy makers to address context specific concerns.

Gjernes,T.   **Nordland Research Institute**

SICK LEAVE, ILLNESS AND IDENTITY WORK

The paper is based on a study of organized cooperation between employers and welfare agencies attempt to make workers on long term sick leave return to employed work. Interview data come from a Norwegian public service organization and an industrial enterprise. Long term illness and loss of work are both threats to a person's identity and experience of personal worth. Major measures has been initiated to make these persons return to working life Our data show that it is difficult for the employers to adjust work operations or find tasks suitable to the working capacity of employees with health problems. How do the employees with health problems respond to this situation? Our data indicate that they become significantly occupied with their self image. They induce a number of activities and make them selves visible as more than ill persons; it seems to be persistent to emphasize other identities then the identity as ill. Even if they are forced out of the labour marked, they regularly involve in and conduct work, often in inventory and unusual ways. The significance for their self images from the illness that has taken them out of employed work is reduced by their involvement in other kinds of work. Health problems as well as loss of work imply "loss of self", to use Charmaz notion. The interviewees involvement in useful and corporal activities similar to work indicate a form of identity work necessary to respond to the losses of self following health related loss of work.

Gonzalez-Santos, S.   **University of Sussex**

EXPO-FERTILITY AND 'OTHER' LOCATIONS WHERE LAY AND PROFESSIONALS MEET IN THE MEXICAN ASSISTED REPRODUCTION INDUSTRY.

In the case of assisted reproduction in Mexico, face-to-face interaction between professionals and patients not only takes place in the medical consultation. Clinics, support groups and non-affiliated individuals have organized different events in which biomedical professionals and the lay public physically meet and have the opportunity to engage in conversation. Clinics, for example, organize information sessions in which they seek to recruit potential patients. Support groups organize events in which biomedical professionals are invited to give free consultations and answer questions. During Expo Fertilidad, an event organized by a former infertility patient, clinics advertise with stands, give talks and quick consultations. Each one of these moments differs in several aspects such as the physical and symbolic spaces occupied by the actors, the specific purpose of each encounter, their size and cost, and the type of information given at them.

The purpose of this paper is to analyse how assisted reproduction is presented in these 'other' lay-professional encounters. Understanding this is important for several reasons. First, it is a moment in which assisted reproduction is being constructed, socialized, and established. Second, because the ideas that are presented in these encounters influence the expectations that the patient has regarding treatment. Third, it is during these interactions, as well as by searching for information in the media and asking other patients, that the once lay-patient becomes a knowledgeable (or professional) patient. All this will affect the experience the patient has of the treatment and his adherence to it and to the physician.

Goodwin, D.   **University of Lancaster**

SENSING THE WAY: EMBODIED DIMENSIONS OF DIAGNOSTIC WORK IN ANAESTHETIC PRACTICE

Diagnostic work in anaesthetic practice relies, in large part, on reading bodily signs. With minimal discussion with the patient, other senses take priority. Yet this process is intensely collaborative: the patient's body is technologically augmented so as to convey a wealth of digitised information such as heart rate, blood pressure, oxygen saturation, carbon dioxide levels, volumes of inspired and expired gases, and ECG traces. Proliferous though this information may be, it is insufficient for diagnosis.

Analysing scenes from anaesthetic practice, this paper highlights the embodied knowledge that informs diagnostic work in a highly technological setting. The use of touch frequently elaborates the digitised information, the feel of a needle being inserted indicates something of its location in the body, and the peculiarities of breath-sounds can signal particular forms of respiratory distress. These sensations produce an awareness of the patient's condition that enriches the knowledge conveyed by a diagnostic label. A 'diagnosis', in the sense of the name of a disease or condition, is an impoverished concept for understanding how to care for a patient; it provides little purchase on the severity of the condition and the extent to which routine care will need to be modified. In this presentation I explore how a fuller, more nuanced, appreciation of the patient's condition develops through the embodied work of the anaesthetist with and on the patient's body.

Gorgulu, B.

MODELS OF MADNESS, MODELS OF CITIZENSHIP: THE ROLE OF VOLUNTARY ORGANISATIONS IN THE MAKING OF MENTAL HEALTH ACT 2007

When the Mental Health Act 2007 came into effect at the end of twenty-four years of controversy and public debate, it has received mixed reactions from various political actors. While the government presented the new mental health legislation as the final embodiment of modernising mental health law that enables individuals with broader civil rights framework, the other stakeholders (voluntary organisations) criticised the bill for delimiting civil rights via a vague definition of mental disorders and emphasis on community treatment orders. This disagreement over the role of mental health law have once again highlighted that the law is not only a fixated and abstract discourse, only to be read and applied by lawyers, but rather it is an augmentation of politics, which governs every day lives of all individuals concerned. The paper focuses on the political and practical contributions of UK based mental health charities in the making of current mental health legislation, with the aim of demonstrating how 'models of madness' envisaged by different organisations translate into an advocacy of different 'governance regimes'. The paper argues that operation of law is multifaceted: it is firstly the declaration of a policy on self determination and civil rights, secondly it is an extension of economic decisions, thirdly and most importantly, it is an extension of moral values used to make judgements about how individuals with severe mental distress should live. In this regard, law is the 'pathway of transformation' from 'subjects' to 'patients' and in some cases, from 'patients' to 'citizens'.

Graham, T., Grace, A.　　　　　　　　　　　　　　　**Waterford Institute of Technology**

RESISTANCE IN THE HEALTH SERVICES IN IRELAND.　 CAN NEW SOCIAL MOVEMENTS HELP REDUCE THE INCIDENCE OF HOSPITAL ACQUIRED INFECTIONS?

In this paper, it is argued that the structure of the health service in Ireland is the outcome of decades of hegemonic medical power (Gramsci, 1917/1977). It also reflects the capitalist system where medicine is becoming a commodity serving the interests of the pharmaceutical industry, health insurers, and privately provided health care. The advances in medical science, while sometimes highly beneficial, have produced harmful side-effects or risks which are described by Beck, as: "unforeseen consequences of our expanding knowledge applied by experts to the processes of modernization which were initially designed to reduce the risk from nature" (1992, in Best, 2003).

In Ireland, these consequences have been apparent in a series of scandals (Wren, 2003, O'Connor, 2006) where severe damage has been caused to patients in the delivery of health services. In response, organizations, categorized as new social movements (after Jenkins and Klandermans, 1995), and representing patient rights, have come into being. Drawing from the experience in two such organizations - MRSA and Families Network, and Stop Infections Now Campaign - and interviews with affected patients and family members, the resistance to the traditional medical power mentioned above is analysed. The ttempts of these organizations to reduce the incidence of HCAIs is discussed, and the shortcomings identified.

Grant, S., Guthrie, B., Huby, G., Watkins, F.,　　　**Universities of Dundee and St. Andrews**
Checkland, K., McDonald, R., Davies, H.T.O.

USE OF MULTI-SITED ETHNOGRAPHY TO UNDERSTAND ORGANISATIONAL CULTURE IN UK GENERAL PRACTICE: METHODOLOGICAL REFLECTIONS

Recent decades have witnessed increased interest in the application of ethnographic methods in health research (Savage 2000). With its reflexivity and sensitivity to context, multi-sited ethnography has become a highly effective tool for tracing links between different sites, agents and organisational levels within the complex policy process (Marcus 1998; Huby et al. 2007). Also of growing interest to researchers and policymakers is the impact of organisational culture on clinical performance and outcomes, with health policy frequently invoking notions of 'culture change' as a means of achieving new forms of professional working and performance improvement (Scott et al. 2003). The 2004 General Medical Services (nGMS) contract for UK general practitioners is a radical example of recent policy reform designed to promote increased definition, measurement and regulation of professional work, and change organisational and professional culture in general practice. This paper draws on ethnographic fieldwork conducted in four UK general practices during 2006 involving observation and 48 semi-structured interviews to reflect on the application of multi-sited ethnography for understanding variations in organisational culture in general practice teams. Fieldwork showed that practices have responded to nGMS with significant organisational change, including increased bureaucratisation and internal monitoring. However, rather than resulting in a wholesale transformation of professional values and behaviour, increasingly fragmented and differentiated organisational forms and professional subcultures have emerged, which frequently diverge from any overall organisational culture. This paper examines the detail of these changes before reflecting on the key strengths and challenges for multi-sited ethnography applied to health policy and practice.

Granter, E., Hassard, J., Haynes, C., Hyde, P., McCann, L.   **University of Manchester**

THERE'S NO "YES BUT" WITH DEATH'; CRITICAL SOCIAL THEORY AND HEALTHCARE ORGANIZATION, A CASE STUDY

In March 2009 the UK Healthcare Commission's 'Investigation into Mid Staffordshire NHS Foundation Trust' indicated that a prioritization by managers of performance targets jeopardised patient safety and care. In effect, organizational imperatives were prioritized over human life itself.

The use of quantitative targets to guide resource management, within the context of a bureaucratic organization, has clear resonances with Weberian concepts such as rationalization, in which both negative and positive human outcomes potentially inhere. The relevance of Weberian perspectives for the understanding of management and organisations has been explored (Ray and Reed, 1994) and this paper seeks to make an original and distinctive contribution to analyses of health service delivery and organization, and theory.

Although analyses of healthcare organizations have considered the relevance of Weber (Pickard, 2009), discussions of the impact of targets have often merely noted Weberian resonances (Blackler, 2006). This paper will explore the evolution of targets in NHS management from the perspective of Weberian social theory using an in-depth analysis of the Stafford report and subsequent media discourse (from which the title of the paper is drawn).

Our paper will advance to encompass perspectives from Critical Theory, which adapts Weberian and other social-theoretical approaches to reveal ideological undercurrents beneath the seemingly rational imperatives of modern organizations. In doing so, we hope to situate developments in healthcare management within the wider context of the political economy of public services in 21st century Britain.

Green, J., Steinbach, R., Datta, J., Edwards, P.   **London School of Hygiene and Tropical Medicine**

THE HEALTHY TRANSPORT CHOICE: GENDERED IDENTITIES AND CYCLING IN LONDON

There are a range of policy initiatives promoting cycling as a route to improving not only the health of individuals but also that of urban environments. Cycling rates in London have increased recently, but travel diary data suggests women and those from minority ethnic groups are relatively under-represented among cyclists. Camden PCT funded a study to identify barriers to cycling among these groups. This paper draws on qualitative data from this study, including documents, observations of transport and in-depth interviews with cyclists, non-cyclists and those intending to cycle. We explore the various ways in which claims about health are made, and suggest that transport mode choices are tied to not only material factors, but also cultural constructions of gendered (and to some extent ethnic) identities. Using Bourdieu's work on sport and social class as a starting point, and drawing on the sociology of mobility, we suggest that cycling is now widely seen as the moral and healthy choice, but that the positive identities associated with cycling resonate more with some groups than others. To be a cyclist requires (in London) a particular assertive, independent identity, and a construction of 'health' that values agency (such as working to improve cardio-vascular health) above passive risk-avoidance. In Bourdieu's terms, the ethical and aesthetic potentialities of cycling have more affinity with the identities of men and professional White and Afro-Caribbean women than they did with other population groups.

Greener, J., McFadden, K., Gray, N., Cruickshank, M.   **University of Aberdeen**

LIVING WITH VULVAR INTRAEPITHELIAL NEOPLASIA – A QUALITATIVE STUDY

Background: Vulval epithelial neoplasia (VIN) is a rare condition: Incidence is approximately 1.4 women per 1000, 000. It is very frequently associated with human papillomavirus infection and in about 5% of women VIN goes on to become cancerous. Many women self treat and avoid diagnosis for years. Treatment is normally surgical or laser ablation, both of which can be mutilating and cannot be viewed as curative. Women with VIN score low on quality of life and sexual functioning questionnaires but little is known about the reasons underlying this.

Aim: This study aimed to explore and develop understanding of the VIN disease experience for women, and the impact of this on their lives: also to suggest ways health care providers might support and advise such women.

Method: Participants were indentified from a local database. Nineteen semi-structured interviews were carried out and analysed using the constant comparative method. Findings were grouped into key themes.

Findings: The metaphor of a 'journey through time' emerged. The women can be conceptualised as proceeding from past to present, and looking to the future with respect to having VIN. Key points in the journey were when symptoms became apparent, when deciding to seek help, at diagnosis, and during/after treatment. Women often found it difficult to discuss VIN with sexual partners, families and others (including the interviewer). The study highlights lack of women's knowledge about, and problems they have in discussing the female body.

Conclusion: The study permitted formulation of recommendations for ways to support women with VIN.

Greenop D., Glenn S., Clifford D. **Liverpool John Moores University**

SELF-CARE: A NARRATIVE & DIALOGIC STUDY OF ADULTS WITH CF.

This study grew out of a concern that prevailing research and practice models tend to de-validate self-care practices that do not fit within mainstream discourses of health and illness. It therefore set out to explore empirically the range of responses to the treatment demands borne by a group of patients with particularly extensive regimens. To achieve this, a representative sample of 40 adults with cystic fibrosis was recruited and, using semi-structured/open questions, interviewed about their self-care practices in everyday life. Analysis incorporated a 3 stage bottom-up emergent hermeneutic method which identified 3 distinct styles of self-care activity: "compliance", "concordance" and "conformance". However, 2 more marginal styles of self care inactivity also emerged: "dependence" and "radical non-compliance". Further analysis of the various narrative performances paid particular attention to connections between "self" and "other" which suggested 5 distinct patient identities. While neither final nor open, these indicate a more complex and mobile typology than hitherto suggested in the self-care literature. What becomes clear, moreover, is that not every patient has the same capacity and/or desire to negotiate self-care in everyday life thus challenging dominant liberal-humanistic notions of self-determination upon which current policy and practice is premised. To avoid merely privileging the "privileged" patient it is concluded that a pluralistic and pragmatic approach may be more appropriate. From this perspective, a range of equally valid styles of self-care need to be recognised and accommodated by researchers and clinicians alike. Only then can patients' choices be understood and meaningful dialogue can become possible.

Griffiths, D. **The University of Manchester**

INVESTIGATING FATAL MEDICAL ERRORS: THE CRIMINAL PROCESS AND MEDICAL ACCOUNTABILITY

Effects of medical error incidents in NHS hospital in England are substantial, resulting in an estimated 70,000 deaths per year[1]. Studies of legal responses to medical error show that while claims for clinical negligence are levelling out, there have been dramatic increases in police investigations and prosecutions against healthcare professionals, particularly for the offence of gross negligence manslaughter[2]. Reasons for this include increased public awareness of patient safety scandals, public demands for retribution and punishment and a general decline in trust and deference to the medical profession on the part of criminal justice agencies, the judiciary and the public. Additionally, research with victims of medical error and their families has shown that professional forms of regulation and civil forms of financial redress are deemed inadequate to punish and make healthcare professionals accountable for medical error. The GMC is perceived as self – interested[3] and compensation is seen as doing little to punish the healthcare professional who made the error.

Based on empirical work,[4] this paper explores the factors that influence how far cases of fatal medical error proceed into the criminal sphere and the effects of using the criminal process to regulate healthcare practice. Our research has shown that criminal investigations and prosecutions have wholly negative effects on healthcare professionals and patient safety, whilst families' demands for accountability and punishment can often be resolved through explanations, apologies and "lessons learnt", things that are not felt to be given through other current forms of regulation.

Guise,V., Chambers, M., Staniuliene, V., Välimäki, M. **University of London and Kingston**

REFLECTIONS ON RISK, ROLE PERFORMANCE AND ETHICS IN MENTAL HEALTH NURSES' DISCOURSES OF ACUTE CARE

The management of distressed and disturbed service users is a sensitive area of nursing care and a topic of ongoing debate within mental health nursing. While policy usually advocates non-reactive approaches, coercive interventions such as physical and mechanical restraint, involuntary medication and seclusion are common practices on many acute inpatient wards. The use of coercion can however be traumatic for both service users and nurses.

Building on previous work within the sociology of nursing, this presentation shows how sociological concepts such as risk and role performance are central to understanding how mental health nurses care for acutely ill service users. Focus groups were conducted with a small sample of UK mental health nurses working in acute environments to ascertain their experiences and feelings regarding the use of coercive interventions. In keeping with previous findings, discourses reveal that nurses are often faced with considerable morally ambivalent care decisions. In practice, nurses' decision-making is guided by an overriding need to keep the ward safe and fulfilling best practice guidelines and one's role as a competent mental health care provider.

There is a need within mental health nursing to reconcile current risk management approaches and the reliance on physical responses to disturbed behaviour with ethically sound and therapeutically effective nursing care. Sociological perspectives on the ethical dilemmas surrounding care of distressed patients can offer valuable insights into this important aspect of mental health nursing practice, while ultimately impacting on mental health nursing culture and its epistemology as a health care discipline.

Gustafsson, U. **Roehampton University**

THE RELATIONSHIP BETWEEN CULTURE AND HEALTH: SCHOOL MEALS IN SWEDEN

This paper will explore the relationship between the social and cultural contexts and policies for health in Sweden. The basis for the discussion will draw on Berggren and Trägårdh's assertion that the foundation for the Swedish model of welfare was based upon ethnically homogenous cultural values which preceded the creation of social democracy. These values emphasised equality and respect for individual autonomy and have been institutionalised in Swedish public policy. The effect is a direct relationship between the state and each citizen where state intervention in the private sphere is a common feature. Two key questions will be explored. Firstly, by focusing on school meals as a case study I shall examine the extent to which homogenic cultural values are sustainable in an increasingly heterogeneous and multi-cultural context. Secondly, we need to raise questions of how far it is possible to 'share' successful policies across societies. In the global context of enhancing health cross-national comparisons abound where countries are ranked according to achievement of set targets. However, the particular social contexts within which success or failure occurs in attaining health targets tend not to receive much consideration.

Håland, E., Melby, L.

CLOSE AND DISTANT: HEALTH PERSONNEL AND DIGITALIZED PATIENTS IN NORWAY

Today's patients are digitally represented in for example electronic patient records (EPR) and electronic message systems. This can be understood as an objectification of patients, meaning less face-to-face contact between patients and health personnel. In this paper we present and discuss two different case studies in Norway where patients are digitally represented; the introduction of electronic patient record in a large university hospital, and the introduction of an electronic message system between a hospital and the municipal health care. Based on semi-structured interviews with different groups of health personnel, as well as with people from the regional health bureaucracy and technology department, we discuss how this digitalization affects the patients – from the health personnel's perspective.

We find a number of various interpretations of what the digitalization imply for the patients. What counts as positive and negative consequences are perceived differently by the different groups of health personnel. What is perceived as a positive consequence of the digitalization of patients by one group is considered negative by another. Drawing on these consequences, we group the digitalized patients in our material into six categories: The Available Patient, The Visible Patient, The Safe Patient, The Common Patient, The Disciplining Patient, and The Constant Patient. In the paper we present and discuss these categories in detail, aiming to unfold and nuance the complexity of the digitalization of patients.

(This paper is based on a book chapter (work in progress) in Tjora, A. & Sandaunet, A. G. (eds.): "Digitalized Patients" (forthcoming, in Norwegian only)

Hamilton, S., Lewis-Holmes, E., Thornicroft, G., Henderson, C., Pinfold, V.

HOW DO PEOPLE WITH A MENTAL ILLNESS PERCEIVE AND EXPERIENCE DISCRIMINATION

There is now a large literature on psychiatric stigma and discrimination, with much of it drawing on a strong tradition in sociology.1 Much of the research done in this field looks at the attitude of the public, rather than focusing on the perceptions and experiences of people with a mental illness themselves. This focus has a tendency to perpetuate an academic model of stigma with its many assumptions about its impact on individuals from the stigmatised group. The Viewpoint survey was a large-scale survey of mental health service users. This presentation draws on the transcripts of 24 telephone interviews conducted as part of this survey. It focuses on how service users perceive stigma in a range of settings. We use this data to challenge some of the commonly held assumptions in academic models of psychiatric stigma, considering particularly the work of Link and Phelan, and Scambler from a Sociology background, as well as drawing on key contributions from Social Psychology. A key finding of the study relates to the distinction made by service users between others' reaction to their diagnosis, and others' reaction to their illness – including the symptoms and behaviours that are caused by it. These distinct types of stigma are experienced in different ways, are common in different areas of life, and are internalised in different ways. They also have important implications for how and when service users choose to disclose their diagnosis, and how we can tackle discriminating behaviours in the public or specific groups.

Harries, J., Huby, G., Warner, P., Donaghy, E.   **The University of Edinburgh**

"BLOODY PAPERWORK": EXPLORING TALK ABOUT STANDARISED ASSESSMENT PROCEDURES AMONG STAFF IN INTEGRATED SERVICES

"Paperwork" is gaining attention in the literature concerning the organisation, delivery and governance of health care services. An exploration of staff's discourse about "paperwork" yields important insights into the complex articulations of the "reality" of care, its rendering in highly structured record systems, how these articulations relate to one another and the implications for care practice. This paper explores negative attitudes to paperwork, in particular, standardised assessment forms, in integrated health and social care services for older people and people with mental health problems in England and Scotland.

The paper draws on semi-structured interviews with more than eighty staff members in eight teams. Interviews focussed on staff's experience of new roles emerging in integrated settings, and implications for support and training. Strong antipathy towards "bloody paperwork" emerged as a key theme. We interpret negative attitudes towards paperwork in the context of the emergence and institutionalisation of techniques of new public management and audit culture driven by concerns for the standardisation of service quality, cost control and risk management. From the point-of-view of staff this culture demands the creation of a "hyper-real" version of care delivery: a simulacrum which is unhinged from the actual human process of caring. Paperwork is a technique both for constituting this hyper-reality and disciplining staff to conform to its forms of enunciation. We explore modes of resistance against these effects, including the expression of negative views in interviews.

Harrop E., Elliott E., Williams G.   **Cardiff University**

CONTESTING THE SCIENCE: A CASE STUDY OF A LOCAL ENVIRONMENTAL PROTEST.

In recent years traditional approaches to the assessment of health hazards have struggled to connect with the concerns of local communities, resulting in disputes over the interpretation of risk. The Nant-y-Gwyddon (NyG) landfill site in the Rhondda Fawr, south Wales, was shut down in March 2002 on the recommendations of an Independent Investigation, following 5 years of concerted and highly publicised protest action by a group calling itself Rhondda Against Nantygwyddon Tip (RANT).

This local environmental protest provides an interesting case study in the sociology of public health risks. The research aims to explore the key processes and relationships involved in the evaluation of perceived threats to public health in the period up to the closure of the tip in 2002. Rich documentary data forms the primary evidence for the case-study, and this is used for two main purposes: first, to construct an historical account of the protest focusing specifically on the actions and perspectives of the residents who became local activists; and secondly, to explore the positioning of the main actors in relation to some of the key issues and events. This paper will discuss preliminary findings in relation to activists' engagement with scientific research and expertise.

Heaven, B., Exley, C., Finch, T., May, C.   **Newcastle University**
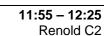
THE PARTICIPATION OF PRACTICE NURSES IN A RANDOMISED CONTROLLED TRIAL: MANAGING INTERSECTING TRAJECTORIES OF WORK

In primary care research, clinical staff are often relied upon to deliver research protocols, yet little is known about the work required to integrate these commitments within routine practice. Understanding the meanings ascribed to research work by these staff may provide insights into problems cited in the literature, such as difficulties in implementing complex interventions in practice.

We conducted an ethnography of a Randomised Controlled Trial (RCT) of complex interventions for a common condition in primary care. In this paper, we focus on the meanings expressed by practice nurses regarding their research roles, drawing on a subset of the data: semi-structured interviews with GPs and managers (n= 6) and nurses (n=9), relevant documents and field-notes.

When RCTs fail in primary care, the comprehension and/or commitment of clinical staff is sometimes questioned. Existing literature emphasises the burden of trial-work for clinicians and the need for suitable incentives. However, utilising a Social Worlds perspective (Strauss, 1993), we found that the context of routine clinical practice shaped the nurses' conceptualisation of the RCT. Nurses struggled to make sense of the interventions given priorities within their routine work, and the care trajectory of patients with the condition of interest. We found the nurses' expertise in the practicalities of primary care medicine provided insights to the utility of the interventions, whilst the demands of trial-work were a lesser concern. These findings suggest that a more fruitful approach to understanding the process of RCT implementation may be through an exploration of the contexts of key actors.

Hedlund, M.   **Høgskolen i Nord-Trøndelag**

EXPERT OR LAY PERSPECTIVE? SELF-HELP GROUPS IN NORWAY AND WELFARE STATE POLICY

This presentation focus on if and how lay perspective can be seen as alternative to using expert understanding to promote health for mental ill people and people with disabilities. It aims to draws attention to the fact that welfare state and health policy can be challenged by collective actions and user experience from marginalized groups. The paper is a draft to discuss how self-help groups (SHG) can represent a lay perspective that opposes an expert perspective to health problems and disabilities. In this paper I sketch how participants of SHG can be seen as being modern citizens making claims for help programs and assistance in modern welfare states. The aim is to explore and bring knowledge about consequences of using lay perspective and user experience as an alternative way to address health problems and problems of marginalisation in contrast to using expert perspective to 'solve' health problems.

Friday 4th September 2009   **11:20 – 11:50**
Lap/professional Interface   Renold G2

Hilton, S., Langan, M,. Hunt, K., Bedford, H., Petticrew, M.   **Medical Research Council**

NEWSPRINT MEDIA REPRESENTATIONS OF THE INTRODUCTION OF THE HPV VACCINATION PROGRAMME IN THE UK

In September 2008, the human papillomavirus (HPV) immunisation programme was introduced in the UK for schoolgirls aged 12 to 13 years (with a two year 'catch up' campaign for girls up to 18 years of age). The introduction of this vaccine, given to young girls to prevent a sexually transmitted infection which can cause cervical cancer has attracted considerable media attention. Cervarix®, the bivalent vaccine chosen by the UK Department of Health, shows high efficacy in preventing infection against HPV types 16 and 18, estimated to offer protection against viruses responsible for 70% of cervical cancer.   However, to be most effective, the vaccine needs to be administered before exposure to the viruses and therefore, ideally, before young people become sexually active. Recent experience shows that the mass media has a key role to play in the perceived acceptability of vaccines, and hence a key determinant of the uptake of HPV vaccination will be the media coverage it receives. This paper reports on content analysis of 344 articles published between January 2005 and December 2008 in 15 national UK newspapers. It includes both manifest and latent analysis to examine newsprint coverage of the introduction of the HPV vaccination programme and its role in HPV vaccination advocacy.

Manifest analysis suggests that the newspapers were generally positive towards the new HPV vaccination. However, latent analysis identified some common discourses about the framing of the HPV vaccination programme and HPV infection which may prove to be unhelpful public health messages in the future.

Friday 4th September 2009   **16:55 – 17:25**
Cancer   Renold F5

Hilton, S., Hunt, K.   **MRC Social and Public Health Sciences**

CONTENT ANALYSIS OF NEWSPAPER COVERAGE OF JADE GOODY'S CERVICAL CANCER

On the 22nd of March 2009, reality television star Jade Goody died from cervical cancer aged just 27 years. Her high profile seven-month battle with cancer attracted world-wide attention and huge media coverage. From a public health perspective, the high level of publicity generated about her illness is likely to raise awareness about cervical cancer, and potentially the importance of cervical screening and the rationale for human papillomavirus (HPV) vaccination. Whilst the premature death of a young women and mother is tragic, Jade Goody's story is not untypical. Cervical cancer is the second most common cancer in women under the age of 35 in the UK and there remain 2800 cases and 950 deaths per annum. Goody's diagnosis of cancer came in August 2008 just one month before the introduction of the national HPV immunisation programme aimed at protecting future generations of girls against cervical cancer. It has been suggested that the media coverage surrounding her case has raised public awareness about cervical cancer particularly among younger women from more socioeconomic disadvantaged groups, like Goody, who are most at risk. This study examines newspaper coverage in 15 national paper on Jade Goody's cervical cancer from her diagnosis in August 2008 through to her funeral in April 2009 and examines how cervical cancer and its prevention and treatment have been presented.

Hinton, L., Kurinczuk, J., Ziebland, S.   **University of Oxford**

MEN'S EXPERIENCES OF INFERTILITY

More women than ever are receiving fertility treatment in the UK, over 36,000 in 2007. Treatment focuses on the woman as the majority of treatment, hormonal and surgical, is undergone by women. But male factor is the largest cause of infertility, and rising, and men's perspectives remain understudied.

In a qualitative study, based on 38 narrative interviews we have explored the male experience of the infertility journey. We know from other work looking at experiences of pregnancy and ante-natal screening that men often get sidelined and feel like bystanders in relation to women's reproductive health. But our analysis shows that infertility treatment also raises other issues for men.

Infertility can present a threat to men's sense of self, on many levels. Their role as a potential father is challenged. If the problem is male factor, embarking on a pregnancy with donor sperm raises unexpected issues. If they are the providers of sperm, this can be an ambivalent and emasculating experience. Their role as protector is also challenged. Men describe feeling helpless, marginalised and guilty as they watch their partners undergo invasive and emotionally distressing treatments. They have different ways of coping than their partners that can sometimes suggest they are less concerned. While the men show great stoicism there are points along the infertility journey where this can unexpectedly break down.

Our analysis shows men have different information and support needs to women, which will require consideration, especially given the rise in male factor infertility.

Hogan, J., Horgan, M., Glenn, S., Southern, K.   **Liverpool Hope University**

'I AM NORMAL': YOUNG PEOPLES PERSPECTIVES OF LIVING WITH CYSTIC FIBROSIS

Introduction: A qualitative PhD study examining transition to adulthood for young people with Cystic Fibrosis (CF).

Method: In-depth semi-structured interviews were conducted with CF patients aged 16-21 years. The study has been conducted and analysed using Grounded Theory.

Results: Being normal and leading a normal life was of primary importance to all the young people. Participants fell into 3 distinct subgroups within which the notion of normality held very different meanings and connotations. The ways in which they conceptualised normality within their own lives had far reaching consequences and impacted upon many areas of their lives including their: goals and aspirations; decisions about disclosure; decisions about treatment adherence; ways of coping with the condition; personal and social identities.

Previous research in the field of medical sociology has tended to conceptualise normalisation as a positive strategy used by those with a chronic illness to enable them to lead fulfilling lives. For 2 of the subgroups it did indeed serve as a positive strategy. However, for the final subgroup it held potentially very negative consequences for their lives in the present and in the future.

Discussion: Consistent with previous research by Thorne (1993) findings highlighted how the process of normalisation can be a double edged sword, presenting advantages for some and serious problems for others. This holds important implications for future research and practice with CF patients as well as within the field of chronic illness more generally.

Thorne, S. (1993) Negotiating healthcare: The social context of chronic illness (Newbury Park, Sage).

Horlick-Jones, T.

DOES HAVING CANCER MAKE YOU IRRATIONAL? DISRUPTION, BODILY AWARENESS AND

PRACTICAL REASONING

Advances in clinical treatments are resulting in cancer patients living longer, but with the threat of the disease returning at some later date. Anxiety associated with this fear of recurrence seems widespread among patients. Relatively little work has been done to systematically document, understand, and find ways of addressing, such anxiety, and its impact on the quality of patients' lives. The fear of recurrence appears to be related, to a greater or lesser degree, to the hypochondria-like condition comprising an enhanced bodily awareness and a pronounced tendency to interpret mundane sensations as symptoms of pathology; a syndrome which has been termed 'somatosensory amplification'. It is proposed that this syndrome is best understood not in cognitive terms, as a sort of 'false consciousness' or 'irrationality', but rather as the loss of certain aspects of social competence. In making this argument, the paper draws on the author's personal experience of cancer diagnosis, surgery and adjuvant therapy; and on a broadly phenomenological approach to examining the relationship between bodily sensation and practical reasoning about experience. The implications for counselling and other forms of patient support are discussed.

Hudson, N., Culley, L.   **De Montfort University**

'REPRODUCTIVE TOURISM': EXPLORING EXPERIENCES, CHALLENGING POPULAR DISCOURSES.

The social context of assisted reproductive technologies (ARTs) has been explored by a number of authors in a range of societies, but the transnational aspects of ARTs are under-researched. Increasing numbers of prospective parents are choosing to assist procreation in the global arena; leaving their country of origin in pursuit of technologies which will enable them to have a child. 'Reproductive tourism', as it has been pejoratively termed by some sections of the mass media, raises significant issues at the interface of technology, health and society and has been characterised as a specific form of health tourism. That this process is risk-laden for individuals and transgresses moral as well as physical boundaries, are some of the arguments that have been made against this recent social phenomenon. However, little is known about the actual experiences of those who are intimately connected with this process. This paper is based on findings from an ESRC-funded, UK-based study which investigates the experiences of 'users' of cross-border reproductive services, as well as those who 'treat' and support the users of such services. In particular, this paper explores the ways in which those involved in this phenomenon position themselves in relation to popular discourses of 'reproductive tourism'.

Hunt, K., Adamson, J., Galdas, P.   **MRC Social and Public Health Sciences**

GENDER AND HELP-SEEKING: THE DANGERS OF EQUATING A RELUCTANCE TO CONSULT WITH MASCULINITY

UK statistics for consultations with general practitioners show higher numbers of consultations in the previous year for women than for men. These differences contribute to the widespread assumption that women will always consult more, and more readily, than men, even though differences are at their greatest in the years when many women consult for contraception and ante-natal care. However, it is rare for studies to compare men and women with similar health problems.

This presentation discusses evidence from both qualitative and quantitative studies which have problematised the assumption that men are always reluctant to seek help or have attempted to compare help-seeking in men and women with the same conditions. It recognises that dominant cultural construction of masculinities often highlight men's reluctance to seek help as being an important aspect of their masculine identity. However, it argues that are dangers in failing to pay attention to the circumstances in which men present themselves as being ready users of health care or to the similarities which are apparent in some studies of men's and women's accounts of help-seeking for particular conditions. A failure to look beyond gendered stereotypes of help-seeking may lead to inappropriate interventions to 'encourage' more timely help-seeking in men, and assumptions that women will more readily seek health care may lead to an underestimation of the severity of their presenting symptoms. It argues for the need for careful qualitative and quantitative research to test and challenge our current understandings of gender and help-seeking.

Hyden, L.C.   **Linköping University**

ALZHEIMER'S DISEASE AND SOCIAL INTERACTION

Living with Alzheimer's disease (AD) has often been portrayed as a life in the void: social interaction with other persons is either diminishing or absent. The lack of social interaction has profound consequences for instance for the individual's sense of self and identity, resulting in "the unbecoming of the self" (Fontana & Smith, 1989). Recent social scientific research has challenged this idea and pointed out that persons suffering from AD often actively attempt to uphold their sense of self, identity and social relations (see Sabat 2001). In an ongoing project, social interaction, talk and narration among persons suffering from AD have been studied in order to show if and how these persons attempt to pursue social relations. This presentation is based on participant observations and video observations from a home for elderly people in Swedish geriatric care, intended for persons diagnosed with AD. The material consists of interaction between patients without any staff present as well as interaction including staff. Several sequences were found in the material showing interaction between persons suffering from AD without staff present. These examples have been analysed in order to show different ways AD patients, even in advanced stages and without the ability to use language, orient towards each other in the interaction and organize their relationships. Even screaming is interactionally coordinated. In conclusion it seems that at least some rudimentary social orientation and interaction is present even in persons with advanced AD.

Iley, K.
University of Manchester

REGISTERED NURSES USE OF CAPITAL AS A PROFESSIONALISING STRATEGY

Nursing has a long history of attempting to secure a professional status similar to that of medicine (Witz 1992, Allen 2001). This paper explores strategies used by Registered Nurses to enhance their professional status in a particular clinical area, acute cardiac care. Although the position of nurses within the hierarchy of healthcare team in general clinical areas has changed, a blurring between the boundaries of medicine and nursing in clinical specialities is much more evident (Lloyd Jones 2005). In such a specialised setting (acute cardiac care), Bourdieu's theory of practice (1977) will be explored to illustrate how different forms of capital are used by nurses as evidence of their professional status within the healthcare team.

This paper uses data from a British Heart Foundation funded study (Jones et. al. 2008). The sample was recruited from the Northwest region of the UK and consisted of fifteen Registered Nurses who were undertaking the course and fourteen clinical mentors who supported the course members during their studies. Data obtained from course participants and their clinical mentors through focus groups and interviews will be presented to support the claim that the demonstration of having specialist clinical knowledge, providing both social and cultural capital in Bourdieu's terms, is essential to success in enhancing the occupational status of Registered Nurses. The relevance of this is highlighted in the NHS Next Stage Review: A high quality workforce (DH 2008), which advocates practitioners working together and "the importance of professional judgement" in patient care.

Jacob, N.
Cardiff University

THE GENETICIZATION OF SUICIDE: FAMILIES' MANAGEMENT OF GUILT AND RESPONSIBILITY

This paper will examine the geneticisation of suicide. Suicide is a particularly devastating death, with families frequently suffering intense feelings of shame and guilt. While guilt may seem inevitable, this paper demonstrates that there is in fact a familial element to such feelings. Drawing upon research conducted with 12 families bereaved by suicide, this paper shows how the role of genetics played a central role in their management of guilt and responsibility. In particular, the paper will illustrate how parents would often appeal to the understanding that suicide has a genetic basis in order to appease feelings of bad parenting. In contrast, siblings would resist such a route since ideas of genetics would connect them with suicidal tendencies. Thus, this paper shows the complex nature of suicide which is often embedded in narratives and counter-narratives.

James, V.
University of Nottingham

SOCIOLOGICAL AUDIT: THE CASE OF NEGOTIATED MUTUALITY IN EMOTION, TOUCH AND BODY DURING CERVICAL CHECKS

Audit is a linchpin of state service provision suggesting independent verification for purposes of efficiency, comparability, standardisation, transparency, competition and performance (Power 2000). On re-entry to clinical work, learning to become a practice nurse after years of lecturing, it became clear that on the ground, audit is commonly generated in a theory-free zone, despite clinical exhortations to improve care continuously through reflective practice (Johns and Freshwater 2005) and developing sociological theories of reflexive embodiment (Crossley 2006). Undertaking a paper-based audit of cervical checks for my own practice, I became increasingly aware of the gulf between the quality of the negotiated mutuality of an intimate and usually intrusive consultation ('I hate these') and the powerful systems associated with the numerical/clinical information collected to meet quality controls and financial incentives.

The idea of a 'sociological audit' provides the opportunity to incorporate diverse bodies of sociological literature (emotion, body/bodywork, agency, professions, technology, public health, stratification) into informing and questioning the nature of the consultation. Using the example of my practice of cervical screening, this paper focuses on two areas. The first critiques the purpose, application and rigour of 'sociological audit' as a form of applied sociology and distinguishes it from research and reflection. The second explores the insights such 'audit' might offer. Using emotion, touch and bodywork as reference points, it is suggested that the negotiated mutuality of the cervical check is an example of the subjective experience of duality (Giddens 1979).

Jones, K.S.   **University of Bristol**

"I'LL GET HER OUT OF THE FRIDGE". PARENTS PERSPECTIVES OF THE SUPPORT RECEIVED FOLLOWING THE DEATH OF THEIR BABY IN HOSPITAL.

It is widely assumed that the obstetric field in medicine is known as the 'happy' part of the hospital, where people deliver joy through the birth and cries of a healthy newborn baby. However, there is little to prepare parents for what can be an unexpected and devastating event which follows with the death of a baby as a result of stillbirth or a neonatal death. Yet the way health professionals care and support a parent can play an integral role in influencing the parent's experience of the death of their child at such a critical time by either constructing or deconstructing the identities of the parents and the baby (Gold, 2007; Lovell, 1997). This paper presents data from interviews and focus groups conducted as part of a research which explores parents' experiences of grief and loss following stillbirth and neonatal death. In particular, parents' experiences of the bereavement support received by professionals and the extent to which they were provided with agency in their grief are explored.

Kearney, P.J., Guerin, S.   **University College Cork**

HOLIDAY CAMPS FOR LIFE THREATENING CHILDHOOD ILLNESSES: RECOLLECTIONS OF A PIVOTAL SOCIAL EXPERIENCE

The ideal state of health is a harmony in which everything is in accord. We forget that a patient is not just sick but is excluded from the social world (Gadamer, 1966). Survivors of childhood cancer are less likely to be smokers, drink alcohol or use recreational drugs than their peers (Larcombe, Mott and Hunt, 2002). This seems a victory for prudence but a self imposed lifestyle of social exclusion persisting into adulthood is more likely.

The Hole in the Wall Gang Camps for seriously ill children were inspired by Paul Newman whose initial ambition was for a camp where sick children could forget about their hospital experiences. The camps earned a reputation for reinvigorating children apathetic from their illness and treatments. Individual and group interviews with adult alumni of camps in County Kildare and California sought to understand the impact of their experience up to eight years after camp. The interviews supported a previous study that the social structure of the camps was a rite of passage which facilitated status change. Mature recollections at interview confirmed the pivotal role of the camp experiences in their life trajectory. Close mentoring by revered councillors and experiences akin to flow and communitas appeared to mediate and facilitate personal transformation.

Sick children fall out of their place in life. The camps somehow realign their personality traits to their pre morbid well being. The change is recognised by their peers, their families and their health professionals. The pivotal experience is still evident several years after their last camp.

Kim, B.   **University of Oxford**

THE SOCIAL CONSTRUCTION OF DEATH AND DYING IN KOREA

This paper examines the nature of death and dying in South Korea. Specifically, it explores the ways in which social and cultural factors shape the typical Korean experience of dying, with a special emphasis on how Korea's strong traditions of ancestor worship influence the nature of death and bereavement. Drawing on an ethnographic fieldwork and rigorous literature review, the study seeks to answer the following questions: 1) Does ancestor worship help form the cultural script of dying in Korea? 2) To what extent does the belief in the mutual dependence between ancestors and descendants—which is established through funerary rites and other ritual services—determine a Korean definition of a "good death"? 3) Does the belief that there are people who would remember the patient even long after death affect the attitudes towards death and dying? 4) What is the meaning of death to family members, and does the faith that there is someone to remember affect their perceptions of the patient's death? 5) What role does ancestor worship play in shaping end-of-life care in Korea? The paper concludes with a consideration of policy implications that might improve the experience of dying and promote a good death in the broader Korean social context.

Klassen, A.L.   **University of Toronto**

LEVELS OF CONTACT AND ATTRIBUTION OF RESPONSIBILITY AS PREDICTORS OF THE DESIRE FOR SOCIAL DISTANCE FROM THE MENTALLY ILL.

The stigma of mental illness is a public health concern that demands our attention because of the impact that psychiatric labels have on the lives of people with mental illness. I will be analyzing 12 questions from the 2007 Alberta Survey, a random sample of 1200 adult Albertans. Using quantitative statistical methods, my analysis will evaluate whether the levels of contact and attributions of personal responsibility predict the variation in the desire for social distance (level of social rejection) from the mentally ill. The survey questions focused on how willing participants would be to interact with psychiatric patients in a variety of social situations as well as the endorsement of negative stereotypes associated with mental illness. The goals of my research are to explore the social psychological process that influence a discriminatory behavioural orientations and to identify conditions under which the stigma of mental illness can be exacerbated or alleviated. Since the stigma of mental illness continues to disadvantage people who have psychiatric diagnoses, this paper will provide valuable insights into how the dynamics of the stigma concept work in the general public. The results of this paper aspire to inform future anti-stigma researchers to take a closer look at the interconnected relationship between contact, attribution of responsibility, and social distance.

Lakeman, R.   **Dublin City University**

HAS ANYONE SEEN PADDY? MAKING SENSE OF SUDDEN DEATH IN THE HOMELESS SECTOR

Few groups experience such high levels of morbidity and mortality as the homeless. Those that work in the front-line delivering health, welfare and other services to homeless populations are likely to be confronted by the death of service users. Death may be intentioned (as in suicide), unintentioned (as in accidental overdose), the end point of some pathological process (as in liver or renal failure), entirely unexpected, and often violent. Working with populations with such high risk profiles for sudden death and direct or vicarious exposure to such traumatic events taxes the coping resources of frontline staff. This presentation presents some preliminary findings from a grounded theory study which explored how front line staff cope or deal with sudden death of those whom they aim to help. Particular emphasis is given to social processes people engage in to deal with death and to how discources around homelessness and addiction are drawn upon and reinforced through these processes.

Lannie, A., Barbour, R.S., Corlett, J.   **University of Dundee**

THE SOCIAL CONSTRUCTION OF OLDER PEOPLE WITH CANCER

This social constructionist study draws together two research strands within the sociology of health and illness: care of the older person and the experiences of cancer patients. Previous cancer research has identified that health care professionals may treat older people differently, perceiving them as having less power (Kearney et al., 2000); providing less information (Walker et al., 2004); offering fewer treatment options; and affording less access to specialist cancer care (Chouliara et al., 2004). This study seeks to illuminate how the social construction of the older person with cancer impacts on care in two contrasting care settings.

Purposive sampling has been employed to capture the diversity of both patient and health care professionals' perceptions and experiences of care in two settings (a general medical and a cancer ward). Semi-structured interviews have been conducted with patients and focus groups with professionals.

Comparisons (within and between groups) of patients' and health care professionals' accounts have highlighted the multiple perspectives and varying emphases accorded to issues such as knowledge and expectations of care; life stage; relationships; identity; and emotions. It is argued that the hospital serves as a 'half way house' for patients, allowing them to work through their emotions in a 'protected' environment. However, health care professionals had difficulty in addressing the future and managing 'hope'. Older people with cancer are often perceived as a homogenous group, rather than as people who have different perspectives and needs, and whose understanding is frequently more sophisticated than professionals acknowledge.

Lee Foon, W.

Royal Holloway University of London

PERCEPTIONS OF HEALTH AND ILLNESS AND ITS IMPACT ON THE HELP SEEKING BEHAVIOUR OF CANCER PATIENTS IN TRINIDAD AND TOBAGO.

Help seeking behaviour shapes our choices when utilising health care, it is the result of biomedical, social and cultural influences on an individual's perception of health and illness. Health care is continuously changing with advancement in medical technology, increasing numbers of traditional and alternative private care providers, and the changing role of the patient due to increasing availability of medical information. One such dynamic and complex area is cancer care. Help seeking is the first step on the pathway to diagnosis and treatment and in many cases impacts on a patient's chance of survival. Abundant research in developed countries of North America and Western Europe help us understand how patients utilise cancer care, but help seeking among cancer patients in developing countries require more investigation. This paper explores how the perceptions of health and illness held by the cancer patients in Trinidad and Tobago prior to diagnosis has played a critical role in the initial choices and patterns of help seeking behaviour. The paper examines the impact of the biomedical model on these patients' perceptions and definition of health and illness and how much of their help seeking behaviour is attributed to social and cultural influences that exist within their social settings. The paper is part of a PhD research that examines the experiences of 40 cancer patients in Trinidad; a developing island in the Caribbean, and the implications of help seeking on their choices and journey through cancer care in the public and private care systems.

Letherby, G. Stenhouse, E. Stephen, N. Millward, A.

University of Plymouth

BEING A PREGNANT WOMAN WITH DIABETES: JOYFUL EXPERIENCE OR WORRYING TIMES?

Women with pre-existing diabetes are at increased risk of adverse pregnancy outcomes. It has been suggested that women who are planning and become pregnant should, with their families, be given support and information to empower them to make choices and have a positive pregnancy and childbirth experience. But the theme of family support and in particular daughter/mother relationships with reference to pregnancy and diabetes has received limited attention. In this paper we report on data from a study focusing specifically on daughter/mother relationships in pregnancy and more generally on the significance of familial support for pregnant women with pre-existing diabetes*. In-depth qualitative interviews took place with 12 pregnant women with pre-existing diabetes and five of their mothers, two (male) partners and one father. The study was exploratory in nature and our aims were to consider what support pregnant women felt they needed and what support they received from their mothers and significant others; to discover policy and practice needs and to identify further research concerns. Here we focus on one theme from the data - that of pregnancy as a joyful experience or worrying time – and consider such issues as worries and concerns regarding the baby's and mother's health; hypervigilence and managing the process of being a diabetic pregnant woman; relationships with mothers and significant others and relationships with health professionals.

*The study was funded by Diabetes UK.

Lorimer, K., Benzeval, M., Gray, C.M., Hunt, K., Wyke, S., Anderson, A.   **Medical Research Council (MRC)**

PROVIDING WRITTEN FEEDBACK OF WEIGHT AND CHOLESTEROL MEASURES IN A LONGITUDINAL STUDY: EXPLORING THE METHODOLOGICAL IMPLICATIONS

Increasingly, general health studies, such as Biobank, are feeding back health data to respondents, more as a matter of pro tanto duty than as an intervention. However, there could be a consequential impact on respondents' health behaviours and health, and hence bias might be introduced to longitudinal studies. This important effect has rarely been studied.

The participants of the 'West of Scotland Twenty-07 Study: Health in the Community', a 20-year longitudinal study based in the Greater Glasgow area, received written feedback of some key physical measures (e.g. Body Mass Index and body fat composition) and blood results (e.g. cholesterol) after their fifth and most recent interview in 2007/8. The weight measures were put into context (e.g. '…this suggests you may be overweight'), as were the cholesterol results. We were concerned to assess firstly, how the results were understood by respondents, and secondly, whether the feedback letter acted as a form of unintended

'intervention' by having an impact on their health behaviour.

In-depth follow-up interviews (face-to-face and telephone) were carried out with 48 men and women, aged 35 or 55 years, categorised as having a normal, overweight or obese BMI result. The paper reports differences in understanding of measures and consequent health-behaviour. The extent to which this varies by gender, age and social background as well as weight history will be considered. The methodological implications to a longitudinal study will be discussed in light of findings.

MacDonald, S.,Macleod, U., Watt, G.   **University of Glasgow**

AN EXPLORATION OF LAY EPIDEMIOLOGY AND CANCER

Intro: Disease prevention via behavioural change is a challenging endeavour. There is widespread recognition that for behaviour to be better understood there is a need too to understand the context in which it occurs, and the beliefs that underpin it. 'Lay' epidemiology illustrates the sophistication of belief formation, the estimation of risk and consequently the potential motivation for behavioural choices.

Recent estimates suggest that as much as 70% of cancer is preventable by disease modification alone. It seems timely then to consider 'lay' beliefs about cancer, and to explore whether lay epidemiology holds any clues to a better understanding of beliefs about cancer. This study aimed to explore the role of 'lay epidemiology' in beliefs about cancer.

Method: A series of semi structured in-depth interviews with individuals in two communities in Glasgow, Scotland.

Findings: The complexity of the scheme described by Davison, where a wide range of sources of knowledge to inform beliefs resonates. Risk tended not to be accepted unconditionally. Even smoking was often met with caveats. Possible aetiological explanations included behavioural, environmental, biological and psychological factors. Candidacy, central to the lay epidemiology model, was not as unequivocal for cancer. Many 'anomalous cases' (those without obvious explanation) were proffered. Respondents searched beyond lifestyle factors to explain cancer events. Ultimately the randomness of cancer was emphasised.

Conclusion: Cancer is a more complex disease than CHD and this is reflected in the beliefs voiced by participants in this study.

MacKichan, F., Gooberman-Hill, R., Adamson, J.   **University of Bristol**

'IT'S JUST A WAY OF LIFE, THERE IS NO OTHER CHOICE': ACCEPTANCE AND CHRONIC PAIN IN OLDER AGE

Chronic, or persistent, pain is often intractable and can occur without identification of underlying pathology. Prevalence of chronic pain increases with age and older people face specific issues in the experience of pain and pain management, yet chronic illness in older age may be accepted and normalised. Existing research relating to older adults touches on the idea of acceptance of pain as a distinct concept; the literature on biographical disruption and continuity provide a useful framework for developing the concept.

This paper presents findings from the qualitative element of a mixed-methods study looking at the experience of chronic pain and health care for chronic pain in the community. Thirty-one in-depth interviews were conducted with older people (aged over 65) purposively recruited following a survey.

Informants discussed their views on the likely permanence of pain and its consequences. Acceptance was seen not as a choice but as a necessity, important in living a personally meaningful life. By focussing on the present, older people made efforts to preserve their future and avoid unwanted consequences of illness. Acceptance was viewed as neither an end point, nor as a static state. Interviews showed that it was contingent on many factors, including maintaining functioning.

These findings are discussed in the context of existing theory, notably relating to concepts around illness careers and ageing, such as biographical continuity, and recent discussions of 'acceptance'. Acceptance is also discussed in relation to 'patienthood', and the role of orthodox health care in constructing meaning in the illness experience.

Macvarish, J.   **University of Kent**

THE EFFECT OF RISK THINKING ON THE CONTEMPORARY CONSTRUCTION OF TEENAGE MOTHERHOOD

'Teenage mothers' have become an increasing focus for policy discussion and concern since the late 1990s. The teenage mother is constructed in policy as both 'at-risk' and 'risky'. Her offspring are similarly constructed as being at-risk from their mothers and posing a risk to the well-being of society. Engaging with health and social policy, risk society theories and critiques of teenage pregnancy policy, the paper argues that teenage pregnancy policy provides a useful case study for developing a better understanding of how risk is operationalised as a mode of social problematisation and for clarifying the rationale for intervention created by a risk framework.

The evidence base provided by policy to support the rationale for novel forms of intervention to prevent teenage pregnancy and shape the behaviour of potential and actual teenage parents is constituted of a number of categories of risk. The paper will discuss the different categories of risk identifiable in teenage pregnancy policy discourse. We can draw conclusions from this about the consequences of the risk agenda for the construction of people as subjects and for the way in which social problems are constructed. We can also see the expansion of health risk claims to include apparently non-physical phenomena and the expansion of risk claims to include future risks based on the predictive claims of behavioural economics.

Mallinson, S., Popay, J. **DHR, Lancaster University**

"THEY MIGHT BE SLEEPING PILLS – BUT I AM NOT SURE." HELP SEEKING, PRESCRIPTION DRUGS AND THE MANAGEMENT OF MENTAL DISTRESS.

In this paper we report some findings from the qualitative strand of a large epidemiological study on the progression of depression and anxiety in a community sample drawn from two ethnic groups (people of Pakistani family origin and people of white European family origin) living in an urban area in Northern England. The qualitative study aims were: to explore peoples' experiences of mental distress (anxiety and depression); to understand peoples' theories about cause and progression of their illnesses; to explore how theories about causality shaped the actions people had taken to address their problems; and to understand their experiences of help-seeking and support.

The focus of this paper is peoples' accounts of receiving medication for anxiety and depression. It will begin by exploring the accounts people gave of their help-seeking with GPs and their sense of agency and control when approaching primary care practitioners and during subsequent consultations. It will then focus on their accounts of using prescribed medicines over time. It will explore the stances people adopt in relation to their medication, how people describe everyday practices of medicine taking. Finally it will consider whether there are important differences in the way people from the two ethnic groups account for their use of medicines.

Mansfield, E., Eakin, J. **University of Toronto**

INJURY COMMEMORATIVES AND THE POLITICS OF PREVENTION IN OCCUPATIONAL HEALTH AND SAFETY: PROFESSIONAL AND VERNACULAR VOICES IN A YOUNG WORKER MEMORIAL CAMPAIGN

In public health, prevention is a fundamentally political process as both the selection of problems to be addressed and solutions recommended reflect decisions informed by economic, social and cultural forces. Yet prevention is often presented as an objective and scientific discourse that does not take sides. Increasingly, many prevention campaigns focus upon personal injury narratives or "true accounts" that serve both as a catalyst to build cross-institutional collaboration and as a strategy to mobilize public support for health and safety issues. While the use of true accounts is a recommended approach in the public health literature directed toward practitioners, the engagement of personal injury narratives in prevention campaigns has not been problematised and examined from a critical social theoretical perspective. Employing a case study approach, this qualitative research project investigated the socio-historical context in which the Canadian Young Worker LifeQuilt, an artifact and online memorial website, emerged as a key collaborative prevention awareness campaign centred upon personal injury commemoratives. In addition to the analysis of public documents, commemorative texts and young worker resources, interviews were conducted with key informants representing different sectoral interests involved in young worker safety. Since the Young Worker LifeQuilt involved both lay and professional participants from different sectors of Ontario's occupational health and safety system, the project provided an excellent opportunity to explore both the engagement of injury commemoratives in creating a unifying, collective narrative of collaborative prevention and alternative, vernacular accounts of worker fatalities that challenged the dominant narrative emphasizing "shared responsibility" for workplace safety.

Martin, G.P. **University of Nottingham**

THE THIRD SECTOR, PUBLIC PARTICIPATION AND PUBLIC SERVICE REFORM: TENSIONS IN THE GOVERNANCE OF MODERNISED PUBLIC SERVICES

Efforts to modernise public services in the UK, to improve their effectiveness, efficiency, and client-centredness, include various strategies. Two of these are increasing public participation in the design, delivery and evaluation of services, and an increased role for third-sector (not-for-profit) organisations in public-service governance and provision. Frequently, the third sector is seen as crucial in bringing service users' voices to bear on service provision. The literature, however, highlights certain tensions between the divergent roles of the third sector in the co-governance, co-management and co-production of public services. This paper adds to these findings with an analysis of the role of one particular third-sector organisation—Macmillan Cancer Support— in one particular field of public-service delivery—a programme of cancer-genetics services.

Drawing on longitudinal qualitative research, carried out over three years and involving ethnography, in-depth interviews and documentary analysis, the paper examines the challenges faced by Macmillan in supporting public participation in a process in which it also played other, potentially conflicting, roles. Considering the nature of the space Macmillan created for user involvement in the programme, the way in which it facilitated the contributions made by users to the development of the services, and its work in ensuring that these contributions were taken up by service providers, I examine how the organisation's conflicting roles played out. In particular, I highlight how a particular mode of user involvement emerged, which, while mediated by the tensions in Macmillan's role in the programme's governance, could not simply be characterised as distorted or managerialised.

McCourt, C., Acosta, L., Beake, S.   **Thames Valley University**

MIDWIVES' RESPONSES TO REFORM IN THE MODEL OF CARE: INSTITUTIONALISATION AND THE CHALLENGE OF ADJUSTMENT TO MORE AUTONOMOUS WORK ROLES.

There has been considerable discussion about the professional or quasi-professional status of midwives, and historians have discussed how medicalisation of care and shifts to birth in hospital in the 20th century undermined midwives' roles and autonomy. The Changing Childbirth in 1993 in the UK was heralded (or criticised) at the time as being a charter for midwives. However, attempts to reform care through changing models of midwifery practice were piecemeal and tentative, and met opposition from midwives as much as from other professionals. Writers such as Kirkham have argued that midwives show characteristics of an oppressed group, while Hunter and Deery suggest that emotional labour in midwifery is largely around professional relationships and tensions, rather than the demands of childbirth per-se. This paper will discuss findings from a recent study of the implementation of caseload midwifery teams within a UK teaching hospital, which included a cohort-based analysis of clinical outcomes, interviews with women receiving care and with midwives involved in providing it. All caseload midwives, plus a purposive sample of midwives working in the pre-established hospital and community teams were interviewed. Thematic analysis indicated that, although caseload midwives valued their greater autonomy highly, and the relationships with women that were facilitated by greater continuity of care, they experienced challenges adjusting to requirements of professional autonomy, such as management, decision-making peer communication and support. These findings will be discussed with reference to theories of professions, institutionalisation and power, to consider how reforms in care can be supported and sustained.

| **Friday 4th September 2009** | **10:45 – 11:15** |
| Inequalities | Renold F5 |

McGovern, P.   **Salford University**

BOURDIEU AND IDEOLOGICAL STATE APPARATUS IN HEALTH PROMOTION PRACTICE

In this presentation, I want to explore the use of critical theory to extend and add depth to Bourdieu's concepts of objectified and institutional capital within the field of community health promotion. Retaining a materialist perspective on power relations in which social agents dominate by using resources deployed in a field of play, it is intended to examine the way in which markers of reified power such as qualifications, titles and buildings are used as resources. Ideological state apparatus (Althusser, 1984) that relates to health will be mapped. The process of translation of this state power to the level of agents of the local Primary Care Trust and university who interact with key members of a self-help group for people with chronic disease will be explored. The aim of the presentation is to assess the extent to which small and relatively powerless health-based voluntary groups can remain independent from large and powerful organisations in the field of community health promotion that seek to impose their own agendas on such groups.

| **Friday 4th September 2009** | **10:45 – 11:15** |
| Reproductive and Sexual Health | Renold H2 |

McKnight, U.   **University of London**

'MESSINESS IN PRACTICE': HIV POSITIVE PREGNANT WOMEN'S MOVEMENT THROUGH AN ANTENATAL CLINIC.

This paper is based on preliminary findings from a PhD research project that examines the way that knowledge of HIV, the subjective experiences and 'performances' of being HIV positive during pregnancy are conceptualised and acted out within an antenatal clinic. This research is equally concerned with the way in which caring for these patients is understood and processed by healthcare providers. Of principle concern in this study is what HIV 'is' and what it 'does' in the context of the clinic and the technologies that are used in order for HIV to be evidenced and acted upon in this environment. The paper will describe the processing of a patient from the perspective of a multi-disciplinary team of healthcare providers as well as their patients'. The analysis will highlight the 'messiness' that is an inherent part of the treatment of HIV in pregnancy. This 'messiness' stems from conflicts of interest at legal, social, cultural, medical, personal and interpersonal levels. This in turn, will shed light on how these conflicts are not containable and not necessarily constructed within the clinic.

This is an ethnographic study that draws upon theories of Performativity, utilising semi-structured interviews with patients and HIV specialist health care providers. It also includes observations of a specialist antenatal clinic in London, in order to address the research concerns.

This paper seeks to contribute to the field of Medical Sociology by widening our understanding of the complexities inherent in both being HIV positive and pregnant and in treating HIV during pregnancy.

McLeod, K.   **University of Melbourne**

USING AUTO-PHOTOGRAPHY AND INTERVIEWS TO EXPLORE CONSUMERS' EXPERIENCES OF ANTIDEPRESSANT USE

Since 1990 there has been a dramatic increase in the prescribing of antidepressants in many industrialised countries. Sociologists have developed a body of literature around consumers' experiences of antidepressants. The bulk of these studies have collected data using qualitative interviews. This paper reports on a research project that used both visual and verbal forms of data collection to expand how consumers' experiences of antidepressant use are investigated. In the initial interview, eight research participants told a story about how their well-being may or may not have changed during a time period of their choosing, and their experiences of taking an antidepressant in this context. They then selected some points in time from their story to represent photographically, with each participant generating on average 8 photographs. An additional interview was conducted to discuss what the participants intended to show in the photos. The data will be used to illustrate comparisons and contrasts between how research participants storied their experiences in the initial interview and then in the narratives accompanying the photographs they had taken. This paper argues using multiple forms data collection can resonate with different registers or dimensions of experience, which when considered together, provide greater insight into research participants' experiences of antidepressants. As such, this project is an example of how using visual and verbal research methods in sociological empirical research can enhance the richness of the data collected.

Melby, L.

COPING WITH THE UNFORESEEN: A STUDY OF OPERATING NURSES' COORDINATION WORK

This paper looks into the organisation and coordination of health personnel, resources and information in surgical work. Many studies have explored the internal organisation of work in operating theatres. As part of a large IT research- and development project we study how operating nurses participate in organising, facilitating and coordinating surgical work across the borders of the operating theatre.

One empirical case in the project is the surgical department in a Norwegian university hospital. In this paper we report from our initial field work, including data from participant observations and semi-structured interviews with a range of actors in the hospital. We explore some specific features of surgical work by focusing on health personnel's use of coordinative artefacts/coordinative actions and their communication practices. The concept of 'awareness' is central in our interpretations of findings.

Coordination is a major task in hospital, and thus there exist quite well-functioning systems to support coordination today. However, in order to function properly the systems are dependant on health personnel performing their jobs in an adequate manner within these formal frames. The paper explains how nurses flexibly operate within these frames. Our preliminary results indicate operating nurses using a twofold strategy; a 'passive' strategy, working from the idea that 'as long as you don't hear anything, everything goes according to schedule'. Opposite we find a strategy where nurses are actively pursuing tasks, e.g. information seeking. Both strategies are heavily depending on a well developed sense of awareness for other people's/systems actions or 'non-actions'.

Moharana, K.   **Indian Institute Of Technology**

DISPLACEMENT, RESETTLEMENT, AND MENTAL HEALTH: THE CASE OF HO TRIBE IN EASTERN INDIA.

In India pro-industrialization policies of both the Union and the State Governments in various states have triggered massive industrialization through out the country. Incidentally most of the places where industries are being established are the area where most of the small scale societies live. The Sukinda region in the Orissa state of India is witnessing such a massive developmental process. The Hos are an indigenous community inhabiting the Sukinda region of Orissa as well as several other Indian states like Jharkhand, West Bengal and Assam. Industrialization and the consequent development in the region has immense impact on the Hos of Orissa including their economy, social system, belief system as well as the Ho indigenous system of health and illness. The Ho medical system is heavily based on surrounding nature, super natural beings and belief system. The contemporary industrialization, displacement, and anti-displacement movements have surfaced many latent issues including the Hos' migrant status in the region. The paper is an attempt to analyze displacement and migration in Hos'life in the context of mental health and illness. The research shows that the contemporary development, with its specific agents like displacement and resettlement, is acting as an incompatible force affecting negatively to the Ho mental health. Methodology used for the research involved participant observation, interviews and structured questionnaires. For analysis of the data statistical techniques were applied. The paper can give an empirical insight to the social nature of mental health and illness which can ultimately help health policy makers for successful intervention.

Moore, L., Paterson, C., Britten, N.
Universities of Exeter and Plymouth

A PRESENTATION OF A MODEL OF SELF-MANAGEMENT FOR CHRONIC ILLNESS

Government health policy promotes patient self-management of chronic disease through nurse led clinics in primary care and initiatives such as the Expert Patient Programme. This policy is based on the premise that the public actively desire independence, choice and control over their health. However, although patients have reported benefits, researchers have also concluded that there is a fragmented approach by professionals and an inconsistent uptake from patients, particularly the older members of society. This paper presents a completed piece of work that forms the first stages of a PhD, incorporating a literature review and a mind mapping exercise culminating in the development of a model for self-management. This model highlights four specific concepts including active, responsible, efficacious and competent which in turn appear to embody specific expectations about the mental, physical and social capacity of an individual and a set of attributes required for successful participation. Involvement in self-management also appears to emphasise a moral obligation to maintain health and manage illness in order to benefit both the individual and society. However, the self-management agenda may be more suited to 'a white, middle class, younger, female and better educated' individual (King's Fund 2005). Moreover, despite Newbould et al (2006) warning against 'normative statements about what patients should do', patients may be held culpable for failing to achieve the required norms.

Morris, R.L., Kennedy, A., Rogers, A, Sanders,

CO-MORBIDITY: THE LAY EXPERIENCES OF LIVING WITH MORE THAN ONE CHRONIC CONDITION IN THE NORTH WEST OF ENGLAND

Previous sociological research of chronic illness experience has often focused on single conditions despite increasing prevalence of multiple chronic conditions. The latter is of growing relevance given that contemporary policy and medical practice places increasing salience on optimal management of co-morbid conditions. Based on analysis of illness narratives, this paper explores how patients manage daily life with multiple conditions. The research is part of a PhD study using a longitudinal qualitative design with face to face in-depth interviews and telephone follow-ups. Participants were recruited during a larger study which identified individuals with the primary condition of diabetes, chronic obstructive pulmonary disease (COPD) and irritable bowel syndrome (IBS). Of 30 people interviewed (15 with diabetes; 8 with IBS; 7 with COPD), 19 had at least one co-morbid condition ranging from rheumatoid arthritis, multiple sclerosis, epilepsy, chronic depression, tendonitis and ischemic heart disease. Analysis demonstrates how respondents commonly depict a dynamic foregrounding of one condition over another, shifting between states of wellness and illness over the course of their illness trajectories. The data also suggests respondents' illness and social identities are multiple, complex and contingent and the threat of social disenfranchisement appears in constant tension with the burden of managing multiple co-morbid illness activities. The importance of understanding the effects of co-morbidity on 'illness work' and how this varies over time will be explored. The latter holds particular implications for interventions aiming to support self-care that have tended to reflect a static model of illness management based on a clear 'index' condition.

Moth, R.
University of Birmingham

AN ETHNOGRAPHIC STUDY OF MODELS OF MENTAL DISTRESS WITHIN A COMMUNITY MENTAL HEALTH TEAM: LEARNING FROM THE PILOT STUDY

UK statutory mental health services are undergoing rapid change, with new professional roles, an increasing profile for service user involvement, and a shift from medical to more integrated concepts of mental health amongst the most prominent features. This paper will give an account of a pilot study for PhD research that aimed to explore the effects of this shifting service landscape on the conceptualisations of mental distress utilised and articulated by practitioners and service users. It will include both empirical and methodological reflections drawn from a seven-week ethnographic study of a community mental health team. At the empirical level, the study indicated the extent of the managerialist reshaping of practice through, inter alia, generic roles and performance indicators, and identified the persistence of interprofessional tensions related to differing conceptual frameworks for understanding distress. These processes are invoking practitioner resistance through retrenchment to specific professional identities, but amongst some newer practitioners decreasing hostility to generic tasks is also apparent. At the methodological level, the study prompted reflection on issues of identity in the field, access and power relations and their implications for data collection. These dimensions highlighted a number of challenges, including the need to carefully navigate interprofessional sensitivities and hierarchical power relations. In particular, the researcher's identity as a social worker (in relation to nurses) and practitioner-researcher (in relation to managers) proved constraining in terms of the social spaces that were accessible, but critical reflection on this nonetheless enabled illumination of the field in helpful ways.

Mullen, K., Agnihotri, A.   **University of Glasgow**

YOUNG MEN'S EXPERIENCES AND REASONS FOR DROPOUT FROM ALCOHOL TREATMENT PROGRAMMES

In the UK 50% of violent crimes and 65% of attempted suicides are linked to alcohol. However in terms of cure for alcohol related problems there is a high dropout rate among young male clients in Scotland's Alcohol Treatment Units. Our qualitative study looks at this issue from a clients' perspective. A series of 20 in-depth interviews with male clients, between the ages of 16 and 30; from the North and East Glasgow Addiction Services; were completed, transcribed and analysed. This paper considers their history of alcohol consumption up to their initial contact with services and the eventual outcome. The primary themes coming through from the study are as follows: issues of boredom and its dangers for relapse; the need to find a structure to the day; and the importance of services which try to provide a home or job for young men with alcohol problems. Secondary themes are: the need for services to be in the right place and at the right time; sanctioning by others, particularly family members, to get them in touch with services; the importance of trust between the client and the person responsible for their treatment; and their wish to be treated along with the same age group. Our findings will be beneficial to customise existing services and help towards designing new initiatives for this group of young men who are in danger of developing alcohol problems.

Nazroo, J., McMunn, A., Sacker, A.   **University of Manchester**

HEALTH INEQUALITIES IN LATER LIFE: AN EXAMINATION OF THE ENDURING SIGNIFICANCE OF CLASS

The consideration of class inequalities in health has largely been framed within epidemiological discussions of psychosocial and neo-material explanations for social gradients in health, with little engagement with sociological approaches to the analysis of class and processes of social stratification. Within this work, the focus on class as labour relations (operationalised through occupation) has meant that people of working age have been the main focus of research and that causal pathways between class and health in the context of later life have not been considered. In this paper we investigate class inequalities in health in later life using data from the English Longitudinal Study of Ageing, a representative panel study of more than 11,000 people aged 50 or older. Data have been collected every two years since 2002 and cover a comprehensive range of domains, allowing for an analysis of causal pathways connecting class and health at older ages. We use path analysis to focus on hypothesised pathways operating through material circumstances (operationalised as wealth) and psychosocial factors (operationalised as subjective social status and social roles) in relation to three health outcomes (self-reported health, activities of daily living and walking speed). Findings suggest that both pathways are important for class inequalities in health, and that subjective social status connects, in part, these pathways. But as subjective social status reflects more than occupational status and economic position, the implication is that there is a need to consider processes of class stratification beyond labour relations.

Nee, J.   **University College Dublin**

A RANDOMISED CONTROLLED TRIAL OF SUPPORTED SOCIALISATION FOR PERSONS WITH SERIOUS MENTAL ILLNESS: A REPORT OF INITIAL QUALITATIVE FINDINGS

In the United States, recent research indicates that the health care and psychosocial needs of older people who have a serious mental illness (SMI) have been neglected by research and clinical services despite the fact that this population is expanding rapidly and is particularly vulnerable to high levels of morbidity, disability, institutionalisation and early mortality. This population of mental health consumers often experiences medical and psychosocial challenges, which includes social functioning, community living skills and medical co-morbidity. Supported socialisation is a befriending approach which, as defined by Larry Davidson and his colleagues, involves facilitating caring, reciprocal relationships, structured opportunities and supports for people who have a psychiatric disability in order to enable them to participate in community life and to see that they have something of value to offer others. Increasingly, the literature on mental health, well being and recovery has emphasised that enhanced individual agency is fundamental in addressing the disparity in power experienced by persons who have a psychiatric disability and should entail a combination of approaches including those that facilitate direct participation. In this paper, the initial qualitative findings of a study being conducted in Ireland, entitled "A Randomised Controlled Trial (RCT) of Supported Socialisation for Persons with Serious Mental Illness", will be reported. The purpose of this RCT is to address issues that pose challenges for community integration for persons who have a SMI, e.g. social isolation and loneliness. The qualitative findings are based on observations, informal interviews and the diary entries of participants and volunteers.

Nettleton, S., Neale, J. and Pickering, L.   **University of York**

"I DON'T THINK THERE'S MUCH OF A RATIONAL MIND IN A DRUG ADDICT": PRELIMINARY OBSERVATIONS FROM A STUDY OF RECOVERING HEROIN USERS.

Much of the sociological literature on recovery from illicit drug use has been located within the symbolic interactionist tradition. Empirical work has revealed the salience of the self and social identity for the recovery process, providing important insights into the ways in which recovering users come to see their selves as damaged and so seek to restore or establish 'acceptable' identities. The focus upon identity work and actors' meanings, interpretations, and cognition is important, however what tends to be absent is any consideration of ex/users' bodies. The aim of this paper therefore is to focus upon the embodied aspects of recovery from drug use and thereby call for a conceptual realignment between mind and body. Remarkably, given drug use is such an embodied activity, the sociological literature on the body has paid scant attention to illicit drug use. Nevertheless it does provide a number of conceptual tools which may be deployed as 'sensitising concepts' and serve as a useful steer to bring the body back into the analysis of recovering drug use. Reporting preliminary findings from an ongoing ESRC funded qualitative study of recovering heroin users in England, we deploy Leder's notion of the 'dys/appearing body' to try to make sense of the recovering users accounts of some illustrative embodied experiences such as: emotions, cravings, eating, and hygiene.

Nicholls, S.G.   **Lancaster University**

"TO ME IT WAS JUST ONE THING THAT HAPPENED": PARENTAL CONSENT AND NEWBORN BLOODSPOT SCREENING.

Despite a national programme of newborn bloodspot screening (NBS) being in place since 1969, and operating under a model of informed consent, research has tended to focus on technical knowledge not on how parental decisions are made. This paper presents research investigating parental experiences of NBS with a particular focus on perceptions of choice and notions of informed consent. Parents were identified and recruited through the Merseyside and Cheshire regional screening laboratory, Sure Start Centres and branches of the National Childbirth Trust. Snowballing was then used to identify further parents. Transcribed interviews were coded and drawn together into a thematic analysis. Parents often reported the procedure as being presented as routine rather than optional. Despite a lack of technical knowledge many parents felt they were sufficiently informed of the implications, and in many cases accepted on the basis of trust in professionals and the NHS. These findings suggest that notions of informed consent, with patients requiring technical knowledge of the procedure and basing decisions on this, are not being met. For some these details are not necessarily important and they feel sufficiently informed without specifics. This may well suggest that a reconsideration of constitutes an informed consent is required when considering parental decisions regarding newborn screening.

O'Donnell, T.   **Leeds Metropolitan University**

"IT'S NOT ABOUT BLOODY IMAGE!" THE INVISIBILITY OF OTHER ACCOUNTS OF ANOREXIA NERVOSA.

Fleck's concepts of thought collectives and thought styles, are used to critically explore constructions of restricting anorexia nervosa [AN] as presented in various specialist, 'expert'/'activist' patient and popular texts. For Fleck, thought collectives constitute a knowledge community made up of a small, inner coterie of specialists [the esoteric circle] surrounded by a bigger, exoteric grouping containing a mix of general specialists and lay people. Ideas and understandings circulate between the two circles to generate established knowledge in which uncertainties and caveats expressed in the esoteric circle are replaced by a more sure and consensual account of how a problem is to be understood and tackled. Understandings flow from the exoteric to the esoteric circle as well as in the other direction. The peer-reviewed literature on the restricting sub-type of AN shows a lack of consensus about the nature of the condition and a good deal of variation in clinical treatment practice. In particular, there are differing perspectives on the aetiological role of body image and the meanings attached to weight loss and management. There is a congruence between the independent accounts produced by people with personal experience of restricting AN and specialist studies which are informed by probing experiential knowledge. However, the orthodox body image and thin ideal accounts expressed by most of those making up the exoteric circle may be blocking experiential voices whilst contributing to a moral panic about 'body image' that may be distorting public health policy and practice in relation to both treatment and prevention.

Ocloo, J.   **King's College London**

HARMED PATIENTS GAINING VOICE: CHALLENGING DOMINANT PERSPECTIVES IN THE CONSTRUCTION OF MEDICAL HARM AND PATIENT SAFETY REFORMS.

There is now widespread acknowledgement that patient safety is a central issue in healthcare. Although there is more accurate information on NHS hospitals than on primary care or the private sector, the available evidence on adverse incidents shows that avoidable medical harm is a major concern. This paper looks at the occurrence of medical harm and argues that in the construction of a new patient safety culture, it is important to be aware of alternative narratives on the issues from harmed patients and self-help groups. These perspectives frequently contest the way in which dominant perspectives put forward by the medical profession, the state and big business have shaped the debate in their own interests. Drawing upon research with harmed patients', this paper suggests that a broader conceptual framework is needed for addressing the medical and social processes involved in medical harm, that also deal with the issue of the exclusion of harmed patients from the debate and in their identifying solutions to the issues.

Olin Lauritzen, S.   **Stockholm University**

MAKING SENSE OF BEING AT RISK. WOMEN'S EXPERIENCES OF ULTRASOUND SCREENING FOR DOWN SYNDROME

Development in medical technology through the recent decades has created new possibilities to detect deviance from normality and new states of 'being-at-risk'. The introduction of new medical technologies as routine or large-scale practices in health care will confront an increasing number people, patients as well as practitioners, with new information about the body, new choices and decisions to be taken. One example is the ultrasound screening of pregnant women in the first months of the pregnancy to detect foetuses with an increased risk of Down syndrome, the nuchal translucency screening. In contrast to most other screening targets, this chromosomal abnormality has no other 'treatment' than selective abortion, which is not consider an option by all women. As this screening technology is rapidly becoming part of routine clinical practice in maternity health care, it is of interest to explore how the outcome of the screening is understood and experienced by pregnant women. In this paper, I will draw on an interview study with women who received a false positive result after nuchal translucency screening, indicating that they were at high risk of carrying a baby with Down syndrome. The women's ways of making sense of the high-risk information and how the screening experiences intervened into their lives through their pregnancies will be discussed.

Ohlsson, R.   **Stockholm University, Sweden**

SHARED UNDERSTANDINGS OF MENTAL ILLNESS IN FOCUS GROUP DISCOURSE: THE DIALOGICALITY OF SOCIAL REPRESENTATIONS

The paper presents results from a focus group study with participants recruited from self-help groups of Swedish mental health consumer run organisations. The group discourse on mental health problems (mainly depression and anxiety) are analysed in terms of 'social representation' of these problems and the persons who suffers from them. The discussion focuses on how locally produced shared understandings by people with experiences of mental health problems are related to other perspectives in society; i.e. how self-help groups construct their knowledge in relation to stigmatizing perspectives of others. The groups social representation of mental illness and the ill is regarded as situated constructive work which is contextualised within dialogical relations on different levels: the interactional context of the focus group, the self-help group and consumer run organization as communities, and the 'argumentative context' of alternative perspectives in society (such as the perspectives of health care professionals and the general public). The conclusions are mainly theoretical and concern how to conceptualise social knowledge in terms of (relatively stable) resources and situated representations. It is suggested that social representations can be conceptualised as a dialogical phenomenon: that sociocultural resources drawn upon in representational work can be regarded as 'meaning potentials' which are actualised in discourse guided by shared 'communicative projects' of a rhetorical and argumentative nature.

Östberg, V., Modin, B., Almquist, Y. **Stockholm University**

SOCIAL STANDING IN SCHOOL AND LONG-TERM HEALTH CONSEQUENCES. FINDINGS FROM THE ABERDEEN AND STOCKHOLM BIRTH COHORT STUDIES

In the class room a status distribution typically develops. It is likely to correspond to differences in personal characteristics, including behaviours and competencies, and to generate a differential distribution of perceived expectations, treatment, resources and emotions. We argue that these phenomena constitute parts in a developmental process which, through mediators such as self-view and subsequent life choices, may affect adult health. The purpose of this paper is three-fold. First, status hierarchies in school classes per see will be focused on with the aim to explore the shape and variation among status distributions. Second, we ask if the social status of the family is relevant for the status assignment process, i.e. whether or not a linkage between social class and peer status exists. Finally, does peer status seem to have any long term psychological health implications?

Data was derived from two large data sets, i.e. the Aberdeen (n=12,150) and the Stockholm (n=15,117) birth cohort studies. The individuals were born in the 1950s, peer status nominations collected in the 1960s, and information on psychological health problems in middle age (i.e. self-reported psychological distress in the Aberdeen cohort, and hospital admissions for psychiatric disease in the Stockholm cohort). The results indicate that status distributions within school classes are a general phenomenon, existing with similar shape and size in the city of Stockholm and the city of Aberdeen. Furthermore, the social status of the family was related to the child's peer status in school. In turn, peer status was associated with future psychological health problems. Lower status involved an increased risk of psychiatric diseases in the Stockholm cohort, and an increased risk of self-reported psychological distress in the Aberdeen cohort, particularly among men.

Palmer, D. **University of Kent**

"HAVING COFFEE IS MORE THAN A POINT OF GET TOGETHER". EXPLORING CARE AND COMMUNITY IN IMPROVING MENTAL DISTRESS AMONG ETHIOPIANS IN LONDON.

The stresses and challenges at different stages of the migration process can lead to psychological distress and physical ailments. Studies have indicated that among the potential predisposing factors for mental ill health issues in forced migrants are: separation from family and friends, language difficulties, obtaining accommodation, a hostile host community, unemployment, suffering prior to exile, and unknown cultural traditions. This paper is based on the collection and analysis of oral testimonies of Ethiopian forced migrants residing in London. The testimonies, which are part of a wider PhD study, provide unique insights into the ways in which Ethiopians in London attempt to deal with disjuncture and displacement, resettlement, issues of place and mental distress. This paper will focus on one aspect of the study: the role of the traditional Ethiopian coffee ceremony and coffee gatherings. These events in exile create a space for dialogue, care and community to emerge often with individuals who are socially, culturally, practically and emotionally isolated. Support and community was found to foster changes in self and behaviours. The gatherings and the enacting of the coffee ceremony serve as a metaphorical lens helping us explore concepts of 'mental illness' and provides a deeper understanding of how health and well-being is dealt with in and by the community. These findings are placed within the context of the structures and organisations of the UK mental health system.

Pearson, M., Coomber, R. **Peninsula Medical School**

FRAMEWORKS TO INFORM THE 'TRANSFERABILITY' OF FINDINGS IN SYSTEMATIC REVIEWS: A CASE STUDY FROM SUBSTANCE MISUSE

Systematic reviews endeavour to provide comprehensive syntheses of policy-relevant knowledge, but risk falling short of this goal because of the difficulties of synthesising rigorous evidence in a way that facilitates its judicious application in other contexts. This presentation critically reflects upon participant-observation of a systematic review in the field of substance misuse. Two key themes regarding systematic review methods are identified:

1) An emphasis upon methodological rigour in the included studies risks producing an evidence-base that focuses upon short-term interventions at the level of the individual rather than one that takes appropriate account of the wider determinants of health.

2) The absence of a framework to inform the judgements that are made regarding transferring review findings from one context to another results in ad hoc decisions being made.

Critical reflection upon the implicit frameworks used in designing the search strategy, inclusion criteria and method of evidence synthesis in a systematic review, as well as the judgements made by those using the review to inform policy-making, can help to address these issues. Using the example of the systematic review in the case study, we provide an overview of how two innovative SR methods (meta-ethnography and realist synthesis) can be of great use in developing and clarifying the frameworks used in a systematic review of a health issue. Testing these methods in a range of health fields is vital if we are to better understand how they can inform systematic review methods that are critical, rigorous and genuinely inform judgements about 'transferability'.

Phellas, C.   **University of Nicosia**

THE SOCIAL IMPACT OF HIV: THE CASE OF HIV-POSITIVE PEOPLE LIVING IN CYPRUS

Objectives: This paper examines some of the key sexual, cultural, social & psychological concepts and factors that may shape the needs of HIV people. Accounts of the daily lives and experiences provided by HIV people living in Cyprus are examined and in the light of this analysis an attempt is made to explore the social impact of HIV and its major consequences on their everyday life: managing the secret, mobilizing resources and constructing hope. Design & Method: A combination of Quantitative (Closed Questionnaires) and Qualitative (In-depth Interviews/Focus-Groups) methods. This empirical study focuses on a sample of 100 people living with HIV/AIDS in Cyprus.

Results: The personal accounts of these people demonstrate that asking people to describe their needs is not an easy process. The acknowledgement of personal (sexual, social & psychological) needs may at times be difficult or even painful. Needs could also be subjective and often are differently constructed, defined and expressed by individuals at different places and times.
Conclusions: The impact of ant?-HIV combination therapy on the needs of people living with HIV has been shaped both by changes in their health and everyday lives. A gradual shift has taken place, away from short-term needs and the possibilities of illness, to needs defined by the long-term survival and the possibilities of health. The findings of this research may offer a better understanding in the decision-making process of HIV service providers and service commissioners. The implications of these results as adopted by the sociology of illness will be discussed.

Phibbs, S.   **Massey University, New Zealand**

HEALTH: TOWARDS A MULTI-DISCIPLINARY PERSPECTIVE

Qualitative research in the health sciences tends to be influenced by the quasi positivism that was developed in relation to 'classical' or 'objectivist' grounded theory method (Schneider, Elliott, LoBiondo-Wood & Haber, 2003) in which a 'hypothesis' is developed and tested through systematic inquiry (LoBiondo-Wood & Haber, 2002). Qualitative research methodologies within health, such as phenomenology and discourse analysis, are adapted in order to fit into this model. Crotty (1996), for example, is critical of the meticulous development of 'step-by-step methods of inquiry and analysis' in nursing approaches to phenomenological research. More recently, Powers (2001) has developed a systematic template for doing a Foucauldian discourse analysis that is aimed at post-graduate nursing scholars. This literature in turn shapes how researchers in health develop proposals, use methodologies and present findings. One consequence of this modification is that qualitative researchers sometimes struggle to extend the analysis of their research beyond thematic description of their interview material (Caelli, Ray & Mill, 2003). Social life is 'storied', the networks through which subjectivities are constituted may be traced through narrativity (Somers, 1992; 1994). Narrativity may be thought of as stories and action in relation to times, selves and settings. Bringing together Somers' work on narrativity with some of the key tenets of narrative analysis, and using exemplars from original research to illustrate, this presentation considers a range of theories and techniques that people working in health sciences, and related disciplines, may find useful in developing innovative approaches to shaping the analysis of their research.

Pickersgill, M. D.   **University of Edinburgh**

WHEN A PROMISE ISN'T A PROMISE: AMBIVALENT EXPECTATIONS AND THE TRANSLATION OF NEUROSCIENCE INTO CLINICAL PRACTICE

Neuroscience research into mental health commands generous funding from both public and charitable sources, in the UK and internationally. Commonly, this expenditure is justified by the promise of neuroscience to enhance the therapeutic practices of psychiatrists – brain research is construed as likely to translate unproblematically from laboratory to clinic, and improve the treatment and lives of patients. As work in what has been called the 'sociology of expectations' has shown, the construction of therapeutic promise is evident in many branches of biomedicine. These expectations mobilise actors, institutions and capital, helping to bring into existence the futures they purport to anticipate.

This paper is concerned with expectations in an area of biomedicine where promissory discourse have not (yet) materialised into new, concrete treatment practices. It focuses on the expectations advanced by clinicians specialising in the psychiatric category personality pisorder, and researchers investigating its neurobiology. Contrasting interview accounts with the more effusive claims of funders, the paper discusses the respondents' ambivalent expectations regarding the therapeutic promise of brain research. In particular, it draws attention to claims that neuroscience will lead, if anything, to better psychological therapies, rather than drug treatments. The paper thus analyses how neurologic conceptions of psychiatric disorder become attached to, and recombine with, psychosocial models of psychopathologies, and explores how ambivalent discourse is structured, in part, by the perceived material realities of personality disorder. In sum, the paper casts fresh light on the relationships between scientific research and clinical practice, and generates new insights into the sociology of expectations.

Pilnick, A., Clegg, J., Murphy, E., Almack, K.   **University of Nottingham**

BEING SELFISH FOR MY OWN SAKE": BALANCING VIEWS OF YOUNG ADULTS WITH INTELLECTUAL DISABILITIES AND THEIR CARERS IN TRANSITION PLANNING.

In contrast to other forms of family caregiving, becoming the parent or carer of a child with an intellectual disability implies an ongoing responsibility beyond the attainment of chronological adulthood (Meyes et al 1985; Todd and Shearn 1996). At the same time, a discourse of self-determination pervades policy around transition to adult services in intellectual disability (Valuing People 2001). In this paper we present a subset of data from a wider project which aimed to examine how the process of transition from child to adult services in intellectual disability is managed. We use data from 8 tape-recorded meetings in which transitions were planned and discussed to examine what happens when the views of the parent /carer and the young person are in apparent conflict. There is a growing body of interactional work in the field of intellectual disability (e.g. Rapley 2004; Finlay, Antaki and Walton 2008), and drawing on this we use conversation analysis to examine how professionals manage and negotiate this conflict and how some points of view or courses of action ultimately prevail over others. While the discourse of self-determination may prevail in policy terms, we show how the fact that parents or carers ultimately have a key role in enabling the choices of the young person has a significant impact on these interactions. Staff must therefore attempt to negotiate parental involvement while maintaining an orientation to the discourse of self-determination.

Pollock, K., Moghaddam, N., Cox, K., Wilson, E., Howard, P.   **University of Nottingham**

EXPLORING PATIENTS' EXPERIENCE OF RECEIVING INFORMATION ABOUT CANCER, A COMPARISON OF INTERVIEW AND QUESTIONNAIRE METHODS OF DATA COLLECTION

Patient information is widely regarded both as a resource and an entitlement: a means of 'empowering' patients to behave as 'consumers' of health care. Patient 'satisfaction' has come to be regarded as an important outcome of care, and is usually assessed by simple self- completion questionnaires. This paper presents qualitative interview data regarding the experience of patient information provision and the results of a self completed information satisfaction questionnaire (ISQ) among patients and carers affected by cancer. It considers the implications of the differences between these both for service evaluation and current policy implementation promoting patients as informed and expert consumers of health care. The study findings contribute to growing evidence that the high rate of patients' expressed satisfaction with different aspects of service provision as indicated by structured questionnaire responses is largely an artefact of the method of data collection. Accounts of negative experiences were common, but did not translate into expressed criticism or recorded dissatisfaction. The diversity of patients' extended experience of diagnosis and treatment within a complex system of health care cannot be captured within the highly circumscribed and professionally oriented framework of simple audit tools such as the ISQ. Especially in the face of serious and life-threatening illness, professional constructs such as 'information delivery', 'satisfaction' and 'shared decision making' have little resonance for many patients, who prefer to trust in professional expertise and to eschew the acquisition of specialist knowledge and active involvement in decisions about health care.

Polzer, J. Knabe, S.   **University of Western Ontario**

IN/FORMING CITIZENS: REPRESENTATIONS OF RISK, RESPONSIBILITY AND FEMALE SEXUALITY IN MEDIA DISCOURSES ON HPV VACCINATION

Informed broadly by critical social theories of risk, and located specifically within the field of sociological studies in risk governmentality, this paper provides a theoretically-informed analysis of how gender and risk interact as mutually informing technologies of regulation in media discourse on HPV vaccination. Drawing on the work of Michel Foucault and feminist theorists, we examine how media discourses on HPV (human papillomavirus) vaccination govern female sexuality, not through a repression of sex, but rather by linking notions of "healthy" female sexuality to the production of responsible citizenship that is privileged by prevailing discourses on health risk.

Within this theoretical framework, we will present emerging findings from our critical discourse analysis of popular and public health media on HPV vaccination (e.g. magazines, newspapers, health information websites, social utilities). We will consider the dual constructions of t(w)eenage sexuality and responsible citizenship that are formed within this discursive field, and we will illustrate how HPV vaccination discourse draws on 'girl culture' to position young girls/women as informants in the deployment of knowledge about risks for HPV. While HPV vaccination discourse tends to acknowledge a developmental trajectory of "healthy" female sexuality, appeals to "informed decision making" – a strategy commonly used within women's health to facilitate autonomy and to promote personal responsibility for health – are curiously absent. Instead, emphasis is placed on "protecting" oneself and one's children (especially daughters) in order to "save lives" from sexually-transmitted cancer risks. The biopolitical implications of this displacement for women will be considered.

Poole, J., Ross, H., McKeever, P., Shildrick, M.,   **Ryerson University, Canada**
De Luca, E., Mauthner, O., Abbey, S.

INTRUSION, DISRUPTION AND MERLEAU-PONTY: RETHINKING 'DISTRESS' IN HEART TRANSPLANT RECIPIENTS

Many are aware that with cardiac transplantation come medical challenges such as rejection, renal dysfunction and hypertension. However, for a third of transplant recipients the process also brings with it forms of 'distress' not attributable to medications or physiological changes such as 'depression, anxiety and psychosis'. Most studies on these issues have tended to rely on quantifiable self-reports, and driven by discourses on productivity, have also pointed to unemployment issues as the main culprit. However, a handful of scholars have begun to dig a little deeper, asking questions about notions of identity and intrusion for those who receive the 'gift of life'. Similarly, in our attempt to re-think 'distress' in heart transplantation, we turned away from positivist research, from notions of a linear recovery for a Cartesian body and turned to the phenomenology of Merleau-Ponty. Taking up his argument that a change to the body is to change to the self, in this paper we report on our phenomenologically-informed visual research on transplantation. Outlining our theoretical orientation, research questions and how we collected both textual and visual data from thirty recipients, we demonstrate how our thematic findings speak back to the connections between identity disruption and 'distress'. Using visual samples, clips and transcripts we argue that Merleau-Ponty offers a way to re-think 'distress', a way to bring the body back into research on the heart and to rework how patients are prepared for and supported after the intruding 'graft'.

Porroche Escudero, A.   **University of Sussex**

THINKING BREAST CANCER: NOTES FOR A RADICAL THEORY OF SEXUAL POLITICS OF BREAST CANCER

Much of the literature on breast cancer paints a picture which incorporates two compelling stereotypes on women´s sexuality: that of the mutilated femininity and that of the wicked menopausal vagina. Two aspects of these portraits are relevant here. First, the idea that mastectomy and body image boil down to sexuality problems. If women´s sexuality is seen as synonymous with body image, and breast loss leads to poor body image and self-esteem, the link seems inevitable. Second, it seems taken for granted that women´s sexuality is reduced to intercourse. Hence, the emphasis is either on body image problems or vaginal related problems. But is it experienced in this way? Based on in-depth interviews and fieldwork in Spain, this paper examines breast cancer patients` and survivors` sexual concerns post-treatment to refine theories of women´s sexuality and breast cancer. Women interviewed questioned the inevitability of the link between mastectomy and sexual problems arguing that it is the treatment itself which may affect their libido. They also reported lack of information regarding the implications of chemotherapy, radiotherapy and antiestrogenic drugs in their sexual functioning. On the basis of this, patients´ concerns about their sexuality were often minimized, ignored, infantilized or attributed to poor psychological adjustment to breast loss. I argue that the lack of attention to the sexuality of breast cancer patients mirrors the patriarchal social invisibility of women's sexuality, which ignore pleasure, sensuality and the multiple ways of having sex.

Posner, N., Coates, V., Seers, K.   **University of Warwick**

DOCTORS' & NURSES' ACCOUNTS OF HOW PEOPLE WITH DIABETES COME TO NEED URGENT CARE

What kind of accounts do doctors and nurses specialising in diabetes care give of the need for urgent interventions or emergency admissions to hospital? Is the explanatory model framework useful for investigating their thinking about these episodes? If explanatory models involve tacit knowledge, and different logics from those of scientific medicine, is this sufficiently evident from a verbal report to a researcher? A mixed method investigation of pathways to urgent or emergency care of diabetes is using an explanatory model framework to elucidate the accounts of people with diabetes and their health care providers. Some divergence between the explanatory accounts of diabetic patients about episodes of urgent/emergency care they experience and the accounts of their health care providers is to be expected, if only in terms of practical focus. Any divergence will be influenced by cultural and socioeconomic differences, but also by the extent to which the diabetic patients have accepted the ideology of standard diabetic instruction. According to Kleinman the interaction between the explanatory models of patients and practitioners is a central component of health care and an understanding of the nature of any divergence could make an important contribution to improving communication between diabetic patients and their health care providers. Is there evidence of a significant communicative divide between diabetic patients and their health care providers that could be usefully addressed, or do their accounts simply reflect the respective priorities and resources available to them? This presentation will focus on the analysis of health care provider accounts.

Prosser, H., Whittington, R., Riley, D., Perkins, E., Crumpton, A., Lancaster, G.   **University of Salford**

THE USE OF PHYSICAL INTERVENTION IN ACUTE MENTAL HEALTH CARE: DECISION-MAKING AND RATIONALISATION AMONG HEALTHCARE STAFF

Physical intervention (PI) is "a skilled hands-on method of physical restraint involving trained designated healthcare professionals (aiming) to prevent individuals from harming themselves, endangering others or seriously compromising the therapeutic environment" (NICE, 2005). Although intended as a protective strategy, its use is controversial. It has both physical and psychological outcomes for service users and is increasingly seen as incompatible with claims of best practice and values of respect, dignity and autonomy. It is distressing for service users and usually experienced by them as abusive. Moreover, the use of restraint in a horizontal position has led to fatalities in acute mental health services. As such, its use can generate significant ethical conflict for mental healthcare staff.

This paper brings a sociological perspective to our understanding of the reasons why, and the circumstances in which, PI is used, in order to reflect on, and potentially improve, organisational practice. Staff from an acute mental health unit were recruited to the study following involvement in a PI incident. The meanings of PI and how staff account for its use were explored through semi-structured interviews and focus group discussions. Discursive accounts of PI reveal 5 interrelated themes through which decision-making is constructed and PI rationalized: specifics of service user behaviour; routinisation; control; risk/uncertainty; ideologies and values. Accounts also reveal the ambivalent constructs of PI as a protective device and as a strategy for management and control. Implications for practice, organisational change and staff training on managing violence and aggression are discussed.

Radcliffe, E., Morgan. M., Lowton, K.   **King's College London (Guy's Campus)**

CO-CONSTRUCTION OF CHRONIC ILLNESS NARRATIVES BY OLDER STROKE PATIENTS AND THEIR SPOUSES

Much research has focused on narrative as a way of giving meaning to the experience of chronic illness. However a largely neglected aspect has been the joint or co-construction of narratives by patients and their significant others, although this can provide a deeper understanding of meanings and experiences of chronic illness.

Biographical-narrative interviews have been carried out with older patients recruited from the South London Stroke Register, together with their spouses. The interviews were analysed using Rosenthal's (2004) biographical case reconstruction method. This involved two levels of analysis based on salient life events (life-history) and personal and joint presentation (life story).

Emerging themes identify the differing styles of respondent's co-presentation as a couple, presentation as individuals, and how they support the self-presentation of each other. The presentation will discuss the ways in which couples present a 'united front' in the face of shared adversity, related to the concepts of interdependence and team working, and will explore how physical and personal challenges underpinned the couple's narratives. The findings highlight the shared construction of the meaning of chronic illness in couple's interweaving biographies, contextualising the experience of stroke in terms of older people's wider life histories and their social relationships.

Radcliffe, P.   **University of Kent**

THE GOAL OF MOTHERHOOD. SUBSTANCE MISUSING PREGNANT WOMEN'S WORK IN THE MANAGEMENT OF IDENTITY.

This paper uses qualitative interviews with 30 substance misusing women in England who are either pregnant or have had babies in the previous two years and interviews with drug workers, nurses and midwives to explore how drug users manage their identities as mothers or potential mothers. It discusses the potentially inclusive and normalising discourse of mothering; a discourse that contrasts sharply with the shaming construction of the problem drug user. The construct of the reckless, self-seeking problem drug user has dangerous associations for women who want to care for their children themselves as normal and natural parents. In order to accentuate their status as responsible mothers, some pregnant women in treatment work hard to present themselves as active consumers of services who are not only compliant with methadone programmes, but in addition, accessing and engaging with a wide range of services and agencies, and moving towards the goal of abstinence. Their accounts of this work emphasise the importance of caring networks in both women's personal lives and in the services with which they are engaging. The successful achievement of the normalised identity of motherhood for women whose lives have often been characterised by complex disadvantage is seen not simply as a matter of individual will but a collective endeavour.

Rapley, T., Heaven, B., Bamford, C., May, C.
Newcastle University

HOW THE LOGICS OF RESEARCH MAKE RESEARCHERS A PROBLEM: THE DYNAMICS OF INTERACTION BETWEEN EPISTEMIC COMMUNITIES

Ruth Graham (2006) has pointed to a trajectory of work in the canon of Medical Sociology that lacks sympathy to medicine. This sub-genre of critical work can best be described as "Doctor bashing". In this view, professionals' power over patients is often refracted through incivilities and objectifications. Whilst taking part in inter-disciplinary research, we have sometimes found ourselves taking the same view about our fellow researchers. We have also observed moments where health professional and patients critically reflect on the research process. Rather than "bash" our fellow researchers, we want to explore the dynamics of these encounters between epistemic communities.

In this paper we undertake a comparative analysis of six ethnographic studies of the development, deployment and evaluation of a range of healthcare technologies. We focus on the pragmatic and epistemic logics that create and sustain tensions and outline a range of incidents that demonstrate these tensions-in-action. We show how as sociological observers in the research process we orientate to these tensions. In these moments, rather than enacting some form of sociological imperialism (Strong 1979), we often found our 'voice' constrained by complex relational problems. Centrally, factors like the temporality of the analytic process, the politics of politeness and relationships, asymmetries of responsibility, methodological and inter-disciplinary understandings, and role conflict were crucial.

Rees, G.
The University of Edinburgh

"TWO PEOPLE WERE THERE… [IF] I SAY WHAT CAUSED IT, I AM CERTAIN THIS WOULD HAPPEN": A SOCIOLOGY OF FORENSIC MEDICAL DIAGNOSIS IN RAPE EXAMINATIONS

Forensic Medical Examiners (FMEs) are acutely aware of the possible future trial when compiling their reports. In the adversarial arena of the courtroom, an FME's evidence can be deconstructed (under cross-examination), or, even worse, contradicted by another FME. Such undermining of evidence is abhorrent to the FME community, as it challenges their claim to provide incontrovertible evidence for the court. In this paper, I will draw upon data gathered during interviews with FMEs regarding their conduct of medical examinations of rape and sexual assault complainers in Scotland; with particular focus upon the way that FMEs construct "morphological accounts" for comparison with the accounts of the complainer and suspect(s). The paper will describe how FMEs observe signs of injury upon the body, and will explain how they diagnose injuries and why FMEs choose not to draw inferences in certain cases. The paper will also touch upon the incorporation of the gynaecological instrument, the colposcope, into forensic medical examinations, and explain how clinical forensic medical researchers have attempted, using the colposcope, to uncover specific forms of injury that could discriminate between consensual and non-consensual sexual intercourse. My argument is that such research emphasises the permeable boundary between the medical and legal aspects of FME work as considered by FMEs themselves and has, in fact, served to create further space for uncertainty and deconstruction. Such a paper fits with medical sociology as it addresses questions of medical knowledge and practice, and stresses the importance of community in diagnosis and other medical claims-making.

Richardson, J.C., Grime, J.C, Ong, B.N.
Keele University

WHAT SHAPES THE RELATIONSHIPS BETWEEN OLDER PEOPLE WITH JOINT PAIN AND HEALTHCARE PROFESSIONALS?

This paper arises from a qualitative study investigating why many older people consider themselves to be well while also reporting joint problems. Twenty-seven people (aged 56-87), who reported joint pain and stiffness, were sampled from a cohort study of joint pain in Staffordshire, UK. Respondents were interviewed at baseline, and are being followed up for one year - further contact with the researchers during this time is decided by the respondents themselves.

This paper will explore how the respondents talked about their relationships with health care professionals in the context of a chronic condition and what might account for and shape these relationships. Factors include: the nature and severity of the joint problem and any additional health problem; perceptions of what constitutes a 'good and responsible patient'; changes in NHS care; a general orientation towards doctors; and the role of healthcare professionals in validating illness and enabling entitlement to social security benefits.

One of the aims of our study is to identify in what way people's positive perceptions of themselves as 'well' impacts on their use of and need for health and social care in the community, and in turn how interaction with such services affects an individual's self-perception of health. An exploration of what shape the relationship between these individuals and their healthcare professionals will help us to understand how they can successfully access support and services without presenting themselves as ill.

Ridge, D., Shariff. F., Carter. J., Dow. C., Polley, M., Salinas, M.   **University of Westminster**

MIND AND BODY MANAGEMENT STRATEGIES FOR CHRONIC PAIN & RHEUMATOID ARTHRITIS: STRATEGIES IN SEARCH OF WELLBEING

Chronic pain (CP) and rheumatoid arthritis (RA) pose a particular challenge for the individual. While biomedicine inevitably plays a role in the reduction or control of some symptoms for people living with chronic pain, directed self-management is also increasingly recognized as an important tool. Self-management can address pain associated symptoms of CP and RA and often has broader aims, such as promoting positive well-being. Forty-six interviews with people experiencing CP and 46 interviews with those living with RA associated pain were analysed. Our analysis uncovered three broad strategies adopted by participants: body management, mind management and mind-body management. The analysis demonstrated that for those living with pain, a sense of well-being is achieved not through pain control alone, but also through various mind/body techniques for managing pain, accepting new limits, and adjusting the way people relate to themselves. These self-management strategies are an important adjunct to biomedical care for those

Roberts, D.   **Keele University**

OLD AS YOU FEEL OR OLD BEFORE YOUR TIME? RECOLLECTIONS OF WORKING AND GROWING OLDER WITH A LONG-STANDING DISABILITY.

The life trajectory of people with long-standing disabilities has come into increasingly sharp focus as health and social care technologies enable longer and healthier lifespans. In addition, the demographic ageing of the UK population provides a clear and attentive lens for research and policy relating to 'older age' (50+). Using the two categories definitively, however, does not adequately reflect the 'real lives' of this growing proportion of the population and, as a result, increasing attention is being given to the process and facets of 'growing older'. What remain under examined, however, are the sociologically complex intersections of long-standing disability and the 'normalities' of the lifecourse including working life. 'Lifecourse' is, however, a concept used within a number of disciplines, including disability studies and gerontology, but a range of perspectives are employed. These include the 'lifecourse' as: a recognisable series of life stages and transitions; a continuum incorporating chronological and cultural milestones; or as underpinning social status and potential disadvantage.

This paper presents data from a study examining the work-related experiences of people in mid-life (50+) with long-standing physical disabilities. Using participant recollection and co-constructed, semi-narrative data, the study provides some insight to participants' everyday experiences across the 'working lifecourse'. Interestingly, these do not always reflect current academic notions of either growing older or disability. Data is thus presented from the perspective of participants who identify four domains: 'The changing world about me'; 'Managing my changing world'; 'Making sense of my changing world'; and 'Ways of being me'.

Rowa-Dewar, N., Amos, A., Cunningham-Burley, S.   **University of Edinburgh**

AGENTS OF RESISTANCE: CHILDREN AND YOUNG PEOPLE'S EXPERIENCES AND VIEWS ON SECONDHAND SMOKE EXPOSURE IN THE HOME AND CAR

Despite the progress made in recent years in reducing exposure to secondhand smoke (SHS) in public places in the UK, many children continue to experience high levels of SHS exposure with the associated health risks in their homes and cars. Children from socio-economically disadvantaged households are at particular risk as their parents are more likely to smoke and less likely to enforce smoking restrictions at home.

Existing SHS literature tells us very little about the internal family processes and relationships that shape smoking in the home, nor how these interact with wider social and community factors. Specifically, children's perspectives on SHS exposure within the home and car are virtually absent within existing literature which tends to describe them as the passive victims of parental smoking.

This study explores the experiences of 11/12 and 14/15 year-old children and young people from the new sociology of childhood perspective, which views children as active social agents. Participants were drawn from two communities in Edinburgh, one advantaged and one disadvantaged. Preliminary findings of their experiences and involvement in decisions around smoking and SHS exposure in the home and car are discussed in this presentation. Such experiences appear to be structured by social class. However, children's accounts of actively attempting to negotiate, and at times resist, adults smoking within the home are near universal. Methodological aspects of accessing children's accounts through interviews (paired and individual) and focus groups and negotiations with adult gatekeepers will also be discussed.

Rowley, E., Currie, G., Martin, G., Parry, R., Pass, S., Seymour, A.   **University of Nottingham**

APPLYING MEDICAL SOCIOLOGY + ORGANIZATIONAL SOCIOLOGY IN IMPLEMENTING RESEARCH INTO PRACTICE

Recently increasing attention has been paid to the relationship between medical sociology and organizational sociology. Griffiths (2003) argued that the combination of medical sociology and organizational sociology offers a valuable understanding of the complex ways in which healthcare is organized and delivered. CLAHRCs are NIHR funded research units that facilitate the translation of clinical research into practice. CLAHRC NDL is carrying out applied research in behavioural and organizational learning in a variety of healthcare sectors, and as such involves the implicit use of medical and organizational sociology. In doing this, we are able to take a situated approach to the translation and implementation of healthcare research into practice. Investigators have long recognised that knowledge transfer is not a simple, linear process but occurs through social systems whose complex interactions may facilitate, transform or obstruct knowledge transfer in unanticipated ways with unexpected consequences. Moreover, for implementation to be successful, an appreciation of the context must be designed into the innovation. This is where CLAHRCs offer unique insights. This paper will outline some of the ways in which combining medical sociology and organizational sociology can have a positive impact on the delivery and organization of innovative health services.

Russell, S., Barbour, R., Brady, M.   **The University of Dundee**

UTILISING SOCIAL CAPITAL IN A STUDY ON REINTEGRATION AFTER STROKE

This paper takes a critical look at the theoretical frameworks relating to social and cultural capital and their relevance for studying the process of "reintegration" after stroke. Previous research has examined long-term outcomes for stroke survivors, but has concentrated on return to work. The current study seeks to employ a broader definition of "reintegration": as re-entering society at large as an active social participant. Specifically this study aims to provide an understanding of the mechanisms that link economic, social and cultural capital and health-related quality of life.

Most previous studies follow a communitarian approach, drawing on Robert Putnam's work. While his concept of horizontal and vertical ties and the role of voluntary associations are useful, it is argued that consideration of a wider rage of theorists provides a more relevant framework for the current study, which seeks to operationalise social and cultural capital. Bourdieu's idea of social capital as being both an individual and group property and Coleman's emphasis on networks fit with the mixed methods design of this study. Bourdieu also stresses the need for social capital to be "endlessly affirmed and reaffirmed," highlighting the potential for studying this as a process. Woolcock's ideas about 'bonding', 'bridging' and 'linking' capital are likely to be useful in explaining how different aspects of social capital interact. Furthermore, Bourdieu's emphasis on social capital as but one type of capital alongside economic, cultural and symbolic capital promises to be especially fruitful in unpicking the process through which stroke survivors actively manage reintegration.

Ruston, A., Cant, S., Watts, P.   **Canterbury Christ Church University**

RISK AND PROTECTION: CAM USE IN THE NHS

Complementary and alternative medicine (CAM) is a substantial and growing part of health care behaviour and provision in the UK. There has been a demand for the integration of CAM and conventional medicine and medically qualified, professionally regulated practitioners are increasingly incorporating CAM knowledge into their repertoire of practice. However, there is limited information concerning the interface between CAM and conventional medicine. Given the differing philosophies, polices and practices underpinning the two types of medicine, scientific-bureaucratic in the NHS and diverse, often contested, principles and techniques of craft knowledge within CAM, this represents an important gap. Risk is central to this issue. Within the NHS, the imposition of bureaucratic devices to control health professionals' behaviour is challenging their claims to identifying and managing risk, whereas, in CAM, autonomous practitioners have personal responsibility for managing risk without external accountability. In-depth interviews were conducted with 27 nurses and midwives working in NHS hospitals to examine how they implemented and practiced CAM within their everyday practice. The study revealed that following initial success in developing and running CAM services the increasing application of scientific-bureaucratic approaches to managing risk within their organisations resulted in their CAM practice becoming dominated by bio-medical protocols. This approach generated a unified and predictable use of CAM knowledge and skills which increasingly became just another tool in the nurses or midwives repertoire of care rather than a means of providing individualised, holistic patient care based on a multi-dimensional, physical, mental and spiritual system.

Ryan, S., Redley, M., Raisanen, U.   **University of Oxford**

"I DON'T THINK THAT IS ASPERGERS, I REALLY THINK THAT IS WILLIAM"; SYMPTOM TALK IN

COUPLES AFTER A DIAGNOSIS OF ASPERGER SYNDROME

In this paper we explore how two couples make sense of their relationship after one partner is diagnosed with AS. This focus highlights the joint and individual work that goes on in constructing a marital relationship as well areas of discord and dispute. The negotiated and contested position of the diagnosed partner is apparent as participants try to make sense of their relationship within the context of the diagnosis. This sense making largely focuses on the complexities of trying to unravel self and symptom that occurs once the label of AS has been given.

The couples interviewed discussed the significance of having a confirmed diagnosis of AS, and how living with AS, or with a partner with AS affects their lives. The dialogic analysis of the data offers insights into the social construction of AS. Receiving the diagnosis of ASD invites those receiving it to revaluate and revise their autobiography; they now know (perversely) that 'nothing is wrong' with them, and embark on a process of trying to differentiate their character from their medical condition. For partners, the diagnosis provides an opportunity to reassess perceived moral failures within a medical framework and they, too, try to distinguish between self and symptom. In this new environment, some partners diagnosed with ASD attempt to change how they conduct themselves using newly acquired insights into their behaviour and actions. Their partners are faced with the prospect of embracing and supporting or rebuffing the possibility of personal change, and thus changes to their relationship.

Salamonsen, A., Launsø, L., Kruse, T.E., Eriksen, S.H.   **University of Tromsø**

UNEXPECTED COURSES OF MULTIPLE SCLEROSIS AMONG PATIENTS USING COMPLEMENTARY AND ALTERNATIVE TREATMENT

Complementary and Alternative Treatment (CAT) is frequently used by patients with multiple scleroses (MS). Some of these patients experience unexpected improvements of their symptoms that they relate to the use of CAT. The purpose of this study was to develop understandings of such self-defined unexpected improvements of MS-symptoms. 58 MS-patients were included in the study. A multiple case study design including document analysis, qualitative interviews, and descriptive statistics was used to explore what characterizes courses of MS which patients experience as unexpected. Empirically, we have identified four health related change processes: the process of loosing bodily competence; the process of developing responsibility; the process of taking control; and the process of choosing CAT. In these processes the patients redefine their history, the concept "treatment", and the importance of conventional health care. They change their positions from Recipients to Explorers working on safeguarding their health and life situation. As explorers supported by CAT, they choose alternative and conventional treatments and treatment providers that strengthen and nourish their own efforts. They thereby experience improvements of their MS-symptoms that they claim they would not have achieved by using conventional treatments only. This study contributes to the sociology of health and illness with an understanding of unexpected improvements of MS-related symptoms in a group of patients that can be seen as non-compliant relating to conventional health care. These patients can be perceived as modern boundary walkers reflecting limitations within the conventional health care and initiators regarding what MS-patients find useful in CAT.

Sanders, T., Mann, K., Roberts, J., Wass, V.   **University of Manchester**

INSTITUTIONAL MARGINALISATION AND STUDENT RESISTANCE: BARRIERS TO LEARNING ABOUT CULTURE AND ETHNICITY

The views of second year students' towards the delivery of teaching on ethnicity and culture at two medical schools in northern England, with differently structured curricula, were explored using a series of focus groups. Although teaching on culture, race and ethnicity has increasingly been viewed as an important addition to the medical undergraduate curriculum, internationally the evidence of its effectiveness is weak. Both individual and institutional barriers have been shown to interfere with the implementation of learning on race and ethnicity, but still the evidence fails to show the specific social relationships that impact on learning behaviour and attitudes. Our findings, based on a combination of grounded theory and thematic analysis, identify two potentially competing views espoused by the students; first, the critical claim that the medical school fails to adequately support effective teaching and learning on race and ethnicity, and second, the view that the medical school is an 'inappropriate' setting for the successful delivery of the subject matter. These narratives represent two conflicting standpoints, which might be understood through the concept of 'habitus' (Bourdieu 1977). A habitus transforms the objective structures of the field (medical school) into the subjective structures of action and thought of the agent (medical student), resulting in the reproduction of the social structure. The findings reflect the wide acceptance by students of the dominant biomedical values espoused by the medical school. The implications for biomedical education and training together with the impact on professional socialisation will be discussed.

Sanderson, T., Calnan, M., Morris, M., Hewlett, S.   **Bristol Royal Infirmary**

USING GROUNDED THEORY WITH MIXED METHODS: AN EXAMPLE OF A PRAGMATIC STUDY IN RHEUMATOLOGY

This paper reflects on the use of Grounded Theory to guide doctoral research about important outcomes for people living with rheumatoid arthritis (RA). There were two contrasting aims: 1) to explore individuals' understanding of important outcomes such as well-being and normality, and 2) to develop a set of treatment outcome priorities that would capture a representative patient perspective. A "mixed model" was chosen to address the contrasting research questions: using in-depth interviews, nominal groups and a postal survey. How these idiographic and nomothetic approaches were to be integrated was a continual challenge.

The main challenge was how to move from the rich qualitative data from individual interviews (Study 1), which elicited thematic framework of well-being and normality, and 63 important treatment outcomes, to the construction of a core set of patient priorities for clinical use with an RA population. Nominal groups (Study 2), which produced both qualitative and quantitative data, facilitated the transition from interviews to the postal survey. Grounded Theory enabled the development of theory that guided the choice of instruments for the postal survey (Study 3) and the formation of the core set, and ensured it was grounded in patient experience. Data analysis was conducted separately for each study and then a final integration of the different analyses was attempted. Glaser and Strauss advocated the use of mixed methods when necessary and this paper illustrates how Grounded Theory can provide a framework for developing theory and producing pragmatic outcomes using mixed methods in health research.

Sarrami Foroushani, P.   **University of Nottingham**

EXPLORING COMPETING CONCEPTUAL FRAMEWORKS IN MEDICALIZATION OF ADULTS WITH ADHD

Introduction: Existence of different views towards the same mental health problem informs competition in medicalization process and informs controversies such as variation in prevalence of ADHD (Attention Deficit Hyperactivity Disorder) and underdiagnosis of it. The aim of this study was exploring existence of variation in perception and approach of clinicians towards adults with ADHD.

Method: A case vignette was produced describing an adult with sign and symptoms of ADHD. The vignette along with open-ended questions was sent to a random selected sample of general practitioners, psychologists, and psychiatrics (N=150) in Nottinghamshire, UK. The idea of health care professionals towards the problem of the case, its cause, solution and appropriate professional group for management was enquired, without referring to ADHD or any other medical/psychiatric condition. After sending a reminder and performing direct invitations, 44 replies were received. Post-simulation semi-structure interviews were performed with selected respondents (N=16).

Results: Various perceptions of participants towards diagnosis, causation, treatment, and responsible professional groups are displayed and analyzed through free lists and classifications. Participants were categorised based on their general approach and attitude towards ADHD into three groups.

Discussions: Sociological implications of lack of agreement on diagnosis and treatment of ADHD in adults and existence of competing conceptual frameworks for their management are discussed. Based on the data, new dimensions for medicalization of mental health are suggested.

Saukko, P., Farrimond, H., Evans, P. & Qureshi, N.   **Loughborough University**

BIOCHEMICAL, BEHAVIOURAL AND "LOST" APPROACHES TO RISK: QUALITATIVE STUDY ON PRIMARY PREVENTION OF HEART DISEASE

Primary prevention of heart disease is high on government's agenda. In a qualitative study—nested within a family history trial—we explored the experiences of healthy UK individuals (n=30) identified as at high risk of heart disease two weeks and six months after initial consultation with a clinician discussing risk and lifestyle/medications. We identified three approaches in the participants' trajectories: (i) the "biochemical" one focused on lowering cholesterol, attributed the risk to "genes" and change to cholesterol lowering statins and considered lifestyle change futile or unnecessary, (ii) the "behavioural" one focused on lifestyle and attributed feeling better and/or less at risk to behaviour change, (iii) the "lost" approach was associated with not being engaged with lifestyle or medications, not followed up by clinicians and low socioeconomic status. Our findings support the idea that a biological understanding of disease fuels trust in medications. But the biochemical understanding was not necessarily related to family history assessment rather than a post hoc rationalisation after cholesterol did not respond to dietary change or awe at the significant reductions in cholesterol achieved by statins. The fixation on cholesterol/drugs masqued the fact that lifestyle change brings broader health and quality of life benefits, as noted by the participants who "felt" better. Further, many, particularly towards the lost approach, associated their risk and lifestyle with difficult work and financial situation and mental and unrelated physical illnesses. Medications do not address these broader ramifications of heart disease, which would require a more holistic and social approach to prevention.

Savage, M., Dumas, A., Bergeron, C.   **University of Ottawa**

LIFESTYLES OF SOCIALLY AND MATERIALLY DEPRIVED MEN SUFFERING FROM HEART DISEASE. A QUESTION OF INSTABILITY AND DESPAIR.

Cardiovascular diseases (CVD) are leading causes of death and disability in Canada, and men of low socioeconomic status are particularly vulnerable to these conditions. Health institutions have developed and promoted rehabilitation programs and lifestyle changes in order to increase quality of life after a CVD. However, such efforts have not attained the desired outcomes, especially amongst the socioeconomically deprived. Drawing on Pierre Bourdieu's theory of practice, this qualitative study aims to understand the social mechanisms that underpin lifestyles of socially and materially deprived men (n = 20) in the context of CVD. The analysis suggests that lifestyle maintenance/change is rooted in one's somatic culture (the way of treating the body, maintaining it, caring for it, feeding it, etc.). More precisely, the results show that the normative lifestyles promoted by health institutions contrast with this group's view of the world and that the adoption of health practices holds low priority in comparison to more pressing concerns. Hence, faced with the dilemma of living (quality of life) or surviving (quantity of life), these men opt for the former. This paper concludes by exposing wider considerations with regards to promoting lifestyle change amongst socioeconomically deprived men.

Scales, K., Bailey, S. & Lloyd, J.   **University of Nottingham**

INPATIENT CARE FOR PEOPLE WITH DEMENTIA: STAFF WELL BEING AND THE IMPLICATIONS FOR PERSON-CENTRED PRACTICE

Within older people's mental health services, the threshold for admission to inpatient care is rising and staff are working with increasingly dependent and frail populations. The physical demands of this role as well as its emotional impact are considerable. Cures are generally not expected yet end-of-life care is seldom mentioned; staff are frequently expected to rehabilitate a person to return to an environment where adequate support is not available; and deaths are a relatively common occurrence.

We are focussing on the experience of working in inpatient settings for older people with dementia from the perspective of the professional carers who work most directly with them. We are interested in staff's motivation for undertaking this challenging work, what sustains them day-to-day, the coping strategies they employ, the rewards they derive from the work, and the problems they encounter.

This study is ethnographic, with data gathered primarily through participant observation and supplemented by dementia care mapping, focus groups and individual interviews. Through this research, which is being undertaken in three different inpatient wards for older people with dementia within a large Healthcare Trust, we aim to identify ways to improve staff well-being and promote person-centred care and positive patient outcomes.

This paper will present findings from our analysis, derived through a collaborative process involving the academic researchers, NHS stakeholders, carers, and representatives of the local Alzheimer's Society. Opinions in this study are those of the researchers and not of the Department of Health or the National Institute for Health Research.

Shaw, S.E. and Kokanovic, R.   **The Nuffield Trust**

MAKING THE FAMILIAR STRANGE AND THE STRANGE FAMILIAR: INTERACTIONAL DIMENSIONS OF QUALITATIVE INTERVIEWS IN HEALTH RESEARCH

An extensive choice of texts is available to health researchers interested in employing qualitative interviews. These typically describe key approaches to interviewing, the design of associated tools, communication issues, potential interviewer effects and analytic approaches. Such texts guide health researchers to consider and undertake interviews in particular ways, often without considering the interactional aspects of interviewing. However, these aspects are epistemologically, methodologically and practically important: acknowledging that interviewer/interviewee interactions contribute to the co-production of narratives and help to form power relationships. Interactions are shaped by social categories to which researchers and respondents belong. The way interactions are shaped can be exacerbated when studying groups with whom researchers do not share membership or when studying groups where relationships exist prior to the research. Our focus is on the theoretical and methodological issues allied with such interview interactions. To illustrate key issues we draw on reflexive commentary from two studies - one focused on the formulation of UK research policy and employing in-depth, face-to-face interviews with 16 senior policymakers (including representatives from government, academia and industry), the other focused on cross-cultural research on 'depression' undertaking in-depth interviews with over 50 refugees and immigrants from Asia, Southern Europe and East Africa in Australia - to explore (i) framing of interviews (e.g. institutional and lifeworld, Roberts & Sarangi 1999); (ii) the influence of social and political circumstances and relationships; and (iii) the role of power in shaping interactions. Our conclusions focus on how the reflexive process might be employed to account for such interactions.

Sicchia, S.R.   **University of Toronto**

HOSPITAL-BASED RESPONSES TO DOMESTIC VIOLENCE AND THE SOCIAL ORGANIZATION OF WOMAN ABUSE IN CANADA

Since the 1970's, specialized health services for victims of violence have proliferated. In Canada, a recent development has been the introduction of hospital-based responses to domestic violence (DV)—services based on the medico-legal model of care used to treat victims of sexual assault (SA). While a great deal has been written about the clinical and legal dimensions of these services (and on the criminalisation and medicalisation of DV and SA more broadly), there is far less research exploring how these services are textually mediated and socially organized. Relying on the Canadian sociologist, Dorothy Smith's institutional ethnographic (IE) methodology, my doctoral research begins to address this paucity. Accordingly, the presentation opens with a brief description of Smith's innovative methodology and the programs in question. This is followed by a discussion of the textual-practices that bring domestic violence and abused women into view in these clinical settings and in so doing make them institutionally actionable. It then goes on to describe some of the material consequences that are associated with this particular form of social organization including consideration of the impact of medical accounts that serve legal understandings and ends.

Thursday 3rd September 2009   **13:00 – 13:30**
Ethnicity   Renold G1

Smart, A. Tutton, R., Martin. P. and Ellison, G. T. H.   **Bath Spa University**

'RACE' AS A SOCIAL CONSTRUCTION IN GENETICS.

In sociology it is commonplace to find 'race' referred to as a social construction, and some biomedical scientists appear to have also adopted this idea. As the notion that 'race' is socially constructed undertakes this journey across disciplinary boundaries it is pertinent to ask questions about whether it continues to mean the same thing in its new contexts, and about how is being adopted and used by biomedical science practitioners. This paper explores these questions by examining a particular case in point. In November 2004 an influential genetics journal, Nature Genetics, published a Special Issue entitled 'Genetics for the Human Race'. In this landmark publication a number of contributors used the expressions 'socially defined construct', 'social construct' and 'socially constructed' in their discussions of 'race' and genetics. These expressions will be examined, and it will be argued that the claims that 'race' is a social construction made by the authors in this journal can be interpreted as a kind of boundary work (Gieryn, 1983); as discursive practices that attempt to demarcate the legitimate scope and subjects of scientific enquiry. The paper will end with a reflection on why these claims appeared in the way they did, and what might be the implications of genetic science adopting the "social construction of 'race'" into its lexicon.

Saturday 5th September 2009   **11:55 – 12:25**
Reproductive and Sexual Health   Renold H2

Smith, M.V.   **University of Edinburgh**

"IT'S NOT A COMPETITION": EXPERIENCING THE 'MINOR DISORDERS' AND HOLDING ONE'S OWN IN HEALTHY PREGNANCY

Recent interest in antenatal care (e.g. McCourt; Hildingsson and Radestad; Wedin et al; Luyben and Fleming) focuses on satisfaction (women's and midwives') and the nature of care but does not discuss the impact of symptoms experienced as part of pregnancy.Women undergoing a healthy pregnancy accept and expect to suffer from the 'minor disorders', conditions that are considered harmless to mother and baby and too common to be of interest. Yet these 'normal' disorders can be severely painful and very disruptive to life on all fronts, blurring distinctions between health and illness and adding to the intense and multidimensional experience of change and growth, particularly with a first pregnancy. The heavily medicalised context of antenatal care in which women become patients requiring professional oversight but without crossing a clear division, creates a framework within which women attempt to maintain their usual lives – or have to relinquish them. They experience the development of pregnancy as a comparative thing which enables them to make critical judgments about their own 'performance' or abilities to fulfil their image of contemporary pregnant women. This paper reports qualitative research exploring the impact of the 'minor disorders' in healthy pregnancy in relation to the women's own perceptions of their child-growing role, antenatal care and the dichotomies of natural v. medicalised and success v. failure.

Smith, S., Wyke, S., Campbell, N., Macleod U., Ziebland, S.   **University of Stirling**

HELP-SEEKING BEHAVIOUR IN SMOKERS AND EX-SMOKERS WITH SYMPTOMS OF LUNG CANCER. THE APPLICATION OF AN INTEGRATED MODEL

Most patients with lung cancer in the UK are diagnosed when curative surgery is no longer an option and consulting a medical practitioner having had symptoms for some time is recognized as part of the problem. This paper aims to further understand response to symptoms of lung cancer in order to identify areas in which interventions have potential to increase early consultation.

Qualitative interviews with 42 people with lung cancer focused on symptoms and response prior to initial consultation. Data were analysed with reference to an integrated help-seeking framework which integrated sociological and psychological models of illness behaviour. Respondents who 'delayed' consultation were distinguished from those who did not and evidence of difference in their accounts sought.

Models of response to symptoms from psychology and sociology are remarkably similar. The integrated framework included the nature of symptoms, explanations for them, descriptions of action taken over time and prompting to respond from a family member. In explaining response to symptoms respondents reported drawing on existing knowledge of symptoms, their likely cause and perceptions of personal risk. The nature of symptoms (acute, severe, chronic) was reported as influential as were family members who noticed symptoms. Actions included self-medication and 'wait and see' strategies which were reassessed over time. People who consulted within 12 weeks of onset described symptoms that were largely acute and noticed by others but otherwise no differences were apparent. Findings suggest that interventions can target knowledge and the role of others in the context of theories of behaviour change.

Smithson, J., Paterson, C., Britten, N., Lewith, G. and Evans, M.   **University of Exeter**

USING META-ETHNOGRAPHY TO PRODUCE A QUALITATIVE SYNTHESIS OF THE USE OF COMPLEMENTARY THERAPIES AFTER A DIAGNOSIS OF CANCER

Between 30-40% of adults with a diagnosis of cancer use complementary therapies alongside biomedical treatment. Many qualitative studies, mostly small scale, have investigated these experiences in different patient populations. A multi-disciplinary team conducted a meta-ethnography to synthesise and integrate the findings from published qualitative studies in the last 10 years. The aim was to draw out key themes, note gaps in the research, and suggest directions for future research. A systematic literature search located 26 relevant papers. Each paper was read by two members of the research team, who carried out quality appraisal and data extraction to identify the main themes. Key concepts of each study were translated into those of other studies. Differences and variations were noted in association with treatment, therapy type, and by stage of cancer – early stage, mid treatment, advanced cancer, palliative care, and "survivors". Meta-ethnography aims to build a new understanding of the data as a whole, developing new knowledge based on rigorous analysis of existing research findings. Six key concepts were identified as central to understanding patients' experiences of complementary therapies after a diagnosis of cancer. These concepts were Control, Connecting, Wellbeing, Transformation, Integration and Polarisation. The team connected the key themes through a Line of Argument, and drew together the key aspects of the experience of complementary therapies after a diagnosis of cancer into a unified whole. In this paper we consider the findings in the context of wider sociological debates around patient choice, consumerism and medicalisation.

Sointu, E.   **Smith College, USA**

GENDERING COMPLEMENTARY AND ALTERNATIVE MEDICINES

This paper theorizes the emergence of the alternative and complementary health sector as interlinked with prevalent contemporary conceptualizations of the self, but also as entwined with negotiations of gender in today's detraditionalizing societies. The 'discourse of wellbeing' - captured in many alternative and complementary health practices – is strongly congruent with ideals of self-fulfilling, authentic, unique and self-responsible subjectivity. As such, the discourse of wellbeing simultaneously reproduces some of the key ideas shaping subjectivities today as well as provides a striking contrast to the traditional discourse of other-directed and caring femininity. Simultaneously, through an emphasis on emotional honesty and intimacy, the discourse of wellbeing also negotiates and challenges conceptualisations historically associated with 'hegemonic masculinity' (Connell 2002). It is in light of perceptions and experiences of gendered subjects that the rise of the alternative and complementary health sphere can be understood as remedying not solely physiological illness but rather the generation of subjectivity in the context of shifting gender relations in late modern societies. Expectations and experiences relating to gendered identities add a further level of complexity to the meaningfulness and therapeutic value of alternative and complementary medicines as well as underlie gender differences in the utilization of holistic health practices. I draw on data from a qualitative study with 44 primarily white middle-class users and practitioners of varied alternative and complementary medicines in the UK.

Spencer, K.   **University of Manchester**

WHY A POOR DIET? THE IMPACT OF CULTURAL AND MATERIAL INLFLUENCES ON THE EATING PATTERNS OF UK PREGNANT TEENAGERS. A QUALITATIVE APPROACH

There is clear evidence that teenage mothers have poorer pregnancy outcomes than older mothers in terms of infant mortality, low birth weight and restricted growth. The risk of adverse pregnancy outcome in adolescents has been attributed to the nutritional status of the mother prior to and during pregnancy, although poor socio-economic status and reproductive immaturity or growth status have also been implicated. Despite the growing body of knowledge that supports the importance of healthy eating patterns in adolescent pregnancies, national nutritional interventions are currently not targeted at the UK pregnant teenage population. In order to implement effective teenage pregnancy services to improve pregnancy outcomes it is important to have adequate understanding of the multiple factors shaping food choice for this group, including the view from young women themselves. This research was developed to examine young women's experiences of pregnancy and the place of food within this. The study was designed to present a sociological understanding of why young pregnant women eat the way they do. Findings from three focus groups and sixty interviews suggest that a complex interaction of socio-cultural and socio-economic factors combined with lack of knowledge and cooking skills encourages dietary patterns that deviate from recommended guidelines for pregnant women. The major themes emerging from the analysis can be summarised into three main areas; teenage/maternal identity; the socialisation of family food-ways; material resources. The findings presented in this paper are discussed in relation to the development of realistic strategies for health promotion interventions as well as the implications for broader policy.

Staddon, P.A.   **University of Plymouth**

'SOMETHING WRONG WITH ME'? APPLYING A SOCIAL MODEL TO ALCOHOL DISTRESS

Social models of physical impairment have been known for many years (Oliver 1996; Barnes 1991). With such a model, the emphasis shifts from 'what is wrong with me?' to 'what difficulties are caused for me by social organisation?' Social models of mental health conditions have been slower to develop (Beresford 2009) with service users/survivors sometimes reluctant to relinquish a medical framework for their lives, while seeking greater involvement in what treatment, if any, they receive, and how mental health research is constructed.

In that area of mental health usually called 'alcoholism', there is even less challenge to the popular medical framework whereby people using alcohol 'too much' are considered morally weak. If the alcohol users are also female, their moral worth is damaged even further, since they have demonstrably failed to enact the responsible and feminine roles which families expect. Yet the causes of their distress are neither medical nor moral but social (Ettorre 2007).

This paper suggests a social model of women's alcohol use, underlining the high proportion who have been sexually abused as children, are currently or have recently been in violent relationships, and/or are living in poverty. It emphasises the need for authenticity, well-being, education, work and leisure for women, as well as for everyone else. Such improved social care would by its nature make alcohol a less important focus in these women's lives, and offer viable alternatives to using alcohol and to 'treatment'.

Stephens, N.   **Cardiff University School of Social Sciences**

CANCER PATIENTS, CANCER BIOBANKS, CANCER RESEARCHERS: FORGING A SHARED IDENTITY?

In the wake of organ retention scandals at Bristol Royal Infirmary and Alder Hey Children's Hospital new forms of relationship have emerged between cancer researchers and cancer patients. Key mediating bodies in this sector are the growing number of cancer biobanks. In the past British tissue collections were largely private collections for internal use. Progressively today we are witnessing a newly emergent tissue economy founded upon norms of transparency and exchange. This paper reports on empirical work conducted with three bodies within this movement: a functioning cancer biobank, an advisory group championing these new norms of tissue retention, and the overarching umbrella group: the Confederation of Cancer Biobanks. The analysis explicates how ethicality and public visibility are translated into practice. It documents how the agencies of cancer biobanking seek to produce mutual understandings and work patterns across a broad range of disparate groups: patients, nurses, pathologists, oncologists, NHS Trusts, banking professionals, computer scientists and regulatory bodies. To conclude the paper reflects upon how the banks try to provoke a new form of patienthood: one based upon engagement of cancer suffers in the research effort around their disease both as scrutinising stakeholders and tissue donors.

Stjerna, M-L   **University of Stockholm**

CONTESTED AND 'RISKY' FOOD AND THE STRIVING FOR BALANCE IN CONTEMPORARY URBAN SOCIETY

This paper is concerned with how people understand risk related to food and eating in contemporary society. In Western society there are several imperatives related to food and eating. In order to avoid illness and disease we should eat healthy food. But even more importantly, the norms of slimness influence the way we think we should eat. In addition there is an 'ethic eating' as an imperative related to environmental issues and animal rights. Further, food is related to pleasure and wellbeing. This raises questions about people's everyday ideas about food and eating and how they handle these complex imperatives. I will draw on a Swedish qualitative study of notions of food and eating, and more specifically what and how we 'should' eat. The results show that the relationship between the individual eater and society are understood both in terms of risk and in terms of possibilities. Development in society, such as massproduction of food, is seen as a risk in itself. Also, technology and artificial or 'unnatural' food is seen as risk to the human body. Even if the body is seen as robust and able to cope with attacks from these sorts of risk, there are limits to how much it can tolerate. Furthermore, human nature, and her taste for sweet or in other ways unhealthy food as well as her resistance to expert advice, can be seen as a risk. What emerges in the material is a striving for balance, rather than optimal health.

Stokken, R., Barstad, J.

IMPEDING OR PROMOTING SELF-HELP INITIATIVES THROUGH LAY-PROFESSIONAL GOVERNANCE PROCESSES

Background: In Norway, Self-help has been incorporated in official strategies to improve the general health status of the population, especially concerning mental health issues. The Norwegian Directorate of Health provide project and research funding, and a National Nodal Point for Self-Help has been appointed.

Method: Through interviews, documents and observations we study eight projects funded by directorate and supported by the nodal point. As reference, we include four grass root initiatives, unsupported by funds from directorate and nodal point. We focus upon processes where lay and professionals partakes in governance processes, to reveal what making them suppress or impede each other. A framework from empowerment planning guides our analysis.

Discussion: Both projects and grass root initiatives that flourish share some common features; and those struggling are missing at least one of these. The common features are 1) Wide network. Both project manager and involved organizations need network outside own organization. 2) Deeply rooted, within all partaking organizations. 3) Feedback processes that legitimize change of intentions, means and tasks; 4) Flexibility to implement changes induced by feedback processes, and 5) a strong project manager with legitimacy within all organizations involved. This calls for a generous and facilitating project leadership, rather than a strict project management.

Stone, J.   **University of Southampton**

IMPERFECT TIMING? THE EPIDEMIOLOGICAL CONSEQUENCES OF USING AVAILABLE DATA TO MEASURE LIFE-COURSE SOCIOECONOMIC POSITION

Background: Secondary analysis involves reliance on whatever variables are available to operationalise concepts of interest, such as life-course socioeconomic position. This paper seeks to evaluate the consequences of this limitation for life-course epidemiology.

Data and methods: Near-continuous life-course data from the Boyd Orr Lifegrid Subsample (n=294) were used to construct a 'gold standard' measure of life-course occupational class against which a four-point 'opportunistic' approach (childhood; labour market entry; occupational maturity; screening) was tested. The descriptive validity and explanatory efficacy of the latter measure for predicting limiting longstanding illness in later life were evaluated..

Results: The four-point approach provided a reasonable estimate of life-course socioeconomic position compared with the gold standard data. However, the approach placed disproportionate weight on 'transient' periods in disadvantage, particularly at labour market entry, leading to overestimation of the proportion of life in disadvantage. Occupational class at labour market entry was also important for predicting limiting longstanding illness in later life, causing problems distinguishing between the effects of critical periods versus

accumulation.

Conclusions: The results indicate that using a limited number of data-points to measure life-course socioeconomic position has significant (although not insurmountable) consequences in descriptive terms, which have a knock-on effect in explanatory analysis. The findings further suggest that the timing of measurement is as important – if more so – than the number of measurements used to operationalise the life course.

Stronge, P.   **Goldsmiths College**

'LEAVE ME TO MY ERROR': EXPLORING CONTEMPORARY MENTAL HEALTH PRACTICE ON THE REGISTER OF SUGGESTION.

The notion of 'suggestion' marks the sense whereby change including therapeutic change arises within interpersonal processes in ways not captured within conventional understandings of cause and effect. As a theme within the histories that have conditioned discourses and practice in the contemporary domain of mental health work, suggestion maintains an enduring, troubling if marginal presence associated with areas such as hypnotism and the placebo effect and as a discredited 'other' within orthodox psychoanalytic theory. Within wider social theory, meanwhile suggestion has arguably recently made something of a 'comeback' as a fertile route towards radically rethinking notions of subjectivity, process and the 'transmission of affect'.

This paper attempts to formulate a general if inevitably open-ended re-orientation toward suggestion largely inspired by the process philosophy of A.N. Whitehead. Then, drawing on data from an ethnographic project carried at a Community Mental Health Team in inner-city London as part of my Ph D, it endeavours to 'operationalise' this perspective in the context of this area of professional and organisational practice. Among other implications, following the 'specialist' practices of team members as emergent from and shaped by a continuous and dynamic register of suggestion exposes a demand to reappraise the supposed distance between 'mental health work' and 'everyday life' and the consequences of framing professionals as 'risk-holders' within a climate dominated by notions of audit and accountability.

Suen, Y. T.   **St. Antony's College**

PROMOTING MEN'S HEALTH IN UNIVERSITY: EXPERIENCES AND REFLECTIONS

The relationship between masculinities and men's health behaviour and health habits has gained increased attention in the academia and policy debates. It is generally recognized that the issues warrant more attention and more health promotion is needed. This presentation presents findings from a survey carried out following a 4-week seminar series on 'masculinities, well-being and health' in a university. It discusses the socio-demographics of the audience and their preconceptions of the topics and also responses to the presentations. The results provide directions for awareness raising of men's health issues, especially in a university setting.

Sumathipala, K., Radcliffe, E., McKevitt, C.   **King's College London**

THE MISSING INGREDIENT IN HEALTH SERVICES RESEARCH AND DEVELOPMENT: SOCIOLOGICAL THEORY

There has been much sociological work theorising the experience of chronic illness in relation to biography and identity, from well-known constructs of biographical disruption to biographical continuity, narrative reconstruction and illness trajectory. Social environment, life experiences and age, among other factors, are recognised as framing individuals' experience of chronic illness. Despite the potential of such theoretical work to inform the development of health and social care interventions, they have largely been underutilised in health services research.

As the population ages, increasing numbers of people are living with chronic conditions which require clinical, social and individual management. Increasingly stroke is regarded as a chronic condition, although until now research has focused on the incident event, in terms of management, outcome and patient experience. There is a need to understand the experience of living with stroke in the longer term and to ensure that medical and social services improve quality of life.

The government's recent Stroke Strategy is part of a wider policy drive to ensure services meet stroke survivors' long term needs but little is known about what these are, how they are defined and how they may differ qualitatively from needs of the older people with chronic conditions and disabilities.

This paper will outline how sociological theory will inform two health services research studies investigating stroke survivors' long term needs. We will present a framework to conceptualise how stroke survivors view their experience of stroke and expectations of recovery and support, and discuss how this framework will inform service development.

Sweeney, A.   **Institute of Psychiatry**

BEING AFRAID: THE ALL-PERVADING ROLE OF FEAR IN THE LIVES OF ADULT MENTAL HEALTH SERVICE USERS

When mental health service users/survivors avoid mental health services, they are typically labelled as 'hard to engage' and risk being forcibly compelled to receive treatment. Little consideration is given to the structural and societal influences on service avoidance and few research studies have explored users' own perspectives. Specifically, little consideration has been given to the role of fear in service users' lives and how this impacts on their engagement with services and the local community.

In this study, four repeated focus groups were held with adult service users with psychosis in South London. Through secondary grounded theory analysis (Strauss and Corbin, 1998), 'being afraid' was identified as a core process that many service users experience during their psychosis, their contact with services and in the community. Power and control, and stigma and discrimination were found to have explanatory power in determining how and why fear manifests. Significant consequences were identified including delaying help-seeking, avoiding services, feeling unsafe in the community, hiding service use, experiencing an us/them divide between staff and service users and learning to be reticent. Consequently, service avoidance can be partially understood through service users' fears of the consequences of contact: the noxious cocktail of compulsion, powerlessness, stigma and discrimination. This sheds new light on the discourse of individual service users being 'hard to engage'.

Sweeting, H., West, P., Young, R.   **Medical Research Council**

CAN WE EXPLAIN INCREASES IN YOUNG PEOPLE'S PSYCHOLOGICAL DISTRESS?

The mental health of young people is now high priority on the health and social policy agenda, reflecting a widespread view that mental health problems have increased over time. However, the evidence-base on time trends is less clear-cut, some studies identifying increases, others finding no change. Comparisons are hampered by several methodological problems, including different measures of mental health, different age groups and different geographical locations. We have examined time trends using three studies of 15-year olds, all in school and living in the same area, surveyed in 1987, 1999 and 2006. All completed the 12-item General Health Questionnaire ('GHQ-12') which identifies 'psychological distress' (GHQ caseness). Rates in 1987, 1999 and 2006 were 13%, 15% and 21% (males) and 19%, 32% and 44% (females).

Potential explanations for such increases include broad structural changes (e.g. material or family circumstances), increasing concerns over academic performance and increasing exposure to 'postmodern' influences such as youth subcultures and consumerism, and related implications for identity and appearance. Using data representing economic circumstances, family life, schooling, leisure activities, youth style, religious attendance, spending power and appearance, we examined how these changed over the three studies, and the extent to which they explained changes in 'psychological distress'. The findings showed that changing family structure, attitudes towards school, youth style (particularly increasing identification with 'alternative' subcultures), and concerns with appearance go some way towards explaining the increases. However, a large portion cannot be explained, suggesting that our measures may be inadequate, or that different explanations are required.

Taylor, A.C.   **University of Newcastle**

A MIDWIFERY MODEL THAT WORKS?: A CASE STUDY OF PROPOSED CHANGES IN THE SOCIAL ORGANISATION OF MATERNITY CARE IN AUSTRALIA.

This paper employs the Australian Commonwealth Government Maternity Services Review which reported in February 2009 as a case study to explore the social organisation of the maternity care system in comparative perspective. The Australian system combines aspects of universal provision with private specialist practice and both government and consumers have been lobbying or negotiating to change the location of midwifery within the system. This paper addresses the construction of professional boundaries, professional knowledge and consumer choice in this debate. It is based on a secondary qualitative analysis of the submissions, which are publicly available. The recommendations which emerge from the government process seek to promote cooperative models of maternity care with enhanced government funding for midwives on a fee for service basis, similar to medical professionals. It is acknowledged that this development will not be without difficulty and that not all stakeholders will be happy with the outcome. The paper enquires into the construction of issues such as safety and professional identity in the submissions and the role of individual and organised consumers in the debate. It discusses the lines of conflict which appear to have been negotiated or elided in the recommendations and the extent to which issues of gender and universal access have influenced the outcome in comparison to other wealthy democracies.

Throsby, K.   **University of Warwick**

IT LOOKS LIKE AN IPOD - IT'S A GASTROPOD!: PATIENTS' UNDERSTANDINGS OF THEIR GASTRIC BANDS

Gastric band surgery is a procedure which places a band around the top of the stomach in order to create a small pouch, leaving a narrowly restricted opening to the remainder of the stomach. This procedure aims to limit the amount of food that the patient can consume, with the long term goal of substantial and sustained weight loss. Drawing on observational and interview data collected during 9 months of fieldwork in an obesity surgery clinic in a large NHS hospital, this paper argues that patient understandings of the band itself – how it works, how it is constituted – varied both among the participants, and between patients and treatment providers. However, the paper argues that this was not simply a question of knowledge deficit, but rather, reflected participants' own experiences of living with a gastric band. In particular, while treatment providers tended to present the band as a static and inert implant, for many of the participants, the band was conceptualised (and experienced) as fickle, animate and subject to unpredictable change. This, in turn, both reflected and impacted upon the patients' understandings of their own bodies and bodily function, and upon the ongoing experience of unwanted fatness.

Timmons, S., East, L.   **University of Nottingham**

UNIFORMS, OCCUPATIONAL BOUNDARIES AND PROFESSIONAL IDENTITY IN HEALTH CARE

At MedSoc 2006 we presented a paper analysing changes to staff uniforms in one NHS Trust, where all clinical professions now have to wear the same pattern of uniform. We saw this as being a managerial attempt to reduce the importance of professional boundaries, and re-align staff allegiances with the institution, rather than with professions. We have now completed an empirical study of this initiative, based on focus groups conducted with professionals who have to wear the new uniforms (nurses, occupational therapists and physiotherapists), and patients. All of the groups had strong feelings about this initiative, confirming our theory that uniforms have a symbolic significance for their wearers. Some groups felt that their identity as professionals had been damaged by the new uniforms, seeing this process as a kind of McDonaldization (Ritzer 1993). They saw the new uniforms as an attempt by the Trust to weaken their ties to a profession, and 're-brand' them as corporate employees, suggesting this is a new manifestation of the struggle between bureaucracies and professions. These groups also talked about the issue of being mistaken for members of another professional group, suggesting ideas about the relative status of professions played a part in their reactions. Patients found the new uniforms more confusing than the old ones and emphasised the importance to them of knowing who people were, and who was in charge.

Tritter, J., Koivusalo, M.   **University of Warwick**

GLOBALISATION, MARKETS AND HEALTHCARE POLICY: REDRAWING THE PATIENT AS CONSUMER

Although the last two decades have seen the healthcare systems of most developed countries face pressure for major reform, the impact of this reform on the relationship between empowerment, consumerism and citizen's rights has received limited research attention. This paper explores how the development of health policy across Europe appears to incorporate two distinct and sometimes mutually exclusive ideas: a process of health care reform promoting competition and the commercialisation of services on the one hand and a focus on citizen and patient rights and their involvement in the evaluation and development of health services on the other. Both discourses are drawn on to support patient choice as a further mechanism for health reform but do so from entirely different justifications. We identify particular patterns and tensions in this evolution and the role the European Union and international agencies (WHO, OECD, WTO) have played in shaping the policy discourse. The findings are based on a three year study of the evolution of health policy in England, Finland and Sweden over the last two decades, Globalisation and citizens in health care: Exploring the role of users, choice and markets in European health systems, funded by the Academy of Finland and the Finnish Ministry of Health and Social Affairs. We draw on interviews with more than 50 stakeholders from the three countries, the European Union and international organisations. We conclude with reflections on the implications for the future of health policy across the four nations in the UK and Europe.

Underland, G.   **Vestfold University College, Norway**

TRUST AND MEMORY AS SOURCES FOR INFORMATION AT A HOSPITAL WARD

This presentation is based on an observation study of a surgical department at a large Norwegian hospital. Focus is on surgeons' clinical discussions in daily meetings. There is a tremendously trust in colleagues, technology, and memory in clinical knowledge-production which is basis for clinical decision-making. Transferring clinical knowledge and bringing various representations of clinical knowledge together is crucial as support for clinical decision-making. While previous studies have elaborated patients' trust of healthcare providers as well as the healthcare system; this presentation emphasizes trust as a catalyst for clinical knowledge production between surgeons. There is a distinct underuse of written material like the medical patient records, both paper-based and electronic, which results in an oral transferring and sharing of clinical knowledge. Significantly this oral knowledge-transfer of patient information in clinical meetings is dynamic and effective when decisions have to be made instantly in patient- treatment.By studying knowledge-intensive work very closely from a perspective that suggests that knowledge is local and developed through trust, memory, and dependence, this study identifies how work practices have developed to work well with little support of formal information systems.

Vezyridis, P.   **University of Nottingham**

'MOVING FORWARD': A SOCIO-TECHNICAL STUDY OF THE IMPLEMENTATION OF AN INFORMATION SYSTEM IN AN EMERGENCY DEPARTMENT

Hospitals are settings with unique characteristics of cooperative work. With intensive, multiple and often distributed communication requirements, practices and procedures which are becoming increasingly standardised, high quality and timely sharing of information among the various members of multidisciplinary teams has grown to be a prerequisite for the continuous planning, documenting and delivering of care as well as assessing outcomes. In effect, health policies are often driven by the implicit assumption that information and communication technologies are now fundamental in the provision of healthcare. Using as a case study the implementation of a clinical information system for patient registration and tracking in the busy emergency department of a large University hospital in England, I aim to explore the role of this particular technology in the configuration and ordering of nursing practice. Based on findings from semi-structured interviews with nursing, managerial and administrative staff as well as from relevant policy documents, internal reports and implementation studies 4 years after the introduction of the system, I report that although nurses do not directly associate the use of this system with quality patient care they have come to accept it as an invaluable tool in the management of the department's increasing workload in relation to patient flows. Importantly, as unscheduled care is being constantly reorganised by the application of new service models and performance standards towards a "whole system approach", a technologically mediated practice is perceived to be the only way forward.

Vom Lehn, D., Gibson, W.   **King's College London**

ASSESSING "VISUAL ACUITY": THE PRACTICAL WORK OF SIGHT ASSESSMENTS

In the UK and elsewhere, eye care services play an increasingly significant role in health care provision. An aging population, growing health awareness and the emergence of novel treatments have led to a sharp increase in sight tests and the number of eye care professionals. There has recently been some debate about the standards of eye care in the UK and it has been suggested that large numbers of eye examinations are substandard and that research could make important contributions to the assessment and improvement of standards in eye care. In recent years, medical sociology and the sociology of health and illness have increasingly become concerned with standards and guidelines in medical practice. The focus of this research has largely been with general practice, surgery and such like whilst health care services like dentistry or optometry have often been ignored. The sociological neglect of the work of optometrists is surprising considering that opticians employ highly standardised practices and procedures as well as standardised charts and technologies in consultations. This paper explores eye examinations to investigate how opticians assess patients' eyesight, in particular their distance vision, and how they use standardised practices and technologies to obtain an objective measure of visual acuity. It is particularly interested in how opticians align the objective measure of sight with patients' subjective reports of what they can see. The analysis draws on ethnomethodology and conversation analysis to inspect video-recordings of eye examinations gathered as part of an ESRC funded project.

Watts, K., Richardson, J., C., Ong, B., N.   **Keele University**

SECONDARY ANALYSIS MEETS META TECHNIQUE: UTILISING EXISTING QUALITATIVE DATA SETS

This paper focuses on the development of a suitable methodological approach to reanalyse multiple qualitative data sets collected as part of research on chronic pain by the Arthritis Research Campaign National Primary Care Centre at Keele University. This reanalysis will then examine datasets looking at the chronic pain conditions of back pain, knee pain, hand pain and chronic widespread pain. In doing this it is hoped to draw out themes that are applicable to chronic pain in general and can be carried into applied work. This research is in the initial stage of looking at the methodological basis upon which these studies can be synthesised in order to develop a theory adaptable for use within primary care.

I will argue that through incorporating a Meta Summary into a Secondary Analysis of multiple data sets a more robust method of analysis can be developed. The concept of combining the two techniques will be discussed as a method in which contextual information can be incorporated into the Secondary Analysis allowing for enhanced validity. Alongside this the differences between Meta- Synthesis and Meta Techniques will be defined in order to present the argument that a Multiple Secondary Analysis is a form of Meta- Technique.

It is proposed that through using these adapted methodologies, and acknowledging it as a Meta- Technique, a mid range theory can be produced.

Weiner, K.   **University of Nottingham**

IMAGINED USERS OF CHOLESTEROL LOWERING FOODS

This paper explores how users of foods containing plant sterols are imagined within biomedical research and writing on these substances. A growing range of such foods have been launched and marketed on the basis that they actively lower cholesterol. I will draw on the concept of 'configuring' the user, which suggests that the innovation process entails both 'defining the identity of putative users, and setting constraints upon their likely future actions' (Woolgar, 1991:59). Here, I focus on the configuration work accomplished by researchers, commentators and expert bodies, as it is expressed in the pages of medical journals. The paper is based on an analysis of journal articles, including both original research papers and commentaries (eg reviews, letters, editorials, guidelines).

My preliminary analysis suggests that the way users are imagined and configured can be characterised in three broad ways: the healthy/holistic user, who uses these foods as an adjunct to a healthy lifestyle; the lazy/busy/modern user who uses these foods as an alternative to a healthy lifestyle; and the unwarranted or incompetent user, who, for example eats an inappropriate amount (generally imagined as too much) of these foods or who eats these foods unnecessarily. At the same time, imaginings of users are entangled with discussions about the role of health care practitioners, who are in some ways also configured as users. These different imaginings of users and their uses entail different ways of understanding health identities and different allocations of responsibilities between the technology, user and health care professionals.

Whelan, E., Asbridge, M., Haydt, S.   **Dalhousie University, Canada**

WHO'S RESPONSIBLE? PAIN ACTIVISTS AND EXPERTS ON THE 'OXYCONTIN CRISIS' IN NORTH AMERICA

The paper reports on a four-year study of media coverage of the abuse of OxyContin™ (Purdue Pharma), a prescription pain medication, and the responses of pain medicine and pain activist-patients to the drug's representation as a "prescription for ruin." A brief overview of ten years of North American newspaper coverage of the drug, and responses from state agencies, will be presented to identify the rhetorical strategies used to represent OxyContin as a dangerous drug of abuse. However, the presentation will focus upon expert and activist-patient responses to such representations. The report draws upon a series of key informant interviews with North American pain patient-activists and medical specialists, evaluation of journal articles in pain, addictions, and general medicine journals, analysis of pain patient-activist websites, and a focussed group interview with chronic pain sufferers in Nova Scotia, one of the identified endemic areas of abuse of the drug. Patient-activists' and specialists' strategies for responding to negative public perceptions of the drug, its users and its prescribers, and for making the case for continued access to drugs like OxyContin for chronic pain sufferers, are discussed. Both employ techniques of responsibilization—of self and others—in responding to critiques of the drug's abuse. I conclude with an examination of the implications of the OxyContin crisis for the legitimacy of pain patients' claims and the cultural authority of pain medicine.

Wilson-Kovacs, D.,Hauskeller, C.   **University of Exeter**

PROFESSIONAL ROLES AND SELF-UNDERSTANDING IN STEM CELL RESEARCH FOR HEART REPAIR: THE CHALLENGES OF COLLABORATIVE ENTERPRISE

Considering the long-term disability and high mortality rates from chronic cardiovascular disease in Europe, improvements in heart repair represent an important clinical priority. The use of stem cells in new medical applications presents one potential solution to boost the regeneration of damaged tissue and to repair heart function. This endeavour is seen as an interdisciplinary pursuit where clinicians and scientists work together to understand the issues involved in the advancement of successful therapies. Based on 77 in-depth interviews with clinicians and scientists involved in stem cell research in the UK and Germany, this paper examines the challenges of collaborative research. The argument seeks to address (1) how different professional outlooks and distinct organisational structures facilitate the development and progress of stem cell clinical applications (1) and how divisions of labour and hierarchies of expertise are established and maintained in this process (2). The analysis examines the various claims made on particular disciplinary expertise and jurisdictions and opens to investigation the strategies through which inter and intra-professional occupational boundaries are created and monitored in novel cellular treatments. The paper provides a cross-national case study, which informs policy making by evaluating existing understandings of clinical collaboration, and contributes to broader theories concerning the professional dynamics of medical practice.

Woolley, S., Chadwick, B., Evans, R., Pugsley, L.   **Cardiff University**

HACKERS, HIPPIES AND BOUNDARY OBJECTS: A SITUATIONAL ANALYIS OF PROVIDING SEDATION FOR DENTISTRY

The Dental Hospital Sedation Clinic is a medical technology sitting within multiple social worlds; the world of the anxious patient, the world of the referring dental practitioner and the world of staff working within the clinic. Research into sedation has concentrated on the pharmacology and physiological effects of sedative agents, rather than the reasons for engagement, experience of sedation treatment or the outcomes of treatment as defined by those who engage with it.

This paper is based on preliminary findings from a qualitative PhD research project aimed to determine how members from various social worlds conceptualise dental sedation. Semi-structured interviews were undertaken with members from these social worlds, and data were analysed using a Situational Analysis method (Clarke,2005). The presentation outlines the way this qualitative method has been used to explore the conceptualisation and experience of the Sedation clinic by different social groups. Using results from initial pilot interviews, emergent themes are identified and discussed in the light of social worlds/arenas theory. The clinic is perceived as a boundary object- something which is "both plastic enough to adapt to local needs and constraints of the several parties employing [it], yet robust enough to maintain a common identity" (Star and Griesemer,1989).

Wyn, J.   **University of Melbourne**

YOUNG PEOPLE NEGOTIATING WELLBEING

Youth transitions have traditionally been viewed and researched through an economic (i.e. school-to-work) lens. This approach had tended to obscure the significance of wellbeing to young people's lives. Reporting on a longitudinal study of 2000 young Australians through the 1990s into the early 2000s, from the age of 18 into their early thirties, this paper traces the personal struggles to be well in a context of rapid social change. It reveals the impact of education and labour market policies in the 1990s, involving an unprecedented level of participation in post-secondary education and the enactment of new workplace laws that stripped workers of some rights. The paper explores the subjectivities of a generation who experienced increasing rates of mental health problems and rising obesity. The paper employs the ideas of writers on social change, including Bauman (2001), Beck and Beck-Gernsheim (2002) and Rosa (2005) as well as theories of social division, to explore gendered and classed patterns of health, making a case for wellbeing as a process that defines youth in late modernity (Wyn, 2009). Processes of individualization, the acceleration of time and the re-structuring of the Australian economy have produced complex health outcomes across gender and class. This paper moves beyond the stereotypes of "generation X" to reveal the ways in which different groups in this generation have managed to be and live well.

Yiallouros, J **London School of Hygiene and Tropical Medicine**

HELP-SEEKING, CANCER AND TIME: STORIES OF PEOPLE DIAGNOSED WITH BLADDER OR KIDNEY CANCER

Any journey can be beset with delays, how these delays are understood and viewed depends very much on the individual's circumstances. Someone with a cancer diagnosis is often thought of as going on a journey; yet some of this journey only happens in retrospect, when people look back to the time and events leading up to their diagnosis. There have been many epidemiological studies looking at issues such as 'why people with a diagnosis of cancer might have delayed seeing their general practitioner after becoming aware of a potential symptom'. In these studies 'delay' is defined by some arbitrary time period and the respondents are divided into 'delayers' and 'non-delayers'. However this assumes a shared understanding of 'delay' and assigns it a purely temporal definition.

In my research I became interested in investigating help-seeking, time and the cancer journey from the perspective of people diagnosed with cancer. My findings are based on in-depth interviews with a small sample of people diagnosed with either bladder or kidney cancer. I used Frank's framework of; restitution, chaos and quest, as the basis from which to form my own narrative types. I found that respondents were answering what I termed 'silent questions'; from which I was able to explore the potential relationship between 'the time it took for things to happen' and the style of illness narrative my respondents used.

Ziebland S, Rozmovits L. **University of Oxford**

KNOWLEDGE IS POWER? THE SYMBOLIC ROLE OF HEALTH INFORMATION

Knowledge is often described as 'power'. Current discourses emphasise the value of health information to the public and patients yet until recently the more complex interactional aspects of acquiring, avoiding and displaying information have received little attention.

This study used secondary analysis of qualitative interviews with people in UK and Canada who had had surgery and/or treatment for a life threatening condition. We consider the symbolic roles that health information has in these accounts.

Wide variation was reported in how health professionals offer (or steer people away from) information. Decisions cannot be shared without information but the specific information that people want (eg about their own circumstances) is often not available. Patients were advised to quiz consultants about their experience and to ascertain precisely who will be undertaking surgical procedures, but these are challenging issues to raise in consultations. Those who do not seek information sometimes feel that they have relinquished control, or been negligent in their management of their own illness, and thus feel responsible if things go wrong.

Accounts of the manner in which 'health information' is handled between the health professional and patient suggests a web of symbolic meanings that position the patient as more or less expert, responsible or blameworthy for their health outcomes and the health professionals as more or less paternalistic, consultative and humane.