

# Poster Presentations

Posters will be displayed in the Litchfield Lounge and Steel House 1, CAMS, Main Building for the duration of the conference. There is a designated poster viewing time: Wednesday 10 September 2014 18:00 – 19:00. Presenters will be available during this time to discuss their work. Posters are listed in alphabetical order by first named author. **Alongside the poster session we are pleased to announce there will be a drinks reception kindly hosted by the Sociology of Health and Illness.**

## SOCIOLOGY OF HEALTH & ILLNESS

### Poster Presentation Prize

Please don't forget to vote for the best poster – each poster has been allocated a number, please refer to this number when completing your ballot slip. You will find the ballot slip behind your name badge and the ballot will be placed near to the poster display area. Voting will close at 18:15 on Thursday 11 September, and the winning poster will be announced at the conference dinner. The winner will receive £100 worth of SAGE book vouchers.

#### POSTER 1

##### **They can Cure that Now can't they? Press Representations of Selective Dorsal Rhizotomy in the Treatment of Cerebral Palsy**

*Baddeley, A.*

Background - Newspapers are acknowledged as a powerful force in society, a popular means of accessing information about current affairs. In them health issues have become increasingly prominent, medial breakthroughs explained and problems debated.

The objective of this study is to examine press representations of the Selective Dorsal Rhizotomy (SDR) in the treatment of Cerebral Palsy (CP).

Analysis Sample and Method - The sample consisted of 130 newspaper articles related to the use, funding and outcomes of SDR in CP with articles from national press and local newspapers covering all geographic regions of the UK. They were sourced via online newspaper databases and local newspaper archives from public libraries.

Results - The procedure is represented in curative terms despite the underlying condition remaining present at treatment end. Possible negative outcomes and the need for intensive follow-up care to achieve positive results is not detailed. As the procedure is not widely available on the NHS, much is made of the 'postcode lottery' and having to fundraise to pay for treatment, healthcare politics is portrayed as denying the child a cure.

Conclusions - There is a general bias towards positive outcomes and results being reported. SDR is helpful for a particular subset of children with a specific type of CP, yet the possibility of denial of treatment based on this is not mentioned. This reporting of SDR reinforces the understanding of CP only as a childhood condition.

#### POSTER 2

##### **UK Newsprint Coverage of Children's Exposure to Second-hand Smoke and Interventions Targeting Smoking in Vehicles Carrying Children**

*Bain, J., Patterson, C., Semple, S., Wood, K., Duffy, S., Hilton, S.*  
(University of Glasgow)

The health effects of exposure to second-hand smoke (SHS) are well documented. Smoke-free restrictions in public spaces across the UK mean that non-smokers' exposure to SHS now occurs predominantly in homes and private vehicles, and public health advocates have begun to focus on private vehicles as a site of future legislation. The mass media play an important role in determining how health issues are presented to the public, and influencing public health-related beliefs and behaviours. As such, public health policymakers and advocates have an interest in understanding media representations of issues to help improve policy development and advocacy. We present a quantitative content analysis of UK newsprint coverage of children's exposure to SHS, particularly in vehicles. The sample comprised 422 articles published between 1st Jan 2003 and 16th Feb 2014. This analysis found that children were frequently characterised as victims of SHS, which was associated with various health risks. The rate of articles reporting on children's exposure to SHS in cars grew significantly over time, and articles discussing legislation

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targeting SHS in cars tended to be more supportive than unsupportive (with exceptions in the weeks leading up to policy decisions). Our findings support two lessons that public health advocates may consider as part of their media advocacy strategies: the utility of presenting children as a vulnerable target population, and the possibility of late surges in critical arguments preceding policy events.

### POSTER 3

#### **Understanding Lay People's Health Behaviours and Risk Perception for Cardiovascular Disease in South Africa**

*Buldeo, P.*

*(University of the Witwatersrand)*

It is predicted that by the year 2030, the prevalence of death from cardiovascular diseases (CVD) will have increased significantly, especially in low-to-middle-income countries. In the context of a changing CVD profile, South Africa (SA) has undergone transitions in health, social, political and economic capacities that have resulted in increased urbanisation and changes in health behaviours. Against the existing burden of HIV/AIDS and TB, emerging epidemics like CVD now represent a leading threat for SA's health and development. This study aimed to explore the health behaviours, CVD knowledge and risk perception among different social groups in SA and discover how individual, social and societal conditions may not only increase ones' agency over their health but also remove the autonomy of individuals to make heart-healthy choices. It was conducted in 2013 and examined the survey responses of 400 economically active adults (non-health professionals) aged 19-75 (females: n=297, males: n=103) employed at a retail pharmaceutical company. The preliminary findings suggest that lay people lack knowledge about the terminology of CVD, yet provide correct heart-related descriptions. The problem however is that individual risk perception for CVD is low. People are unaware of the associated risk factors and vulnerability which poses a challenge to adopting 'good' health behaviours. Most people in the study found it difficult because of time constraints, long working hours, financial stress and family responsibilities. This paper reflects on some of the findings and locates it within wider debates and discourses in medical sociology.

### POSTER 4

#### **Developing Training for Supporters of Lay-carers Involved with Home Based End of Life Care: A Participatory Approach**

*Caswell, G., Hardy, B., Ewing, G., Grande, G., Kennedy, S., Tabreham, J., Seymour, J.*

*(University of Nottingham)*

Current policy aims to enable more people to die in the place of their choice, and increase the number of people who die at home. Essential to this aspiration is the involvement of lay-carers, usually family or friends of the ill person. The importance of this role is acknowledged at a national level, however carers continue to report many unmet emotional and practical support needs. Innovative approaches are required if we are to improve the experiences of lay-carers in end of life situations. In this poster, we report on the progress of an innovative participatory research project, which aims to develop and pilot an introductory training programme for supporters of carers in end of life situations, such as support workers and volunteer mentors. Participatory action research methods have been used to engage with stakeholders including carers and carer support organisations. The programme was piloted in January 2014 and will be again in the autumn. Current evaluation activities show the developing programme to be acceptable to a range of stakeholders. Ongoing piloting and evaluation will further test the utility of the programme. The training programme will be publically available at the end of the project, and free to use. Participatory research methods are a useful way to engage with a range of stakeholders and to raise awareness of end of life care issues.

### POSTER 5

#### **Assessing Uncertainty: Debating a Disorder amidst Peace with the Patient**

*Denig, C.*

*(University of Edinburgh)*

Medicalisation, and in particular, diagnosis, have generally been portrayed within the sociological literature as top-down, oppressive processes. Psychiatric diagnosis is perhaps the most sharply critiqued. How does a diagnosis emerge within a discipline and within an interaction? Drawing upon interview data from a larger comparative study of narcissistic personality disorder in the US and Germany, I argue that medicalisation, and so diagnosis, is the outcome of social conflict. Comparing practitioners suggests that different therapeutic, and so theoretical, schools conceive of narcissism differently. Such a comparison also yields the surprising result that most practitioners are highly aware of the potentially stigmatising effect of psychiatric 'labels.'

### POSTER 6

#### **The Impact of Social Support and Symptom Disclosure on Time to Presentation for Patients with Symptoms of Lung and Colorectal Cancer**

*Dobson, C., Brown, S. R., Russell, A., Rubin, G. P.*  
(Durham University)

Within the sociology of diagnosis, the issue of how and when people seek help for their symptoms is of increasing interest. Delays in diagnosis have been a key focus within cancer research for a number of years, because of the association between time to diagnosis and survival, with delays in help-seeking having received particular attention. Therefore, cancer help-seeking and awareness raising are fruitful areas for further examination through a sociological lens. The existing literature identifies a number of factors which appear to influence time to presentation, including symptom misinterpretation, fear, concern about wasting the doctor's time, and prioritisation of other life events. The impact of social support and social networks on time to presentation is unclear: the identification of symptoms and sanctioning of help-seeking by others can encourage presentation for some; however, for others, familial responsibilities and the dismissal of symptoms can delay presentation.

This study explores the relationship between social support and time to presentation by comparing the narratives of patients who present early to a primary care professional (under 2 weeks) and those who present late to a primary care professional (over 2 months), with a particular focus on symptom disclosure and social networks. Semi-structured interviews with patients presenting with symptoms of lung and colorectal cancer are ongoing (10 conducted to date), utilising a constructivist grounded theory approach. Preliminary findings highlight the complexity of symptom disclosure, the desire not to burden others, and the differing roles which spouses play in patients' help-seeking journeys.

### POSTER 7

#### **'I'm not Waving, I'm Drowning': An Autoethnographic Exploration of Personal Recovery from Benzodiazepines**

*Fixsen, A.*  
(University of Westminster)

Benzodiazepines are a group of structurally related drugs used mainly as sedatives/hypnotics, muscle relaxants and anti-epileptics (Witton et al., 2011). Despite repeated recommendations to limit use to 2-4 weeks, benzodiazepines are still considered acceptable medium term treatment options by physicians (Witton et al., 2011). Unpleasant and often prolonged physical and psychological symptoms (muscle pain, depression, anxiety, agoraphobia etc.) are frequently experienced after quitting benzodiazepines (Barker et al., 2004). Even so, patients who do withdrawal successfully report significant improvements in health and wellbeing after doing so (Vikander et al., 2010).

I take an autoethnographic approach to my own and others' experiences of benzodiazepine prescription, withdrawal and recovery. Drawing on personal journals, poems, blog entries, and on narratives of former users, I examine the particular form of biographical disruption (Bury, 1982) associated with benzodiazepines, the role of the NHS, and the processes involved in identity reconstruction. I consider the various strategies and mechanisms offering hope and support during the lengthy and often frightening process of drug withdrawal; in particular the validation and sharing of experiences and narratives with others. I conclude by considering the concept of the 'muted group' (Orbe 2005), in this case benzodiazepine users and ex-users) and the co-cultural (Orbe, 2005) language and symbols employed to make sense of their reality.

### POSTER 8

#### **Managing Experiences of Uncertainty Following Treatment for Prostate Cancer**

*Green, R.*  
(Royal Holloway, University of London)

Regardless of treatment option for prostate cancer, short and long term side-effects from treatment, such as urinary incontinence and sexual dysfunction, are common. Ongoing Prostate-Specific Antigen (PSA) testing is also common practice up to five years after treatment and can continue even further after that, as a test to measure for cancer recurrence. Within this context the notion of 'recovery' or 'returning to normal' following treatment for prostate cancer is considered problematic.

This research proposes to privilege the comparatively underdeveloped concept of uncertainty, instead of risk, to understand how men perceive the risk of cancer recurrence but also more importantly how they manage the experience of uncertainty of cancer recurrence. Brown and de Graaf (2013) have investigated a range of strategies that people can draw upon when facing uncertainty in illness. In their study of people with advanced stage cancer,

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they consider how expectations of the future when the prospect of death is likely and potentially imminent are made pliable using tools such as risk, trust, emotions, heuristics and hope (Zinn 2008).

Sociological research on the recovery experiences of men with prostate cancer is scarce and identifying the social and emotional support needs of men after their treatment is a core aim of this research. In-depth qualitative interviews are being undertaken with prostate cancer survivors with the aim of drawing out embodied accounts of illness and recovery experiences that men have had within their everyday lives.

### POSTER 9

#### **The Social Effects of Introducing a New Technology in Clinical Diabetes Practice**

*Hansen, U. M., Johansen, C. B., Hansen, C. S., Jørgensen, M. E., Fleischer, J., Willaing, I.*  
(Steno Diabetes Center)

In this qualitative study we explored how a new handheld device to screen for Cardiac Autonomic Neuropathy (CAN) was implemented and how it added value to clinical practice and to people with diabetes.

We performed observations of CAN tests and consultations, and performed individual semi structured interviews with 9 physicians and 19 patients. Thematic content analysis was applied.

The analyses revealed the following themes:

Clinical relevance:

- The physicians found the results useful to confirm clinical symptoms in the patients and to detect CAN in asymptomatic patients. However, they reported a lack of clinical relevance of the CAN screening, as no appropriate treatment exists.
- Several patients did not recall being tested or being given the results. In some instances physicians had objectively forgotten to inform the patients of the result, in other instances a result had objectively been given. Patients who could recall the results were mostly confused as to the implications of the results.

Risk communication:

- The physicians found it challenging to communicate the results in a lay person language which was confirmed in the observations.
- Overall the patients had trouble understanding the meaning of the test and the results.

This study demonstrates gaps in the perceptions of physicians and patients in their appraisal of the new technology. It furthermore generates the question of who the technology truly serves – the physicians or the patients? The communication is inhibited by an inability to act upon the results raising the question of the ethical implications of a screening for a condition that has no treatment?

### POSTER 10

#### **The Power of Touch: Exploring Meanings within the Patient-physiotherapist Interaction**

*Hiller, A.*  
(University of Melbourne)

Traditional physiotherapy practice is based on manual treatments and other interventions encompassing the use of touch. Touch is therefore a recognisable and distinctive feature of patient-physiotherapist interactions. There has, however, been surprisingly little research exploring the meanings and purpose of touch in this interaction beyond the physiological benefits of manual treatment techniques. In this presentation I draw upon qualitative data from my PhD research that explores the patient-physiotherapist interaction in private practice. Utilising ethnographic methodology, I observed fifty treatment encounters and interviewed nine patient and nine physiotherapist participants.

The power of touch emerged as a prominent theme in this research. For patients, the physiotherapist's touch demonstrated reassurance and care. Patients interpreted touch as representative of the physiotherapist's understanding and recognition of them and their pain. In conjunction, it was observed that patients' engagement with the physiotherapist and treatment plan increased as a result of the therapist touching their area of pain or supporting their movement. Experienced physiotherapists were cognisant of the power and significance of their use of touch. They deliberately utilised touch to reinforce their educational messages and facilitate their therapeutic connection with the patient. Although their specific interpretations differed, touch was considered an integral component of a successful interaction in this setting by both patients and physiotherapists. Acknowledging that cultural and ethical considerations are required in relation to the use of touch, I recommend further exploration of perceptions of touch in healthcare and consider touch be recognised as a powerful element of the therapeutic interaction.

### POSTER 11

#### People's Opinion toward Informed Consent/Assent of Children Participating Birth Cohort Study in Japan

*Ishiyama, I., Yamagata, Z., Minari, J., Yoshizawa, G., Muto, K., Kato, K.  
(Teikyo-Gakuen Junior College)*

The Japan Environment and Children's Study, a birth cohort study involving 100,000 parent-child pairs, was launched in 2011 in order to evaluate the impact of various environmental factors on children's health and development. The research will continue until the participating children become 13-year-old. The impact will be assessed by bio-specimens, environment measurements, as well as questionnaires. Follow-up programs of blood and urine collection at the age of 2-12 years from participating children are under discussion. In Japan, the age of majority is 20, and seeking informed consent/assent from a minor is not clearly regulated. In order to consider it as the underlying data of discussion, we performed nationwide attitude survey toward consent/assent of children participating medical studies. In this survey, 2,400 people (age, 20-69) were selected from the Japanese general population by a stratified two-phase sampling method. Data was collected by mail, between February and March 2014, and the response rate was 56.4%(1,354/2,400). In regard to questionnaires written by parents concerning a child's life and health condition, 47.0% of people answered it is appropriate to seek assent from himself/herself when a child can understand the details of research, 42.9% answered when a child can perform judgment of pros and cons to research participation, and 39.4% answered when a child reach a certain fixed age. Regarding to provide bio-specimens, 25.2% answered 13-year-old children can assent, and 24.4% answered 16-year-old. Assessing the competence of a child to consent/assent and best procedures for seeking consent/assent should be discussed in Japanese society.

### POSTER 12

#### Giving Voice to Silence: Identifying and Exploring the Experience of Young Hip Fracture Patients using Patient Stories

*Janes, G.  
(Teesside University)*

'Screaming Silences' are areas of research or experiences that are under researched, undervalued or silenced in some other way but which once heard are difficult to un-hear. This paper explores the challenges of using the Silences Framework (Serrant-Green, 2011), a new framework for researching marginalised or under researched perspectives, to guide a PhD study, the Young Hip Fracture Group (YHFG) study.

Study aims:

1. Give voice to the recovery experiences of young adults (aged 30-50 years) with a hip fracture following minor trauma;
2. Assess the effectiveness and appropriateness of healthcare delivery for these patients;
3. Identify the implications of (1) and (2) above for service improvement and care practice;
4. Test the Silences Framework (Serrant Green, 2011), for researching the health care needs of marginalised or under-represented groups, in a new context.

This paper will analyse the application of three of the four stages of the Silences framework (Serrant-Green 2011) with regard to the YHFG study:

1. Working in 'silences' is i.e. contextualisation.

Why this study, by this researcher, at this time, along with a critical review of the literature.

2. Hearing 'silences' i.e. methodology.

The Criticalist philosophy underpinning the Silences Framework (Serrant-Green 2011) and its application to the YHFG study. This will include working with a patient 'critical friend' to the study.

3. Voicing 'silences' i.e. data collection and analysis.

Methods justification and presentation of pilot data analysis.

The paper concludes with guidance for researchers wishing to use this new research framework in other new contexts.

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### POSTER 13

#### **Everyday Tensions and Working on One's Own: An Interview Study among ICT Advisors in Health Care**

*Hjertstrom K. H., Andreassen, H.*  
(University of Tromsø)

The role of ICT advisors is highlighted as crucial for success in implementation, still the ICT advisors' subjective reflections and experiences are seldom referred and poorly explored in research. The interviews focused on their personal experiences with implementation of ICT.

The research provides insight into the advisors everyday challenges and their reflections on what it takes to succeed in ICT implementation. All ICT advisors we contacted have a professional background from health care. Our informants also stress the importance of their own health care background as crucial to a successful implementation. The technology should be developed in cooperation with health care workers and based on a need rooted in healthcare, they argue. Challenges that were addressed concerned technology issues, such as out-dated equipment and non-compatible systems, and further they mentioned age differences and gender (high prevalence of women) as challenging factors. According to our informants, it is difficult to convince co-workers to see the importance of ICT as a tool in their daily work, and they have to handle attitudes like; 'Technology is not something we should spend precious time on in health care'. Our interpretation is that the ICT advisors experience a tension between ICT- and health care interest in their everyday work. The advisors express that they often feel alone and that they miss recognition of their work and the importance of ICT and implementation among their leaders and co-workers. We want to further research this tension between the care aspect of nursing and the demand for efficiency and how the advisor balances between these two ideals.

### POSTER 14

#### **Compliance to Medical Directives among Antenatal Care Patients: A Comparison of First Time and Experienced Mothers to be**

*Lanre-Babalola, F.*  
(Redeemer's University)

Introduction: The general motive of antenatal care is to optimize the outcome of pregnancy for the mother, her child and the rest of her family. Studies have documented that each pregnancy is unique, hence medical examination and the use of investigations should be adapted during each individual pregnancy to assess risk and to screen for potential physical, psychological and social problems. Despite efforts by the Nigerian government to curb maternal mortality and morbidity, there is still room for improvement. Compliance to medical directives and advice can reduce the number of patients reporting with complications as well as morbidity and mortality; this study hypothesize that compliance to medical directives during pregnancy may be related to pregnancy experience or the experience of others.

Objectives: The specific objective of this study is to document factors related to compliance with medical directives among antenatal care patients including prior experience of pregnancy and childbirth.

Study Design: A Comparative cross sectional study with quantitative approach was conducted among 200 patients who are attendees of the maternal and child care centre (MCC) at, Ajeromi General Hospital; Ajegunle area of Lagos State, Nigeria. Patients were divided into two groups of 100 each. Patients who are pregnant for the first time were included in group-I, while group-II included patients who have experienced pregnancy and child bearing before. Data analysis is ongoing with SPSS version 11. Chi square test will be used to determine significance of difference between groups; results will considered significant if P value is less than 0.05.

### POSTER 15

#### **Double-standards in reporting of risk and responsibility for sexual health: a qualitative content analysis of negatively toned UK newsprint articles**

*Martin, S., McDaid, L., Hilton S.*  
(University of Glasgow)

The need to challenge messages that reinforce harmful negative discourses around sexual risk and responsibility is a priority in improving sexual health. The mass media are an important source of information regularly alerting, updating and influencing public opinions and the way in which sexual health issues are framed may play a crucial role in shaping expectations of who is responsible for sexual health risks and healthy sexual practices. This study offers the first latent content analysis of 85 negatively toned newspaper articles reporting in 2010 on sexual health topics to examine how risk and responsibility have been framed within these in relation to gender. Our analysis found that men were framed as a risk to women's sexual health, whilst it was part of a 'women's role' to 'resist' men's advances. Such

discourses portrayed a power imbalance in sexual relationships between women and men. Articles repeatedly suggested that women and teenage girls in particular, lacked the skills and confidence to negotiate safer sex and sex education programmes were often presented as having failed. Despite this, it was argued that women needed to take more responsibility for sexual health. We conclude that the framing of men as a risk to women, whilst women are presented at the same time as responsible for patrolling sexual encounters, organising contraception and preventing sexual ill health reinforces gender stereotypes and undermines efforts to promote a collective responsibility for sexual health. This has implications for sexual ill health prevention and could continue to reinforce a negative culture around sex, relationships and sexual health in the UK.

### POSTER 16

#### **An Evidence-based Partnership Approach to Tackling TB in Prisons and Immigration Removal Centres in London**

*Mehay, A., Raj, T., Frater, A.*  
(Royal Holloway, University of London)

Background - WHO declared TB a global emergency with 8.6 million cases and 1.3 million deaths worldwide. The incidence of TB in the UK remains high compared to most other Western European countries. People in prison and immigration removal centres (IRCs) are at particular high risk due to factors of poor housing, overcrowding, drug use and lowered immunity. There is considerable variation in the delivery of TB services highlighting the need for an audit of services in these settings to guide future work to tackle TB in the UK.

Aims - To establish TB services against recommended NICE guidance.

Methods - 1) An organisational audit; 2) Stakeholder engagement through a steering group and a wider reference group. Target population included all 9 prisons and 3 IRCs which NHS England (London region) are responsible.

Results - Effective stakeholder engagement contributed to a 100% completion rate. Establishments varied in the delivery of TB services although all establishments had referral pathways and a named contacts. 2/12 establishments did not screen for TB within 48 hours of arrival. 3/12 did not have a local TB policy. None of the DH funded X-ray machines were being used in line with NICE recommendations. Latent TB was not being diagnosed or managed.

Conclusions - Active and systematic case finding is needed within a prison and IRC setting as well as more rigorous and standardised contingency and follow up care plans after release (or transfer). Further work is needed to identify and treat latent TB as well as prevent active TB.

### POSTER 17

#### **Death and Bereavement in Disadvantaged Communities: Experience of Family Carers**

*Mulrine, S., Shucksmith, J., Crawshaw, P., Exley, C.*  
(Teesside University)

Death, dying and bereavement is an aspect of the life-course that is inescapable for all. However, there can be a great deal of variability in the experience of end-of-life for the patient, carer and family across social classes and groups in society. Whilst evidence has suggested that class-based health inequalities persist even in death and its sequelae, there has been little qualitative research to understand the lived experiences of those from disadvantaged backgrounds. Using a Bourdieusian framework this research aims to examine how economic, social and cultural disadvantage affect the experience of those at end-of-life and their carers. The objective is to further knowledge about the cultural practices and social resources available to people living in disadvantage and to examine whether these are significant both when managing the dying and bereavement process and in shaping contact with its associated institutions, for example medical and welfare services.

In-depth qualitative interviews are being carried out with recently bereaved carers in an area of deprivation in North East England in order to capture change and difference in their circumstances and experiences of death and bereavement. Participants (n=10) have been recruited through support organisations and charities working with or supporting unpaid and informal carers of a spouse or family member. Inductive thematic analysis is being used in order to produce findings led by the accounts of the participants. Preliminary findings and emerging themes arising from disadvantaged carers' narrative accounts will be presented.

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### POSTER 18

#### Patients' Perspective and Experiences of Clinical Trials in Japan: An In-depth Narrative Interview Study

*Muto, K., Yoshida, S., Nakada, H.*  
(The Institute of Medical Science)

Achieving target sample sizes for clinical trials might be enhanced by understanding what is likely to motivate patients to participate, but therapeutic misconception must be avoided for ethical reasons. However, interview studies of clinical trial participants in the UK (Locock and Smith 2010) and in Brazil (Nappo et al. 2013) showed that gaining some personal benefit emerged as an important primary motivation, whereas altruistic considerations appeared to be largely subsidiary. Our study aimed to clarify the motivation for clinical trial participation in Japanese patients. This is the interim report of our study. We applied the same methods used by the Oxford Health Experiences Research Group: purposive maximum variation sampling and in-depth individual narrative interviews. Our target sample size was 50. Sixteen patients (4 male) have thus far participated in our study. As shown by the previous study in the UK, we observed a variety of reasons for participating in clinical trials to gain personal benefits, including increased survival, access to new treatment, care from an expert medical team, and financial compensation. Wanting to benefit others was mentioned by just two interviewees as feedback to the patient involvement group and gratitude for the hospital. Among several motivations for gaining personal benefits, we observed therapeutic misconception. Two altruistic reasons emerged for 'visible' others in interviewees' personal communities, whereas participants in the previous study in the UK showed motivation for 'invisible' others, that is, acknowledgement to past generations, benefiting future generations, moral duty, and furthering medical knowledge for the common good.

### POSTER 19

#### Health Care at the Margins: An Ethnography of Chronic Kidney Disease and Peritoneal Dialysis in Western Mexico

*Padilla-Altamira, C.*  
(University of Liverpool)

The aim of this research is to study the situated practices and local understandings of chronic kidney disease (CKD) and its treatments in Mexico. CKD is a growing public health problem worldwide and in Mexico in particular, where only less than half of the population are protected by social security schemes. This means that uninsured patients face important barriers to access health care. The study focuses on patients' struggles to access and use peritoneal dialysis, a form of therapy that is conventionally carried out in the home, which means it is cheaper for the health services but incurs a massive cost to patients and their families.

The study employs an interpretive and qualitative ethnographic design to explore such practices and their meanings. Fieldwork was carried out between 2012 and 2013 in Western Mexico. Ethnographic observations were conducted in patients' homes, communities, and health settings. In-depth open-ended interviews were conducted with 105 participants: patients, relatives, caregivers, networks of support, health personnel and other key informants.

Preliminary results: as a result of the lack of state support, the lives of patients and their families are deeply disrupted by both CKD and therapy, causing suffering and impoverishment. In this context, an informal community and an underground economy has emerged at the margins of official health care services, involving insured and uninsured patients, grass-roots charities, and public and private institutions. Gift-exchange practices enable the movement of medicines from insured and uninsured patients to other uninsured patients. We can consider these practices as consequences and responses to historical processes and politics of healthcare in Mexico.

### POSTER 20

#### Sexualised Girls: Narratives of the Safeguarded?

*Pizycki, L.*  
(Northumbria University)

The sexualisation of girls and young women in the UK has received significant media attention, as well as being the subject of several high-profile policy reviews; however research specific to the experiences of girls and young women with child protection involvement in the UK at present does not exist. This notable near-absence of research relative to the lives and experiences of girls and young women under the purview of local authority children's services who are considered by social services to be 'sexualised' calls into question the validity and foundational basis for existing safeguarding practice and intervention. In the absence of an evidence base upon which to formulate interventions that inform social work practice with this population, these girls and young women may not be receiving adequate provision. The objective of this research is to utilise narrative inquiry to cultivate a working knowledge of the life, experiences, and circumstances of girls and young women exhibiting 'sexualised behaviours' who have come under the purview of local authority children's services in the UK. This poster will explore sexualisation as part of a larger

public health concern. If sexualisation is thought to negatively impact upon health, development, attachment, and to exacerbate complex trauma – a feature that is known to be prevalent amongst children and young people with child protection involvement – then what consequences might this phenomenon pose to the life course of girls and young women for whom the State has been tasked the obligation to safeguard and promote their safety, health, and wellbeing?

### POSTER 21

#### **Hypnosis, Placebo and Performance: Recovering the Relational Aspects of Medicine**

*Rafieian, S., Davis, H.*

This article addresses the role of performance and interpersonal interaction between health care professionals and patients, using the examples of hypnosis and placebo research. Hypnosis has been used for treatment of many different health conditions in different fields of medicine. There is a controversy about the mechanisms involved in the formation of hypnotic phenomena. The sociocognitive theorists of hypnosis believe that trance is not necessary for the experience of hypnotic phenomena. In their view, suggestions, belief and expectancy are the key components for the development of hypnotic experiences. Consequently, they have described hypnosis as believed-in imaginings and defined it as a kind of role-taking. Placebos have also been used for a long time in medicine and are still used widely in medical practice. As the placebo itself is inert, it has been proposed that the mind-body mechanisms surrounding the prescription of placebo are instrumental in healing formation. As with hypnosis, suggestion, expectancy and belief are the main components here as well. These findings clarify the importance of performance practices and the verbal and non-verbal communication between the health care professional and the care seeker in the clinical setting. In a broader view, American sociologist Erving Goffman provided several examples that show the importance of performance in the health care system. According to the evidence from hypnosis, placebo and other domains of treatment, performance has a central role in medicine and health care and more efforts should be made to incorporate performance skills and theories in research, education and practice of medicine.

### POSTER 22

#### **Informational and Social Elements in Online Support Groups: A Bayesian Approach to Large-scale Content Analysis**

*Rauer, U.*

*(University of Oxford)*

Online support groups form an important element of how the Internet changes health experiences. Facilitating open, anonymous exchange between patients, they provide a platform for health discussions formerly restricted by time, place, and the challenges of finding people in the same situation.

Previous research has revealed two important needs that online support groups fulfil: the exchange of information and the provision of support. However, the co-existence of these informational and social components has not been systematically evaluated in empirical research, and nor has it been compared across conditions. Moreover, due to the limits of manual content analysis, previous studies have mostly only analysed subsets of online support group discussions.

This research asks whether the informational and social components are employed equally in online support forums for different medical conditions. By linking their usage to the unique characteristics of the diseases analysed, this research will create novel insights into patients' needs, group dynamics and information requirements across conditions.

To do this, large-scale qualitative data will be obtained from the support forum [www.dailystrength.org](http://www.dailystrength.org) using RSS feed parsing. Based on a hand-coded training dataset with codes for informational and social support, all posts will be analysed using a Bayesian classification algorithm in order to generalise the findings.

The significance of this research is two-fold. The empirical insight helps practitioners and forum operators to better understand and meet patients' needs across conditions. Methodologically, this research makes an important contribution in terms of furthering the analysis of large-scale qualitative health data in the online age.

### POSTER 23

#### **Experiences and Perspectives of Younger Women with a History of Breast Cancer**

*Rees, S.*

This PhD project aims to explore the experiences and perspectives of women diagnosed with breast cancer under the age of 45. The lifetime risk of breast cancer for women in the UK is now one in eight, and around 25% of breast

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cancers are diagnosed in women under the age of 50. Breast cancer has one of the highest survival rates of all cancers, and the numbers of women living with a history of breast cancer is growing every year. The experiences and perspectives of women who were diagnosed under the age of 45 are relatively under-explored, particularly in the UK. I wanted to find out how younger women experienced breast cancer, and understand their experience in the context of discourse about breast cancer. In particular I wanted to speak with women from diverse backgrounds as previous research in this area has tended to include relatively homogeneous groups. Interviews with 20 women, who were diagnosed between the ages of 22 and 43, and between 1 and 9 years since diagnosis, were conducted. They were analysed drawing on theories of biographical disruption, embodiment and gender. This paper will present early findings from this study.

### POSTER 24

#### **Men Head Doctors in Czech Maternity Wards: Condemned to Rule?**

*Smidova, I.*  
(Masaryk University)

The presentation offers a conceptual framework and empirical example targeted on hegemonic forms of masculinity in the hospital setting. The prevailing dominance of men and mechanisms of its reproduction receive a rather marginal attention of policymakers as well as researchers in comparison to feminisation of the healthcare and medical profession as such (at least in the contexts of a post socialist country such as the Czech Republic).

My presentation seeks to comprehend a rather general ambiguity I have encountered in my research focusing on diverse aspects of men and masculinities from a critical perspective: men as a group continue to hold dominant position in the Czech society, but this position does not necessarily assure a satisfying life experience. I have explored this issue in analyses of in-depth interviews with Czech obstetricians and gynaecologists and recordings of several thematic public debates where the physicians have presented their experiences.

The concept of hegemonic masculinity, developed within the field of Critical studies on men and masculinities (CSMM), provides a useful analytical handle for understanding this phenomenon. The framework of hegemonic masculinity takes into consideration and explores the complicated relationship between actor and structure, and it understands social structures as gendered and patriarchal. It helps us explore the mechanisms that bring men to dominance and to understand why structural masculine domination can be perceived by individual men as involuntary and imposed.

### POSTER 25

#### **Walking in their Shoes: Reflections on Researching within One's Own Illness Community**

*Trusson, D., Gallagher, S.*

This paper explores the benefits and pitfalls of researching a group with whom the researcher shares a health condition, drawing on the presenters' reflections of researching experiences of ME and early-stage breast cancer. Meeting at the MedSoc Conference in York (2013), the authors discussed the challenges of insider research. Although researchers hold multi-dimensional positions, the paradox for living with the illness you research, may hold deeper levels of understanding, yet the potential for deeply shared emotional involvement between researcher and participant, has implications in terms of access, familiarity and the intimate disclosures that may occur in the research process.

Comparisons are drawn between the presenters' experiences. Diane Trusson reflects on her research involving women who, like her, are living with long-term consequences of breast cancer treatments. Sharon Gallagher focuses on her own, and her participants', life stories of severe ME/CFS (Myalgic Encephalomyelitis/Chronic Fatigue Syndrome).

Discussions include the process of reflexivity and ethical issues that arise when researching shared illness experiences; researcher/participant power relations and the possible exploitation of our common understandings (Finch, 1984). It is argued that in such circumstances, high levels of empathy enable a deeper exploration of complex issues involved in the experience of illness and can provide under-represented populations with a much-needed voice. We hope our frank discussions of our experiences of researching within our own illness community will provide useful insights into an issue that has received little attention in the sociology of health and illness literature.

### **POSTER 26** **Does Doctor Still Know Best? Debating Medical Professionalism**

*Walsh, R., Anderson, F.*

This poster reports on a public debate held between medical thought leaders and lay representatives on the future of medical professionalism, at the Battle of Ideas festival in October 2013. Panellists included Clare Gerada, Chair of the RCGP, and Hamish Meldrum, former head of the BMA. Issues raised during the debate included:

Scandals such as Mid Staffs: There was agreement that this pointed to problems in how healthcare is delivered today. The influence of resource shortages, and of a decline in the ethos of caring were discussed.

Public health: Some contributors considered the involvement of the medical profession in 'lifestyle modification' such as the smoking ban was beyond its traditional remit, and increased distrust between the profession and the public.

Reform: The Health and Social Care Bill was debated; both its implications for the future of the NHS, and the ability of the medical profession to make its voice heard. Some people were critical of what they saw as the attempted privatisation of the NHS.

Expert patients: The increase in patient self-management was discussed; whether this was a challenge to the medical profession, and the implications for patients who were incapable of self-management.

Targets: Some felt that targets such as QOF had the effect of de-professionalising doctors, making their clinical decisions based on 'tick boxes rather than clinical judgement'.

Loss of confidence: It was suggested that an intangible quality of professional confidence had been lost, and debated how to reassert this attribute.

### **POSTER 27** **A Shift in Focus: From Epidemiology to Sociology**

*Yiallourous, J.*

Research into cancer and the pre-diagnostic period, usually labelled as 'patient delay', is dominated by epidemiological studies investigating 'why people delay' or whether there is a correlation between delay and an outcome variable such as stage or survival (Richards 2009). Research into the post-diagnostic period often takes a sociological approach and is concerned with how people are coping with cancer and what narratives they create (Frank 1995).

My PhD, partly funded by Cancer Research UK, originated as an epidemiological study investigating the pre-diagnostic period for people diagnosed with bladder or kidney cancer. I wanted to find the barriers and triggers to seeking medical help after a symptom had been experienced. My initial interviews' purpose was to develop questions for a structured questionnaire. However, the available epidemiological tools did not allow me to incorporate what respondents said during the interview and how stories about this time period often addressed questions that had not been asked, later I called these 'silent questions'.

I found myself increasingly in need of a new epistemological framework to help take account of my respondents' perspectives. Drawing on Goffman's concept of stigma, I realised that narrative analysis provided a framework for understanding how and why people with cancer told the stories they did. Turning to sociology facilitated this shift in focus leading me to be able to comment on the creation of a retrospective identity for the pre-diagnostic period.

To present my ideas I have utilised an innovative, multi-sensory approach to help engage the reader.

### **POSTER 28** **What is Health? What is Wellbeing? A Challenge to the Concept of 'Lay Beliefs'...**

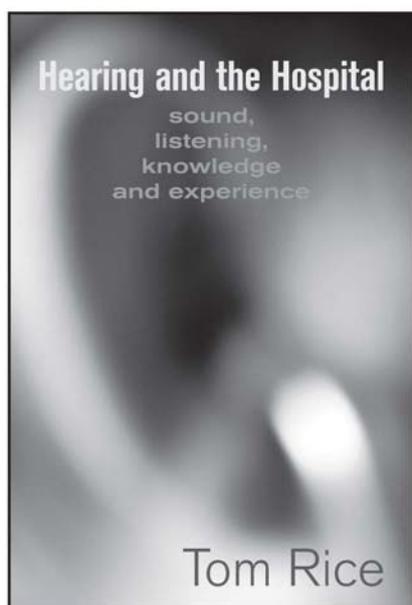
*Yoeli, H.*  
*(Northumbria University)*

What is health? What is wellbeing? A great deal of research within medical sociology has been invested in asking communities what they believe, think or know about health or wellbeing. However, no research has yet been invested in asking communities how they define, conceptualise or construct what health or wellbeing actually is. The Cowgate HealthTalk study, a participatory and ethnographic PhD study undertaken within one of the most deprived inner-city areas of North East England, has found that understanding and engaging with these so-called 'lay health beliefs' (Rosenstock 1966, Kleinman 1980) is hindered by the way in which members of the most vulnerable, excluded or marginalised communities and the professionals serving them are often 'speaking a different language' from one another.

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Applying the non-realist and critically poststructural perspective in which language creates the constructs we use (Fairclough 1994, van Dijk 2001), this poster will propose that the contemporary professionalised discourses of health and wellbeing may have limited validity in the way that they tend to superimpose themselves upon communities, obscuring more indigenous or intuitive models or perspectives. Heather Yoeli, an ESRC funded postgraduate researcher in Public Health and Wellbeing at Fuse via Northumbria University, will present her research findings to extend Williams and Popay's Habermasian critique (Williams and Popay 2001) of how the traditional sociological construct of 'lay health beliefs' is preventing a meaningful and constructive public health dialogue between policy makers, service commissioners, front-line professionals and the apparently most 'hard to reach' and 'difficult to engage' communities.

## Sean Kingston Publishing



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*Steven Feld, Distinguished Professor, University of New Mexico*

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