

Reflections on 31st Conference of the EHPS: Innovative Ideas in Health Psychology.

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The PhD research I am conducting explores the psycho-social experience of lesbian, gay, bisexual, and trans* (LGBT)

individuals living with the chronic condition of multiple sclerosis (MS). I am employing an innovative multi-method qualitative approach which incorporates verbal and visual data, in the form of interviews and participant-authored photographs. The study is posited within a critical health psychology epistemological paradigm and it is theoretically infused by notions from phenomenological psychology and visual ethnography creating an integrative methodological framework (see Papaloukas, Quincey & Williamson, 2017). Thus, I find that the conference's main focus on innovative ideas in Health Psychology was appropriate and extremely constructive in regards to my own research.

More specifically, my attendance at the conference provided me with invaluable benefits covering a number of domains. I will mainly focus on three of those, which I consider most important. 1) It allowed for dissemination of aspects of my research, which is a concept linked to the core of my theoretical framework. 2) It gave me the opportunity to receive constructive criticism and feedback, and to learn about innovative forms of conducting research in health psychology. Finally, 3) it provided me with the opportunity to create new research connections, and nurture already established ones in a pan-European level. In detail:

1) I was able to showcase aspects of my research

to a diverse audience via my oral presentation "Living with MS: Visual and verbal accounts of adjusting to disability and ableism in the LGBT community" (Papaloukas, Williamson & Fish, 2017). The presentation focused on both methodological and analysis-related outcomes. Specifically, the incorporation of visual (participant-authored photographs) in qualitative health research. Further, I discussed the Public Engagement event which I organized earlier in 2017 (see www.lgbt-multiple-sclerosis.com). I argued for dissemination in collaboration with participants beyond academia, but also (and most importantly) I posited health psychology research with vulnerable participants/patients within a collaborative, participatory paradigm. Simultaneously, I provided some examples with regard to the analytical incorporation of the visual into a complete analysis pertinent to post-diagnosis adjustments of LGBT persons living with MS. I received positive feedback from members of the audience, and also comments which were constructive and allowed me to enhance the quality of my work as I refine it, in these final stages of my PhD study. For example, members of the audience highlighted the importance of ethical considerations, especially in regards to incorporating the visual in health psychology research. Also, discussion ensued, and concerns and suggestions were provided concerning the inclusion of healthcare providers (e.g. neurologists) in Public Engagement events.

2) I had the opportunity to attend presentations from experienced and novice researchers alike. That has stimulated plans for developing or refining my current work and has also provided ideas for my

post-doc research plans. More specifically, I found extremely interesting the presentation from Clare Uytman in regards to the phenomenological exploration of prosthetic-patient communication (Uytman, 2017). Also, relevant to my current and future research plans, was the fascinating symposium chaired by Maria del Rio Carral concerning the qualitative – quantitative divide (del Rio Carral, 2017). Some important notions were proposed by the presenters which helped me to better comprehend the importance of good qualitative research and generated ideas as to how to enhance my own qualitative health psychology research. For example, the conclusion that good qualitative work should be a slow procedure with solid theoretical foundations resonated with my own understandings of a labored qualitative project. Also, the realization that themes do not just emerge independently from data but they are the outcomes of an active analysis procedure assisted by the combination of the researcher's expertise and the participants' narratives was of equal importance (Chamberlain, 2017). In addition, the incorporation of the socio-structural and political components of the health and illness experience by Roberto De Vogli highlighted the current socio-political situation of austerity in European societies and its severe effects on marginalized social groups, especially in a health context (De Vogli, 2017). This component is extremely appropriate for my own research, as the current political situation in the UK, with years of ideologically related induced austerity (e.g. severe benefit cuts), has profoundly impacted the well-being of individuals living with chronic conditions, MS specifically, and has further created inequalities for disabled individuals. Finally, the poster sessions provided me with the opportunity to 'explore', in detail, research conducted at a European level, equipping me with knowledge about the current health and illness situation in Europe and the world (e.g. erectile dysfunction in Slovakia, (Masaryk, 2017), cancer screening in Turkey

(Naivar Sen, 2017), Lupus experience in a pan-European context (Mazzoni, 2017) etc.).

3) Lastly, the aspect of networking and conversing with researchers from all around Europe (either with similar or different research interests) has spurred initial discussions and debates for potential collaborations. This brainstorming of ideas within such a mentally stimulating environment has produced specific suggestions for future research partnerships, which include research grants bids in the field of chronic illness, and sexual health (e.g. MS related bids; HIV intervention bids in a number of different countries), academic collaborative endeavours(e.g. systematic review on sexual health), and suggestions for potential post-doctorate roles. These components of active participation to the conference has enhanced my personal, and professional background as a PhD researcher, and a scholar-activist with research contacts in a number of different European countries (Cyprus, Greece, UK).

Conclusion

In conclusion, this grant and the funding of my attendance to the conference has allowed me to present my work to an expert audience, receiving constructive feedback. It has provided me with an increased intellectual stimulation which subsequently aides towards the refinement of my work, and has also spurred discussions and generated research networks for further work in health-related research in a European context.

References

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